



ANNUAL STAKEHOLDERS CONFERENCE ON CHILD SEXUAL ABUSE

ASCCSA 2017

May 5 and 6, 2017

We heartily thank all the speakers, panelists and participants for sharing their expertise and experiences with us and making the seminar a success.

ASCCSA is organised by HEAL under The Foundation



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I. Introduction

According to the 2017 global report on Ending Violence in Childhood, at least three out of every four of the world's children – 1.7 billion – experience some form of interpersonal violence, cruelty or abuse in their daily lives, regardless of whether they live in rich countries or poor, in the global North or the global South¹. Closer to home in the young nation of India, where children make up 39% of the population and account for 19% of the world's children (persons below the age of 18 years), the situation is no different.

In 2007, the widely-cited nationwide study initiated by the Ministry of Women and Child Development--one of the largest empirical in-country studies of its kind--highlighted that over 53% of children in India experience one or more forms of sexual abuse before they turn 18 years old. Furthermore, 20% of these children experience extreme forms of sexual abuse (penetration/fondling). The fact that 80% of children do not disclose that they are being or have been abused may be attributed to the fact that most abusers are known and trusted individuals². The study uncovers the pervasive nature of childhood sexual abuse that affects over 200 million children of all classes, genders and regions in India. The impact of these findings cuts deep into our immediate families, communities and larger society.

Since 2008, HEAL (Help Eradicate Abuse through Learning) has been working against the issue of child sexual abuse with a three-fold approach of primary prevention, mental health support and advocacy. Over the years, the team has conducted over 600 prevention workshops, trained over 32 master trainers and extended long-term psychotherapy to over 60 CSA survivors in Mumbai. In 2017, HEAL was registered as an independent NGO.

The Annual Stakeholders' Conference on Child Sexual Abuse (ASCCSA) was first initiated in 2014 with a vision to bring together relevant stakeholders within child rights and child protection in a shared platform to discuss best practices and review methodologies. The third ASCCSA took place on May 5th & 6th, 2017 at Y. B. Chavan Centre in Mumbai. The conference was preceded by two days of four workshops designed to build capacities of existing professionals. The themes of ASCCSA 2017 were (i) recent developments, (ii) CSA in the digital space, and (iii) intersections of vulnerable children, sexuality and sexual abuse.

¹ Know Violence in Childhood. 2017. Ending Violence in Childhood. Global Report 2017. Know Violence in Childhood. New Delhi, India.

² National study on child abuse. 2007.

II. Pre-seminar workshops on May 3 & 4, 2017
 Venue: YMCA International Centre, Mumbai Central.

Topic	Facilitator	Workshop Details
<p><i>Paving the path to healing: responding sensitively to child survivors of sexual abuse</i></p>	<p>Dr. Amit Sen has over 20 years of experience in practicing child and adolescent psychiatry. He is the Founder Director of <i>Children First</i>, a multidisciplinary institute that provides clinical and community based support, training and research in child and adolescent mental health. He is also the Founder of the mental health programme at <i>Salaam Baalak Trust</i>.</p>	<p>The workshop trained 22 professionals in working with child survivors of sexual abuse. The interactive sessions included how to work with children who have experienced trauma, with a special focus on the developmental consequences of sexual trauma among children. Participants were trained in factors that aid healing, using the 'Signs of wellbeing' model, along with communicating with very young children who have undergone CSA, and examining the difference between forensic interviewing and therapeutic assessment when dealing with child survivors of sexual abuse.</p>
<p><i>Disability, Sexuality & Sexual Abuse: A Practitioner's Perspective</i></p>	<p>Nidhi Goyal is a disabled activist working at the intersection of disability rights and gender justice through research, training, advocacy and art. The Sexuality and Disability Program Director at Point of View, a researcher for Human Rights Watch, and faculty at CREA Institutes on sexuality, gender and rights, Ms. Goyal advocates at policy and legislative levels in India and internationally. She is the co-author of sexualityanddisability.org</p>	<p>The workshop trained 14 professionals in understanding sexuality as a complex developmental phenomenon for children, especially those with special needs and disabilities. Focus was laid on training what makes children with disabilities particularly vulnerable to sexual abuse due to their inability to get out of situations and how to include that understanding in child protection and child-care systems. It is imperative that professionals working with children understand the unique vulnerabilities of</p>

		children with disabilities as well as working with them with a right-based body-positive non-abled approach.
<i>Young people in a hyper connected world: beyond do's and don'ts for online safety</i>	<p>Jointly facilitated by:</p> <p>Dr. Anja Kovacs directs the <i>Internet Democracy Project</i> in Delhi, which works for an Internet platform that supports free speech, democracy and social justice in India and beyond.</p> <p>Nayantara Ranganathan is the Programme Manager for Freedom of Expression at the <i>Internet Democracy Project</i>.</p> <p>Smita Vanniyar is Second Lead, Digital Projects at <i>Point of View</i>, and works at the intersection of gender, sexuality and technology.</p>	<p>The workshop trained 22 professionals in understanding and taking a rights-based approach to address young people's safety online, rather than one focused on restrictions or generic do's and don'ts. The workshop explored young people's aspirations and behaviours in the digital sphere and examined the difference in how young people and adults see online threats, by using threat frameworks to learn to identify and assess threats that are encountered in the use of ICTs. Building on this understanding, relevant behaviours and tools were explored which can help young people and their guardians in navigating the Internet and the wider digital realm more safely. The workshop established that we are all vulnerable to threats and staying safe need not equate to staying off the internet, for young people or adults.</p>
<i>Understanding and applying trauma theory in practice</i>	<p>Dr. Rani Raote is a practicing psychotherapist in Mumbai, with over 25 years of experience. She earned her MS & PhD (Counselling Psychology) degrees in America. In 1999, she developed, supervised and conducted an internship</p>	<p>The workshop trained 18 professionals in understanding trauma and providing trauma-informed mental health care. Participants gained insights into the effects of trauma on the brain, bodies, emotions, behaviours, attitudes, and</p>

	<p>programme for counsellors in training along the guidelines of American Psychological Association. She is a celebrated expert in trauma theory and treatment, including but not limited to CSA. Dr. Raote has worked with NGOs such as Dignity Foundation, Arpan, as well as the Forum Against Child Sexual Exploitation (FACSE). She wrote a popular column, Mindfields, for the Times of India and worked with a psychology based radio programme on TIMES FM - Heart to Heart.</p>	<p>social relationships. The importance of early attachment relationships and how they can predispose one to trauma as well as resilience. The mechanisms of dissociation which accompany traumatic experiences. Encoding of trauma in the memory. Components of effective trauma therapy. Each theory component elaborated on how to use this theory in ongoing therapeutic and healing work with survivors of trauma. These interactive components helped participants gain skills in the practical application of relevant trauma theory.</p>
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III. PRE-SEMINAR WORKSHOP PICTURES:



(L-R) MS. ANURADHA ANSARI, TRUSTEE – THE FOUNDATION; MR. RICHARD VAN DER MERWE, MD – BAYER CROPSOURCE LTD.; DR. LAILA GARDA, DIRECTOR – KEM HOSPITAL AND RESEARCH CENTRE, PUNE.



WORKSHOP PARTICIPANTS



MS. NIDHI GOYAL, FACILITATOR - DISABILITY, SEXUALITY & SEXUAL ABUSE: A PRACTITIONER'S PERSPECTIVE



PARTICIPANTS AT YOUNG PEOPLE IN A HYPER CONNECTED WORLD: BEYOND DO'S AND DON'TS FOR ONLINE SAFETY



DR. AMIT SEN FACILITATING WORKSHOP ON *PAVING THE PATH TO HEALING: RESPONDING SENSITIVELY TO CHILD SURVIVORS OF SEXUAL ABUSE*

IV. Seminar Schedule – May 5 & 6, 2017 ASCCSA 2017:

Day 1 (May 5, 2017)

Start	End	Program	Speaker
9:00	09:30	Tea & registration	
09:30	09:40	Inauguration and welcome	Mr. Rahul Bose
09:40	09:50	Opening note	Mr. Richard Van Der Merwe
09:50	10:00	Introduction and logistical details	HEAL
10:00	11:00	Opening Panel: “Is CSA the battle that can never be won?”	Moderator: Rahul Bose Panelists: Pooja Taparia (Arpan), Sonvi Khanna (Dasra) Rishi Verma (Film-maker) Nishit Kumar
11:00	11:45	The Neurobiology of Child Sexual Abuse: What happens inside?	Dr. Avinash Desousa (Psychiatrist)
11:45	12:00	<i>15 minute break</i>	
12:00	12:45	An epidemiological overview of Child Sexual Violence in India.	Radhika Dayal (Public Health Foundation of India)
12:45	13:00	What does the young nation allocate for its young? Children’s budget analysis	Ravinder Kaur Pasricha (HAQ - Centre for Child Rights)
13.00	14.00	<i>Lunch Break</i>	
14:00	14:45	Mapping vulnerabilities among Indian children: A snapshot of what is.	Chitrakala Acharya (Childline)
14:45	15:30	There is nothing queer about it: Working with children with	Sonal Giani

		alternate genders and sexuality	(Parodevi Pictures)
15:30	15:45	<i>15 minute break</i>	
15:45	17:00	Panel: "Safeguarding children: Fighting for our most vulnerable"	Moderator: Kajol Menon (Leher) Panelists: Nidhi Goyal (Point of View) Puja Marwaha (Child Rights & You), Sameer Shaikh (TISS Resource Cell for Juvenile Justice)

Seminar Schedule ASCCSA 2017 - Day 2 (May 6, 2017)

Start	End	Program	Speaker
9:00	09:30	Tea & registration	
09:30	09:40	Logistical details	HEAL
09:40	10:25	Assisting children and families in cases of child sexual abuse: Perspectives from Goa	Adv.Emidio Desouza Pinho (SCAN Goa)
10:25	11:10	Restorative justice: An alternative to retributive justice	Jonathan Derby (Counsel to Secure Justice)
11:10	11:40	Don't Offend - The India Network	Dr. Ujjwal Nene (KEM Hospital Research Centre)
11:40	11:55	<i>15 minute break</i>	
11:55	13:00	Panel: "Sex offender registry: Fear versus function"	Moderator: Suchismita Bose Panelists: Satish Borulkar (Advocate) Audrey D'mello (Majlis) Smita Vanniyar (Point of View)

			Kabir Narang (Freelance writer)
13:00	14:00	<i>Lunch Break</i>	
14:00	14:30	Helping children stay safe online and offline: a mental health perspective	Dr. Kersi Chavda (Psychiatrist)
14:30	15:15	Not just pictures: Understanding online victimization	Ms. Karnika Seth (Cyber Law Consultant)
15:15	15:45	Online safety: Think globally, act locally	Neelam Singh
15:45	16:00	<i>15 minute break</i>	
16:00	17:00	Closing Panel: "Navigating the digital space: Children's internet rights v/s safety from sexual abuse"	Moderator: Vidya Reddy (TULIR) Panelists: Dr. Anja Kovacs (Internet Democracy Project) Siddharth Pillai (Aarambh) Dr. Debarati Halder (Centre for Cyber Victim Counselling)
17:00	17:15	Closing & Thanks	Rahul Bose
17:15 onwards		<i>Tea</i>	

V. SEMINAR PICTURES:



MR. RAHUL BOSE WELCOMING PARTICIPANTS TO 3RD ASCCSA



OPENING NOTE BY MR. RICHARD VAN DER MERWE, MD – BAYER CROPSCIENCE LTD.



PANEL 1: IS CSA THE BATTLE THAT CAN NEVER BE WON? (L-R) - RISHI VERMA, SONVI KHANNA, RAHUL BOSE, NISHIT KUMAR, POOJA TAPARIA



PANEL 2: SAFEGUARDING CHILDREN: FIGHTING FOR OUR MOST VULNERABLE (L-R) – KAJOL MENON, SAMEER SHAIKH, PUJA MARWAH, NIDHI GOYAL



PANEL 3: SEX OFFENDER REGISTRY: FEAR VERSUS FUNCTION (L-R) – SATISH BORULKAR, AUDREY D'MELLO, SUCHISMITA BOSE, SMITA VANNIYAR, KABIR NARANG



PANEL 4: NAVIGATING THE DIGITAL SPACE: CHILDREN'S INTERNET RIGHTS V/S SAFETY FROM SEXUAL ABUSE (L-R AS SEATED) – DR. DEBARATI HALDAR, VIDYA REDDY, ANJA KOVACS, SIDHARTH PILLAI

PARTICIPANTS:







VI. Individual speaker reports:

1) Topic: *The Neurobiology of Child Sexual Abuse (CSA): What happens inside?* By Dr Avinash DeSousa



DR. AVINASH DESOUSA

Dr. Avinash DeSousa is the Founder Trustee of DeSousa Foundation that works in the area of mental health awareness across all sectors. Dr. DeSousa holds an impressive set of academic credentials in the field. He is qualified with a degree in Psychiatry; MPhil in Applied Psychology; MBA in Human Resource Development and Doctorate in Clinical Psychology from University of Hertfordshire, UK. He has published over 440 national and international journals and is the author of 8 books in the field of mental health.

Dr DeSousa commences his presentation with examining the unique impact of child sexual abuse on the brain. Advanced technological developments in brain imaging techniques show us child sexual abuse is a psychological trauma with biological ramifications. The reason that CSA impacts the brain very differently from other severe trauma, such as a road accidents, war and even rape, are twofold: typically the abuse occurs several times over a long period, and in the age range of 2-11 years, which is critical for brain development. Children typically report CSA, if they report at all, after having undergone it multiple times, the trauma amounts to repeated baragging at a brain level, impacting several important neural areas. The age-range of 2 to 11, when CSA most often takes place, is also the period when new neurons and neural connections are being formed. Therefore, CSA creates changes not only in brain function but also structure, leading to wide-ranging psychological and behavioural challenges. Dr DeSousa underscores this peculiarity of CSA, where brain imaging has shown changes both in brain structure and function.

Delving deep into the structural changes caused by CSA, Dr De Sousa talks about three key brain areas affected, along with the hormonal disruptions caused by the trauma. The first structural area he touches upon is the Hippocampus or the site of memory in the brain. A significant finding from brain imaging analysis is that the hippocampal area shows shrinkage in CSA survivors. This is especially true for women, whose hippocampal volume is biologically larger than that of boys. In real terms, this means sexual trauma affects women more than men, when it comes to memory, and that CSA affects the autobiographical, academic and emotional memory of survivors. Survivors report blotting of memories as well as difficulties in schoolwork because of impaired retention. The biological extent of the psychological impact becomes clear when one considers that the hippocampal shrinkage in CSA is similar to that experienced when a child suffers a very high fever spike during early childhood. Further, Dr De Sousa explores how this hippocampal shrinkage affects the therapeutic rehabilitation of survivors too. Since the hippocampus govern memory retrieval too, changes in the hippocampus make it difficult for survivors to recall memories of trauma in therapy.

The second brain area impacted is amygdala i.e. the site of emotional memory. Imaging analyses exhibit the amygdala in CSA survivors remains smaller, with survivors reporting feeling “emotionally numb”. Empathy and the ability to form trusting connections is also adversely affected. Like in the case of the hippocampus, this aspect too has a bearing on healing from CSA. The process of psychotherapy, which is extremely important therapeutically, becomes more challenging in CSA with therapists reporting an invisible “glass wall” across which patients seem to be sitting. Empathy and trust development, which are critical to psychotherapy, are both negatively impacted in CSA survivors.

Dr De Sousa moves on to the third important neural area affected in CSA - the prefrontal cortex (PFC), which governs decision-making and executive function. He elaborates how typically the prefrontal cortex matures in the late teens or adulthood, enabling individuals to increasingly take more rational, real-life decisions. However, in case of CSA the trauma occurs before the PFC matures, delaying maturation even further. Individuals with delayed PFC maturation show impaired decision-making, a refusal to “grow up,” and risk taking behaviours.

The fourth structural effect, which occurs both in the brain and the body, is hormonal change. Dr DeSousa highlights how increased threat perception as a result of trauma leads to permanently elevated levels of cortisol in the bloodstream of CSA survivors. This can lead to physical disorders in later life. Similarly, the level of opiates, the body’s natural morphine are elevated in survivors, causing them to indulge in self-injurious behaviour at times. In contrast, levels of Oxytocin that is the socialising hormone are lower in CSA victims, which impacts relationships, intimacy and socialisation. Another significant finding Dr DeSousa highlights here is the overlapping symptoms of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). Survivors of both display symptoms like fatigue, insomnia, and cognitive deficits – a finding that reinforces the biological dimension of severe psychological trauma such as CSA.

Apart from these neural regions and hormones, a structural process impacted is synaptic pruning. Dr DeSousa explains how we are born with dense synapses, which need to be trimmed or pruned as the child grows so that only important bits of memory are retained. But this pruning is impacted in CSA survivors, where such individuals retain unnecessary and even false memories. Further, memory is impacted throughout life.

After covering the structural aspects Dr De Sousa discussed the functional changes that can be caused by CSA. He unpacked advances in neuro imaging studies like F-MRI, which can map brain function in real time. F-MRI imaging has been very revelatory in mapping the brain of trauma

survivors, and shows impairment in PFC. Further, *Tractography* is an MRI where connections between brain areas can be seen, and these connections too are found to be highly disrupted in CSA. PET scans, which can show brain metabolism and exhibit how metabolism in several brain areas is impacted in CSA survivors.

Dr DeSousa connected the dots to conclude what these brain changes mean in the real term, where critical genetic, epigenetic, and environmental factors play a role in determining how trauma will affect an individual. Brain changes due to CSA can lead to a plethora of disorders and personality changes including introversion, emotional difficulties, depression, suicide ideation and addictive behaviours. CSA survivors are four times more likely to abuse alcohol and injectable drugs, three times more likely to be on anti-depressants and show absenteeism from school and work, 2.5 times more likely to abuse tobacco, and 15 times more likely to attempt suicide.

Finally, the extent of impact in any given individual depends greatly on genetic and environmental factors. Sometimes, CSA is the trigger which can activate predisposing epigenetic factors in individuals. In other cases, the genetic factors are predominant, such as parents with a psychiatric history. The two biggest environmental factors exacerbating the trauma of CSA are poverty and malnourishment. Other negative environmental factors include families with dysfunctional and abusive dynamics, divorce and single-parent families, maternal deprivation, and negligent parents.

In conclusion, Dr DeSousa underscores the importance of spreading awareness about the biological, life-long effects of CSA in sensitising society about the magnitude of its impact on survivors and their families.

2) Topic: *An epidemiological overview of Child Sexual Violence in India* by Radhika Dayal



MS. RADHIKA DAYAL

Radhika Dayal is a research associate at the Public Health Foundation of India (PHFI). She has a post-graduate degree in Sociology from Delhi School of Economics and an undergraduate degree in Sociology from Delhi University. She has also pursued graduate level coursework in Global Health Research Methodologies and Healthcare Economics from the University of Virginia. Radhika works in multi-disciplinary research initiatives in the field of social determinants of health with a focus on gender and health. Within the field, she contributes towards conducting systematic reviews and developing qualitative assessment tools. Currently, Radhika is leading a review study on the epidemiology and response to child sexual violence in India.

Radhika opens her presentation with summarised findings from a systematic review study of epidemiology and response to child sexual violence (CSV) in India. To set the context, she presents the World Health Organisation's (WHO) definition of CSV, which was used in PHFI's study and which she uses interchangeably with CSA throughout her presentation.

According to the WHO, CSV is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use

of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performance and materials.”

Presenting the underpinnings of the PHFI study, Radhika presents statistics on the national level prevalence of CSV in India. Three national level studies were referred to, chiefly because these are the only national estimates available. The Ministry of Women and children’s survey of 2007, which surveyed a cross-section of 2407 kids from school, street, and slums showed 53.22% of children reported one or more form of sexual abuse. Within this, 21% reported “severe” forms of sexual abuse. The second survey quoted was the National Family and Health Survey III, which found that 5% women in the age group of 15-19 years reported several sexual abuse. Further, the NCRB data from 2014 showed over 13,766 rape cases. All studies pointed to the widespread prevalence of CSV, Radhika notes. The problem is put in perspective when we note that India is home to 19% of world’s kids.

Radhika goes on to a brief overview of the outcome and effects of CSV. Apart from the neurobiological effects, CSV has lasting psychological, emotional and physical effects too. Psychological effects include eating disorders, suicide ideation, depression and anxiety, while physical impact includes injury, early pregnancy, increased risk of sexually transmitted infections (STIs) and HIV.

Collating the insights from data about prevalence and outcomes, Radhika underscores the heightened need to understand CSV epidemiology and response in India to design inform-and-prevent management efforts, an area the PHFI study aims to cover. Thus setting the context for the study, she outlines its aims and objectives. She notes that the absence of a systematic survey of published literature on CSV in India can be addressed by looking at published literature in the past decade, analysing quality of available data, identifying gaps in current knowledge and designing evidence-based culturally-appropriate therapeutic interventions. These formed the aims of the study while the objective were to look at prevalence, covariates, outcomes and interventions developed to prevent and intervene.

Having outlined the aims and objectives of the study, Radhika explained its methodology, which was developed in protocol with the PRISMA guidelines. Further, subject experts and systematic reviews from other countries were consulted, ethical clearance from PHFI ethics committee sought, and the study registered with international database Prospero, following which the search results were piloted and results refined. 55 search terms were used including cyber sexual crime, paedophilia and violence, to search the literature. As far as eligibility was concerned, literature published in English language from January 1, 2005 to Jan 1, 2015 was included. Further, although only data from respondents below 18 years was analysed, the age criterion was not included while reviewing the studies since many CSA studies are retrospective. Overall, 48 articles were shortlisted and reviewed out of a total of 4,186 articles, which were picked from three databases namely Popline, Psychinfo and PubMed. These included 31 quantitative, 11 qualitative, and 6 mix method studies.

Elaborating on the findings in the study, Radhika notes insights about prevalence, covariates and predictor outcomes, and preventive interventions. The majority of the studies focussed on data from school, college, and home settings with very few samples collected from institutional shelter homes and observation homes. In addition, most studies focussed on women, with only 16 % focussing on boys and men. Further insights about prevalence showed most studies covered the Maharashtra and West Bengal regions, and there was only one study which focused on CSV among children from tribal areas. To streamline the prevalence of CSV, three broad categories were considered: non-contact forms, contact forms and forced intercourse. Non-contact CSV included exhibitionism and showing

pornography to children, contact CSV included acts like groping and fondling, while forced intercourse covered forced penetration, oral and anal acts. The prevalence ranged from 3 % in the Bhilwar et al study to 48 % in the Charak et al study. Sample size varied greatly too, from 130 girls to 7, 560 boys and girls. Clearly, Radhika notes, it is difficult to generalise about prevalence from these studies.

Next, she presented data on covariates and predictor outcomes. Some findings herein were that higher age was associated with lower prevalence. One study showed higher prevalence in joint families, another in nuclear. One study correlated higher education of the mother with low prevalence. Respondents, both boys and girls, who have been in the work force or have friend of the opposite gender were more likely to have experienced CSV. Girls with higher monthly income experienced more CSV than boys. A religion-based analysis showed that people following the Hindu faith were less likely to report CSV than children from other communities. Children who experienced CSV were also likely to think of parents as dominant and aggressive.

When it came to outcomes, all studies showed CSV's correlation with multiple mental health and behavioural conditions including anxiety, depression and suicidal tendencies. Behavioural problems, such as social withdrawal, and poor academic performance were also seen. Physical effects included STIs and early pregnancy.

Finally, Radhika looks at data on the two most underrepresented areas in the study: perpetrators and outcomes of intervention. Data on perpetrators affirm that majority of perpetrators are known to the children they abuse, most of them being family relatives, neighbours and friends.

Qualitative and mixed method studies showed that lack of sanitation facilities was a risk factor of CSV, as is pathological family expectations and toxic family dynamic. Children exposed to extreme forms of conflict also had an impact on all aspects of their health. One study found that girls who were trafficked and were sexually abused had higher levels of aggression and personality disorders as opposed to girls who were trafficked but had not experienced sexual abuse.

In conclusion, the first inference is that CSV is prevalent across all gender, age, income and family structures. Secondly, CSV reports significantly increased if the ambit of the term increased to broader inclusions, such as non-contact, and cyber sexual crime. Thirdly, some major limitations of current studies are small sample size, lack of geographic diversity, limited surveys on perpetrators, and contemporary issues like using digital platforms to offend. There is also a need for research on CSV covering North and Northeast parts of the country. Radhika ends with highlighting the need for a standardized operational definition of CSV to compare study findings across regions and contexts; and asserting the importance of developing or adapting to ethical guidelines for the conduct and reporting of CSV studies in India.

3) Topic: *What does the young nation allocate for its young? Children's budget analysis by Ravinder Kaur Pasricha*



MS. RAVINDER KAUR PASRICHA

Ravinder Kaur has a two Masters degrees, one in Criminology from Lok Nayak Jaya Prakash Narayan National Institute of Criminology and Forensic Science and the other in Social Work. Ms. Kaur began her career with Prayas (Institute of Juvenile Justice) and STOP (an organization working with survivors of trafficking). Thereafter, she worked at Butterflies (an NGO working with vulnerable groups of children) for 7 years, heading their Resilience Centre. She works closely with street and working children, adolescent girls, children in conflict with law, children in crisis, victims of gender based violence, survivors of trafficking and other vulnerable groups and families at risk. She is presently the Director of Restorative care at HAQ.

Ravinder starts with asserting that when it comes to protecting children against violence, collective will cannot be limited to mere drafting of progressive laws. It is equally critical to ensure the implementation of laws at a grassroots level. She questions: While we have numerous political and constitutional commitments to stopping violence against children, what about financial commitments?

Ravinder further explores this question along two tracts: One, the diminishing budgetary allocations for children in India, and two, the gaps between the provisions of the Protection of Children of Sexual Offences (POCSO) Act, 2012 and the financial resources required for implementation.

To expand on diminishing budgetary allocations for children, Ravinder cites HAQ's study of trends in the Union Budget since 2002. HAQ has found the budgetary share for children steadily declining, going from 4.76% in 2012 to 3.32% in 2017-18. In 2017-18, only 5 paise of every INR 100 allocated in the Budget is spent on children, and out of this small share, only 1.59 paise is allocated for children's

protection. Ravinder stresses that since a Union Budget isn't just a collection of numbers, but an expression of civilizational aspirations and value, this disturbing trend clearly demonstrates the low premium we put on our children.

Further, Ravinder delves into specific ways limited financing affects the child protection sector. Although the Protection of Children from Sexual Offences Act (POCSO), 2012, clearly lays down comprehensive infrastructural and human resource requirements for children's rescue, rehabilitation, and access to justice, the funds to actually enact these processes are missing at the ground level.

To take an example, the POCSO mandates the setting up of the district child protection units (DCPU) around the country, as a primary point of contact for families in need of help. POCSO also states the district should provide for interpreters to access local dialects, special need educators and counsellors at the DCPUs, as well as funds for training and sensitising personnel and for publicity of these services. However, let alone realising some of these guidelines, very few DCPUs are even functional in the country, since districts are strapped for funds. Other comprehensive and progressive POCSO guidelines, such as providing trained women personnel, juvenile police units, video conferencing during trials, and special courts with a child-friendly environment, are similarly neglected for paucity of funds.

Delving deep into the ways in which lack of funding fuels the said gaps, Ravinder refers to the budget for the Ministry of Women and Children's Integrated Child Protection Scheme (ICPS), the largest scheme of its kind in India. For 2017-18, the ICPS has been allocated INR 648 crores (out of a total child protection budget of INR 1,062 crore). Ravinder points out that a realistic estimate shows fulfilling some provisions of the POCSO act and the Juvenile Justice (JJ) Act, 2015, such as setting up child protection societies in 35 states and Juvenile Justice (JB) Boards, would require at least INR 363 crores, leaving very little funds for supporting adoption agencies and other commitments such as expanding ChildLine services. Considerable additional financial inputs were also required to enact the JJ Act's guidelines for sponsorship and adoption. Thus, the data clearly showed that the available funds under the ICPS were too low to realistically fulfil the guidelines of the POCSO and the JJ Act. Further, she points out to a lack of clarity about which government ministry or department is responsible for allocating funds for child protection.

Further, in absence of a working governmental machinery, it is non-governmental organisations who step in for support functions, such as accompanying children to police stations, providing counselling, and taking them to shelter homes. Here too, the Juvenile Justice Act has provided clear guidelines for foster care and adoption, but there remains an enormous gap between legislation and execution. In the absence of a working, streamlined system, many questions still remain unanswered, such as what happens to the children after they have been placed in shelter homes. Typically, the financial allocations for children placed in such homes are further limited and the follow-up system is not in place either. With systemic lacunae and bureaucratic hurdles, even NGOs can only provide support functions, and the chief working mechanism for child protection has to be developed by the governmental system from inside the systems.

In conclusion, Ravinder highlights two critical questions we must answer in order to secure justice for victimised children. One, given the ground realities, how do we ensure that the POCSO mandate is realised? And two, at a larger level, how do we ensure that water-tight legislation doesn't get lost in translation, as in the case of POCSO? In response to these, she suggests stakeholders view the law from a ground-level up perspective and ask basic but important questions such as, who will take the survivor to the doctor and police, who will monitor a survivor placed in a shelter home. Finally, to

resolve the issue of governmental funding, Ravinder highlights the need to unite public opinion on the issue and for civil society organisations to lobby for increased public spending (allocation & implementation) on child protection.

4) Topic: *Mapping vulnerabilities among Indian children: A snapshot of what is* by Chitrakala Acharya



MS. CHITRAKALA ACHARYA

Chitrakala Acharya is the Head of Programmes at ChildLine India Foundation (CIF). CIF is appointed as the Mother NGO for the ChildLine network, by the Union Ministry of Women & Child Development (MWCD) in a public private partnership model. It acts as the parent organisation for setting up, managing and monitoring the ChildLine 1098 service across the country. It is also responsible for training, research & documentation, advocacy and resource generation.

Which contributing factors make children more vulnerable to abuse, and how can the knowledge of these factors inform better intervention? Chitrakala reflected on ChildLine's comprehensive network in India that receives distress and rescue calls on its 1098 helpline and the analyses of this data. Presenting Childline's case study, Chitrakala gives an overview of insights derived from this data, as well as the challenges ChildLine faces in this digital age.

The ChildLine India Foundation (CIF) is the nodal agency of the Union Ministry of Women and Child Development, acting as the parent organisation for setting up, managing and monitoring the ChildLine 1098 service all over the country. Set up in 1996, ChildLine is the country's first toll-free tele-helpline for children in distress. As of March 2015, a total of 36 Million calls since inception have been serviced by ChildLine, which operates in 34 States and Union Territories through its network of

over 700 partner organisations across India. To give a comprehensive idea of the vast extent of 1098 coverage, Chitrakala notes that ChildLine responded to 13 million calls in 2016, and gets an average of two million calls every month, as per latest data. Further, the helpline is present in 412 out of 678 districts in India, with one third of this coverage panning over rural areas. The centralised helpline runs out of five call centres to cover different linguistic regions. Chitrakala also notes that ChildLine, which began in 1996 in response to a need for protection of children on streets and railway stations, has now set up special teams at 33 places to respond to such children directly.

Contextualising the extensive data used from the ChildLine tele network to draw important conclusions about children's vulnerability in India. Chitrakala notes that the data is taken from calls logged in at ChildLine, reporting not just Child Sexual Abuse (CSA), but also often overlapping issues, such as child marriage, and rescue from trafficking. Based on ChildLine's experience, data on children they have assisted, and secondary data, ChildLine has attempted to plot child protection issues region-wise across the country. Various vulnerabilities have been listed, from kids exposed to abuse at home, at a place of work, or while trafficking.

The first major insight presented from this data is that vulnerability cuts across all classes, castes, and geographies. Secondly, the absence/ indifference / negligence of primary caregivers places children most at risk. She highlights that vulnerability is often silent, and therefore the attentiveness of parents is essential to safeguard children. Often, parents' denial and ignorance heightens a child's vulnerability to abuse. This is followed by factors like age and gender, with younger age and female gender correlating with higher vulnerability.

Further, Chitrakala notes that while the ChildLine network map is static at the moment, there are plans in the pipeline to digitise this map, so new vulnerabilities can be plotted as they come in. The map will also show dynamic changes over time, as trends will vary by time, situation, context, and other external factors. Going on to explore some of these trends as revealed by the present data, Chitra highlights that CSA reporting is on the rise, perhaps as a result of increasing information dissemination. On the other hand, rescue calls from trafficking are on the decline, prompting ChildLine to research possible reasons. Another significant trend Chitrakala notes is about perpetrators: neighbours were found to be the largest perpetrators of violence against children. She stresses that these statistics are self-revealing on children being at threat from known people. Other trends show that the most calls came from different stakeholders, such as police, followed by children and families.

Further, Chitrakala throws light on some of the major areas of concern raised by the trends in the secondary data analysis. She notes that while increased reportage of CSA is a positive sign, response systems haven't been able to keep up with the need. Here, a strengthening of budgetary allocation for child protection is much needed, she notes. The second area of concern which requires more research is a standardised protocol of response to tackle the rise of cyber based child sexual abuse. She notes that ChildLine has seen increasing cases on compromised online safety and social media abuse, such as online grooming leading to offline contact, to sharing of personal data like phone numbers and images in the public domain. Increased smartphone usage and easy access of pornographic material over smartphones and other internet devices are also causes for immediate concern. Thirdly, the care of children in institutional setting needs to be standardised, as do protocols for prevention-intervention. To this end, she asserts the need of greater knowledge building, information exchange and interaction between NGOs working within the ChildLine Sector.

Next, Chitrakala encapsulates the steps ChildLine is taking to effectively meet some of these challenges. She notes that ChildLine calls from the once-ubiquitous PCOs are on the decline, with the



medium becoming fast obsolete. A major question this raises is how to get public access situations to kids in need. Some possible alternatives ChildLine is looking into include sensor-based one-touch public kiosks, mobile apps for kids in distress, and hotlines that directly connect to 1098. Chitrakala notes that according to TRAI regulations, supporting the 1098 number is mandatory for all telecom operators in India, and any lapse in coverage can be immediately reported. Finally, Chitrakala touches upon how ChildLine interfaces with the police. She points out that at ChildLine sharing information on crimes against children with police is mandatory. In cases where parents and families are unwilling to report, counselling is provided to them, encouraging them to do so, following which police are informed.

In conclusion, Chitrakala points out that monitoring current vulnerabilities and staying alert to emerging vulnerabilities by parents, stakeholders, NGOs and governmental agencies is essential in the fight against CSA in an increasingly digitalising world.

5) **Topic: *There is nothing queer about it: Working with children with alternate genders and sexuality* by Sonal Giani**



SONAL GIANI

Sonal Giani is an LGBTQ activist, better known for her role on Zee TV's prime time television show 'Connected Hum Tum', Bollywood film - 'W' and the documentary film 'Purple Skies'. She is the founder member of two popular youth collectives 'Yaariyan' and 'Umang'- a support group for LGBTQ members. She currently works as a creative associate with Parodevi Pictures. Previously, she has worked as the advocacy manager of the Humsafar Trust for 6 years, where a large part of her work revolved around human rights activism and handling crisis situation faced by LGBTQ persons.

Initiating a conversation on vulnerabilities which place children at a higher risk of sexual violence, Sonal decodes the specific risks faced by children with non-normative genders and sexuality as well as the gaps in understanding and responding to child protection issues while working with queer populations. In her presentation, she also dispels the very common myth that child sexual abuse leads to development of alternate sexuality, especially amongst boys.

Sonal begins her presentation with introducing the Humsafar Trust, the oldest LGBT (lesbian, gay, bisexual and transgender) organization in India. The Humsafar Trust is one of the leading organizations championing the rights of sexual minorities in India. Sonal highlights that her presentation draws insights both from studies conducted by the Humsafar Trust, case studies she came across, as well as her own experience working with LGBT populations. She starts by examining terms such as sex, gender, gender identity, sexuality, lesbian, gay, transsexual and transgendered.

First, she debunks the fallacy that biological sex is interchangeable with the term "gender". Sonal stresses that "sex" refers to the biological and physiological characteristics an individual is born with:

children are born male, female and intersex. Gender, however, refers to social behaviours and roles society considers appropriate for males and females. For a male child, for instance, visible markers of gender could be shorter hair, a broad walk, and certain mannerisms. Sonal goes on to explain the term “gender identity”, which is the gender you assign yourself psychologically. She highlights that contrary to what many people believe, your physiological sexual identity and gender identity don’t always match. People whose biological sex and gender identities don’t match are called transgendered. Crucial to the current discussion, Sonal makes the point that people who don’t fall into the “norm” of socially-sanctioned gender appropriate behaviour tend to stand out and become highly visible. This is one of the factors which adds to the vulnerability of children with alternate sexualities.

Sonal goes on to explore the specific social pressures faced by children and people with alternate sexualities. She notes that while expressing gender identity is a core part of our personal development and begins as early as three years of age, children with alternate sexualities are often asked to suppress this expression. To illustrate the point, she asks audience members to consider how they would feel dressed as a gender they didn’t identify with, or to act “more manly” or “more feminine,” than usual. Confirming that they wouldn’t be able to keep up the façade for long, Sonal questions the social assumption that this is an easy ask from people with alternate sexualities. She also highlights how the pressure to appear “normal” affects the developing psyche of the child with alternate sexuality in particular, and is tied up with feelings of social anxiety, isolation, and introversion. Sonal also challenges the assumption of fixed gender-based rules, presenting the shifting rules about women’s education and their place in the workplace as an example of fluid gender norms. Over the last few generations, these norms have seen a huge shift, suggesting that gender-based-rules can be changed. However, she also notes that the most formidably rigid category here remains sexuality-related gender norms.

Thirdly, Sonal delves into the additional pressure on LGBT children and individuals: the pressure to “convert” their sexual and gender identity. Even though the Kinsey Scale clearly demonstrates a sizeable 5 per cent of the worldwide population is gay or lesbian, heteronormative social behaviour remains the overwhelming norm, with LGBT people facing the pressure to change their sexual orientation. In traditional, patriarchal cultures, such as India, this pressure is amplified. Sonal notes that the artificial pressure to reverse or change one’s sexuality is as similar and as impossible as that on a left-handed person to change their orientation to right-handed.

What all these three points highlight, according to Sonal, is that individuals, and especially children, growing up with alternate sexualities face tremendous social and psychological pressure which effectively constitutes a vulnerability. She now goes on to explore how this vulnerability plays out, not only placing children in risky situations, but also making it very difficult for them to report abuse and get help.

To unpack the toxic social prejudices built around the issue of LGBT children who undergo abuse, Sonal first debunks the common myth that sexual abuse “turns” a child gay or lesbian. In fact the correlation between higher instances of childhood sexual abuse and alternate gender is not causative, but consequential. Their heightened visibility and social ostracism are what actually place LGBT children populations at higher risk of abuse. Sonal notes that though CSA survivors may have issues with sexuality post trauma, they don’t “switch” their gender and sexual identity. Another myth that she dismisses is equating consensual sex between gay adults with child abuse of boys by men. She notes that all these prejudices around alternate sexualities contribute to a pernicious social environment where survivors tend to blame their own sexuality for their abuse.

Sonal goes on to cover the risks specifically faced by so-called “feminine” boys. She notes that across India, trans, hijra and gay children who express themselves “differently” than what is considered “masculine” behaviour, report increased bullying, especially sexual bullying. She notes how such boys have reported avoiding school toilets for entire days for fear of being cornered by classmates, and feeling like easy and soft targets. She also highlights that the bullying is not limited to classmates and peers, with children also reporting being harassed and mocked by teachers and authorities. Given these factors, children with alternate sexualities tend to have fewer friends and feel ostracised and isolated. Further, they tend not to confide in their parents, having a hostile environment at home. Sonal notes how these contributing factors leave LGBT children psychologically disturbed as well as vulnerable to sexual predators. Case studies with trans-people, hijra and other LGBT populations have also shown increased truancy from school and poor academic performance because of bullying.

Further, she unpacks how the vulnerability for children with alternate sexualities doesn’t just end at trauma; reporting and seeking help is also particularly difficult. She notes that teachers often dismiss such children’s complaints of sexual bullying on grounds of them being “too feminine”. A strong culture of victim-blaming accompanies many such disclosures. Sonal highlights the double stigma faced by trans and gay populations when reporting abuse: many internalise the dominant social narrative and believe they caused their abuse with their alternate sexuality. This makes healing even more challenging for such individuals.

Next, Sonal explores the familial, systemic, and institutional prejudices faced by LGBT children on reporting CSA. She notes that abusers often threaten children with outing them if the children were to report abuse. Police personnel have also been reported to use the threat of outing to control children in the juvenile justice system, as have criminal gangs in the streets. Sonal notes how the shame of being outed outweighs the continuing sufferance of abuse by such children. She also notes how even psychologists may advise corrective therapy for LGBT survivors of CSA, instead of helping them cope with the trauma. Typically, counsellors don’t know much about LGBT issues and how to handle sensitive issues like outing a LGBT CSA survivor to their families and its possible larger consequences. Families too deal with LGBTQ survivors of CSA differently. For instance, families often force lesbian women, who have been abused as children, into marriages, in order to “turn” the effects of the trauma and reverse their sexuality.

Finally, Sonal notes Humsafar Trust’s findings from studying populations of LGBT persons under 19 years of age. Most noted their age of sexual debut (not to be confused with sexual activity with others) around 10-14 years, with some showing sexual behaviours from the age of 8. Many LGBT children who reported abuse and bullying were found to be at risk to engage in sexual activity, further increasing their risk of HIV and STIs. An emerging area of concern was online vulnerabilities, with LGBT children at a heightened risk of cruising online, since traditional channels of dating are severely limited for them. This online behaviour also increases vulnerability as many young people on cruising sites may not know they are interacting with adults posing as children.

In conclusion, it is clear that addressing vulnerabilities among LGBT children begins with sensitising people about alternate sexualities and dispelling associated myths, Sonal notes. She stresses the importance of training teachers, counsellors, families, police personnel and judicial workers to address the specific needs of LGBT populations, and points to the Humsafar Trust manuals for teachers, counsellors and health workers as a starting point.

Day 2:

- 6) **Topic: *Strengthening child protection mechanisms: Perspectives from Goa* by Emidio Desouza Pinho**



MR. EMIDIO PINHO

Mr. Emidio Desouza is the founder of Stop Child Abuse Now (SCAN-Goa). He studied law with a specialization in human rights. He has been working in the field of child welfare since 2003, and serves as the legal consultant to the Goa State Commission for Protection of Child Rights (GSCPCR) since 2014. He has successfully worked with the government for better implementation of the Goa Children's Act, Protection of Children from Sexual Offences Act (POCSO) and Juvenile Justice (care and protection) Act in Goa. In 2015, he received the National Award for Child Welfare from the President of India.

Emidio inaugurated Day 2 of the conference with a presentation on good practices adopted by SCAN-Goa and the Goa Children's Act, 2003, in fighting the issue of child sex abuse. The focus is on strengthening the support mechanisms for victims of child abuse after cases are reported, to reduce the trauma of victims as well as ensure them justice. Emidio observes that although the child protection sector and the juvenile justice (JJ) system in India remain heavily flawed and tilted in favour of the accused, interventions, such as by SCAN-Goa, show that concerted effort and bringing all stakeholders on board, may provide a way forward.

In the case studies presented on the reportage and prosecution of cases of child abuse under the Goa Children's Act (2003), the age of the victim ranged from 1.3 years to 12 years. Some of these cases were tried in court but ultimately acquitted because of lack of evidence and gaps in police investigative and forensic procedures. In many cases, the victims and their families turned hostile.

These observations point out to the lack of effective forensic protocols as well as a witness protection program, stresses Emidio. Another major hurdle in securing justice for victims was the lack of awareness and sensitivity in people working closely with them at the ground level. Emidio illustrates the point with a real-life example of an examining doctor who refused to believe a 12-year-old victim of incest was pregnant by her father. Further, Emidio highlights the process of “re-traumatisation” experienced by the victim after reporting the crime, in form of invasive questioning at every stage by police, doctors, CWCs, NGOs, lawyers, and judges. All these observations underscore the lacunae between laws and implementation, he asserts.

Emidio shifts to discuss the best practices as adopted in the state of Goa to effectively address some of the above-mentioned gaps effectively and constructively. Through Goa Children’s Act of 2003, and the setting up of victim assistance units (VAUs) in 2014, SCAN-Goa has been able to ensure crucial support mechanism for victims. Goa was the first state to come up with a legislation on child protection, even before the Protection of Children from Sexual Offences (POCSO) Act of 2012. The Goa Children’s Act covers every aspect of the child protection comprehensively, including children in conflict with the law. Further, he highlights that with greater terms of sentence than the POCSO, the Goa Children’s Act has an overriding effect on the former. Emidio also points to some provisions of the Goa Children’s Act that may be more constructive than POCSO guidelines, such as providing for an NGO or a counsellor to record the statement of a child in the initial stages itself. In POCSO, this is done at a much later stage, after the CWC comes into play.

Giving an overview of the Victim Assistance Unit, Emidio notes that the government notification instated in him the authority to look into any case of child abuse reported in Goa and follow up on every aspect of procedure, including medical and police procedures. The VAU consists of a lawyer, a counsellor, a social worker, and a case worker. Police is mandated to report every child abuse case reported in Goa to the VAU. Emidio notes that the authority to look into every child abuse case from the time of filing a complaint to the trial has been especially helpful for SCAN-Goa to study what actually transpires on the ground level, once cases of child abuse are reported. Some of the observations from SCAN’s follow-up were that male doctors were continuing to conduct medical exams despite POCSO guidelines to the opposite effect, no permanent judges for POCSO cases, no counselling for families, as well as delay in filing charge sheets by the police. Based on these observations, several constructive changes were made to address gaps, notes Emidio. The VAU which works round the clock, even getting calls at 3 am, initially looked only at CSA victims, but now covers all children who come into the criminal justice system.

Outlining the procedure followed by the VAU once cases are reported, firstly, the team visits the child in the police station or at home, takes the child to the primary health centre (PHC) for a medical exam, and hands over the entire documentation thus far to the follow-up team. Secondly, in case of grave and penetrative assault, the victim comes to the VAU centre for counselling and medical exam, where a detailed statement as well as ossification reports are recorded. Emidio notes that the idea here is to provide victims complete support under one roof itself. Thirdly, follow up is conducted within a week, and once a month from thereon. In cases where victims don’t want frequent follow-ups, phone numbers are provided to them to initiate contact based on their own comfort.

Elaborating other best practices of VAU, Emidio shares that case conferencing is done in cases when stakeholders, such as case counsellors, doctors, and police officers have differing opinions, in order to come to a speedy resolution. Follow-ups are also closely monitored in the case of medical and

forensic reports. He further adds other changes in the pipeline, including setting up of more VAUs at the regional and district levels, as well as designating a police officer with the unit, so that even the complaint of the victim can be registered at the centre itself, saving her/him inconvenience.

Apart from the VAU, Emidio points out to other powerful initiatives, such as the 'Go into court program,' the Juvenile Welfare Police Unit, the POCSO, the Medical Board, and many such systems that have helped ease passage into the justice system for victims. Emidio notes that SCAN-Goa has been able to manage connections between all government ministries and departments to ensure a smooth flow of these systems.

Moving on to the data from the VAUs, Emidio notes that in the last 3 years, 707 children have been assisted, out of which 26% children were victims of CSA, followed by physical abuse, and kidnapping cases (includes runaways). He points out that boys form a significant percentage of these numbers and programs such as the one stop centres under the Ministry of Women and Child Development's Nirbhaya Scheme, omits this large chunk of victims because they cater to females only.

Looking at more special populations, Emidio speaks of children in conflict with the law in particular. He points out that SCAN-Goa has been able to establish a socio-legal cell at Goa's Juvenile Justice Board, wherein children accused of sexual abuse have to undergo mandatory counselling and a pre-assessment of kids is conducted before admitting them into observation homes. Further, children accused of sexual assault are produced before the JJB immediately after arrest and a charge sheet filed within one month. Job placements, vocational training, as well as community integration for children in conflict with the law is also closely monitored. Further Emidio highlights a program that has worked very well in Goa, wherein law students are trained and appointed to support victims under POCSO during hearings, and accompany them during depositions.

Finally Emidio moves on to an overview of three other best practices, the first being the Juvenile police unit. In Goa, one such police unit is present in every station, with one police sub inspector, one head constable, and one woman constable. The Juvenile Police Unit is consulted in cases of both child abuse and children in conflict with law, Emidio notes. Officers are registered by name for accountability. The second best practice is the Medical Board constituted in 2015, comprising of one doctor each from the forensic, dental, and radiology departments. Prior to this, Emidio points out, there was only a single doctor conducting the medical exam of victims. The Medical Board looks at both victims of child abuse as well as children accused of sexual crimes. The third practice was providing training for the Goa Police. Emidio notes that his team found that police often don't put specific provisions when a case of child abuse is reported, applying a blanket section 376 of the IPC instead of Section 8 of Children's Act. Emidio's team put together and released a dos and don'ts manual for police officers, which gave them detailed guidelines on crimes and the corresponding sections from the IPC, JJ act, and POCSO.

In conclusion, Emidio notes that the Goa paradigm can be replicated, even though funding is limited. Child protection in fact touches upon both these other sectors too and requires more intense work because of its tremendous repercussions on a child's psychological health. There is still hope that Goa's best practices can be adopted across states, because coordination across different departments, rather than money, can get changes going, concludes Emidio.

7) Topic: *Restorative justice: An alternative to retributive justice?* By Jonathan Derby



MR. JONATHAN DERBY

Jonathan Derby has an attorney license in California, U.S.A. and an extensive experience in human rights in India. After earning his Juris Doctorate degree in 2004 from Pepperdine School of Law, he joined International Justice Mission (IJM). He served on the legal team in their Mumbai field office, combating sex trafficking and forced prostitution. In 2008, Jonathan was promoted to directorial post on IJM-Mumbai field office and led a team of 40. In April 2012, he moved to Delhi to start an organization called Counsel to Secure Justice (CSJ), which provides legal and psychosocial support during criminal proceedings to survivors of sexual violence. CSJ began its operations in April 2013 and has represented more than 170 victims of child sexual abuse in Delhi district courts. Based on lessons learned through its casework, CSJ is exploring restorative justice processes to better the victim's needs and holistically address harm caused by sexual abuse.

Jonathan begins his presentation with a perspective of his own evolving concept of justice through his work with Counsel to Secure Justice (CSJ). He notes that while he initially held the position that securing justice for abused children primarily involved punishing traffickers and brothel keepers, his experience forced a perspective shift: justice was not just about punishing offenders, but also about healing and rehabilitating rescued children, getting them access to medical care, counselling, shelter, and finances, and helping them get back onto their feet.

Holding his own changed perspective as a point of reference, Jonathan poses two questions to the audience: What does justice mean to us?, and Are the systems in place really delivering justice? He notes that after having moved to Delhi to start CSJ, one of his biggest findings has been that 30 per cent of child abuse cases involve incest, a fact which has led to more progression on his ideas of

justice. To begin to answer the two questions, Jonathan expresses his observations on the three characteristics of Child sexual abuse (CSA) in India. All three characteristics, he notes, are linked with each other. Firstly, CSA in India is pervasive, with 21 % of children having experienced severe forms of sexual abuse (National study on child abuse, 2007). Secondly, CSA in India is hidden and largely underreported, with most children unwilling to come forward to talk about sexual abuse; and thirdly, CSA mostly happens within existing relationships. Such crimes, which occur within families and close community impact every one because they are so pervasive, asserts Jonathan. Not only are the perpetrators known to the victims, they are also in a position of trust and authority, typically being family members, relatives, friends of parents, and school teachers. Jonathan further hypothesises that if we have 472 million children in India, out of which 21% suffer severe forms of CSA, but less than 11,000 cases are reported, using NCRB figures from 2015, the percentage of reported cases can be estimated to 11 out of 100 cases. Jonathan notes that the numbers show a huge gap, which is the biggest problem with tackling CSA in India.

Further, he states that in the cases where children do report CSA, they end up turning to a broken system. The conviction rate in CSA cases is as low as 29%, with justice enormously delayed and an overall negative impact on the victim and family. To illustrate the reality of the justice system as well as community involvement in India, Jonathan presents an overview of two case studies:

In the first case study, Shavya (15) (name changed) reported rape by her 19 year old brother but wasn't believed by her mother who instead beat her up. Shavya ran from home and was helped by a stranger to approach the police. Though the brother was arrested and Shavya placed in a shelter, there was continual parental pressure on her to retract. Shavya still managed to testify in court; however at that crucial stage where timeliness was key, the judge adjourned the matter. The next day Shavya was placed with her family, under whose pressure she turned hostile. With the withdrawal of her testimony, the judge acquitted the case, and her brother was released from jail. Had she completed her testimony on the same day, notes Jonathan, there could have been a conviction.

In the second case study, Neha (17) (name changed) reported being raped by her father for a couple of months till she ran away from home. She was found by social workers at a shelter home. They counselled her and approached her mother, who refused to believe her. Throughout the trial, Neha was verbally and psychologically abused by her mother. Though her father was convicted and sentenced to life imprisonment, and though Neha received financial compensation, which enabled her to train to be a nurse, she was disowned by her family, and continues to remain so, even though the father is released on bail and free to be back with the family.

Using these examples, Jonathan questions the very idea of justice we popularly hold. In the adversarial justice systems as prevalent in India and the US, justice is retributive. However, Jonathan notes, adversarial systems are inherently divisive and create conflict. Additionally, the lacunae in the working of the system at the ground level in India, further distort the delivery of justice itself. For instance, the very procedure of cross examination of the victim is inherently hostile and undermining to the child and serves to traumatise her further. Given these facts and the reality of CSA incidence in India, trauma and conflict occur at the communal and familial level making the process very gruelling for the victim. Moreover, children in the criminal justice system are vulnerable to further abuse, Jonathan notes.

Jonathan goes on to decode the underlying assumption behind the criminal justice system. He notes that current suggested changes in Indian law focus on stricter punishment and speedier trials on the assumption that strict, efficient criminal proceedings and harsher punishment and sentences would

deter potential offenders and encourage more victims to report. However, though this is partly true, it still doesn't address the entire problem. The problem is 99.9 % children remain out of the purview of the law and don't even enter the criminal justice system. Therefore, the idea of the criminal justice system equating a justice delivery system for all, is flawed. Further, worldwide, harsher punishments don't necessarily correlate with deterrence, notes Jonathan. Additionally, the "justice" that we are assuming may not hold the same meaning for the most important person in the equation, the victim herself. Interviews of CSA victims of incest shows that over time children may not necessarily want their father or family member to be punished by criminal sentencing, instead preferring the offender to own up to the crime and families to acknowledge abuse, along with catharsis and safety. Ideas of vindication and retribution in several such cases, highlights Jonathan, are more in the form of public, and communal shaming, rather than criminal sentences. Lastly, victims defined justice as receiving counselling, focussing on their mental and emotional health, as well as integrating into society, and undergoing job training.

Tying up the insights from his experiences and case studies, Jonathan suggests that perhaps the answer to his initial two questions lies in reconfiguring the ambit of justice, giving victims themselves greater agency, as well as focussing on rehabilitating perpetrators. Such an approach could also help more victims to come forward to report CSA, with the fear of the traumatising judicial system as well as familial estrangement diluted.

Further, Jonathan opines that although grave crimes against children evoke a visceral punitive response from most of us, restorative rather than retributive justice may provide a more workable model for victims, families, and society as a whole. He highlights the advantages of restorative justices in this context: unlike traditional criminal justice systems, which focus on punishing offenders for breaking the law, restorative justice processes focus on repairing harm caused by sexual abuse. For instance, a victim-centred dialogue process with the victim, abuser and stakeholders, may get the victim, the validation and catharsis required for recovery, without suffering the trauma of the criminal justice system.

Lastly, restorative justice systems by no means let off the offender, rather they require offenders to take responsibility for sexual abuse and make amends for harm caused. Another important aspect of these systems is to rehabilitate offenders and reintegrate them into the community. Benefits to the community include swifter process, lower costs, and lower recidivism, Jonathan concludes.

8) Topic: *Don't Offend - The India Network: Towards primary prevention of CSA* by Dr Ujjwal Nene



DR. UJJWAL NENE

Dr. Ujjwal Nene is the principal investigator on 'Facilitative Phase under Program for Primary Prevention of Sexual Violence (PPPSV)' a study taken up by the KEM Hospital & Research Centre (KEMHRC), Pune. She has been associated with KEM Hospital for more than two decades as a sexual health consultant. She also works with children and parents on developmental and behavioural issues. She has been a resource person within field of psychology and sexuality for various trainings at state and national level.

Dr. Nene shares the aims, methodologies, and desired impact of a study with potential perpetrators of child sexual abuse, which is being conducted by KEM Hospital & Research Centre, Pune, under the Program for Primary Prevention against Sexual Violence in India (PPPSV).

She commences her talk with an important observation that child sexual abuse (CSA) management strategies in India often overlook the key areas of prevention and deterrence, when in fact, many countries now mandate risk assessment of perpetrators to prevent relapse - a model India could benefit from. She observes that CSA is often underestimated in India and the public health response is simplistic and often inadequate. Globally, studies have shown 18-20% women and 8% men are victims of child sexual abuse. The prevalence of CSA is very high in India, Ujjwal notes. Addressing CSA urgently is necessary because of its consequences in terms of the physiological, psychological, and behavioural impact that it has on victims. Further, even though it is now acknowledged that treating victims is entirely possible, many people don't get the treatment they deserve due to cultural constraints and systemic shortcomings. Ujjwal underscores the need to respond to specific instances of CSA with comprehensive intervention processes.

Ujjwal goes on to elaborate on an aspect of preventing CSA that is scantily researched in India: reaching the primary source that is the perpetrators and offering practical treatments. She notes that though reports from international studies in this area have been favourable, India has yet to see effective public health initiatives that look at potential perpetrators. An example worth emulating would be Germany's *Don't Offend* program that is operational since 2005, which the KEMHRC study aims to adopt in an Indian context. Ujjwal observes that the *Don't Offend* program has been shown to have a positive impact in deterring perpetrators of sexual crimes against children.

Ujjwal goes on to list the principal aims of the German program, as well as its modifications in the Indian context. She first stresses that opportunities for rehabilitation for perpetrators should not be confused with absolving them of responsibility. Even though the DSM V classifies paedophilia as a mental disorder, its diagnosis is by no means an excuse to mitigate responsibility of criminal acts. Rather, she notes that rehabilitation of perpetrators is part of the justice system itself. Based on the principle that you're not responsible for your desire but you are for your actions, the German program has three arms. First, patients are encouraged to accept sexual inclinations; second, they are helped to integrate those inclinations into their self-concept asserting the choice to not offend; and third, their partners and parents are involved in the rehabilitation process.

However, Ujjwal stresses, certain cultural and legal modifications are needed to adopt the model in India. Currently, the still-developing program for primary prevention has two arms: firstly, prevention by deterrence through developing a mobile-based app called "NO-app" that aims to prevent sexual violence against women; and secondly, prevention by treatment that is through counselling potential CSA offenders (i.e. with sexual inclinations), who haven't committed a crime or acted on their impulses and choose to not offend. Looking at the prevention by treatment aspect, Ujjwal notes that phase one of the project is complete in which the KEMHRC team studied the feasibility of identifying and studying potential CSA perpetrators. The team is now working on phase 2, which is designing and beginning the treatment program itself.

Subsequently, Ujjwal shares the methodology and findings of the feasibility studies conducted by the KEHMRC team with an aim to develop a primary health care campaign as well as treatment services for assessment and intervention among potential sex offenders, victims of sexual violence, and partners and close relatives. The feasibility of implementing the treatment plan in light of socio-cultural norms, medico-legal conflicts, and practical ground realities were also examined, notes Ujjwal. Finally, the study looked at the obstacles in implementation and ways to overcome them. The research involved collecting data through series of workshops and seminars promoting awareness and training secondary stakeholders like counsellors, school teachers, NGOs, and health experts working on CSA. It also examined prospects to determine feasibility of community acceptance and approaches to treating potential offenders. Qualitative interviews were also conducted with advocates working with POCSO, JJB members, psychiatrists, and NGO workers in the field of CSA.

Sharing the salient findings of the feasibility studies, Ujjwal highlights that all stakeholders reported CSA was a major public health issue with rising incidence. Qualitative and quantitative data about victims showed that the reporting and action in cases of CSA, especially incest cases, was avoided. Withdrawal of complaints was a common response from the community, as was denial and stigma about the event. Research about offenders showed high instances of opportunistic behaviour, impulsivity, mental illness, parental negligence, and the negative effect of media, including social media. Least important reasons in offenders were seen to be single parenting, divorce, and delayed age of marriage. An important finding in the Indian context was that though paedophilia did exist as a disorder, the nature of offenders was different. Moreover, not all cases of CSA in India were

committed by paedophiles, Ujjwal notes. Quantitative findings on prevention and treatment indicated awareness, guidance, and effective enactment of laws were useful for victims to cope with CSA. Stakeholders had a favourable response to treating people who are sexually attracted to children, with some stakeholders preferring rehabilitation to punishment. Finally, when it comes to feasibility of a treatment programme for offenders who may be paedophiles, stakeholders expressed scepticism with barriers cited as source of referral, lack of awareness, motivation, stigma, law, and fear in the mind of the offenders.

Ujjwal further elaborates the goals of the current treatment program, which were to develop insights about sexual preferences and sexual attraction, the cultural context of the offenders and their caregivers, and methods to control undesirable behaviour. The treatment program would be undertaken at the Sexual Health Clinic at the KEMHRC Pune, along with the Department of Psychiatry. She stresses that the program will only look at potential offenders, who have not acted on impulse, rather than actual offenders.

The treatment program itself will look at obtaining referrals from various sources. Protocol would include screening, fulfilling inclusion criterion, consent, and registration of UID, followed by the treatment. The diagnostic and assessment strategies would be need-based multi-dimensional tools, including cultural interviews and clinical interviews as defined by the DSM-V, sexological and psychological assessments, as well as some tools expected from experts heading the German prevention program.

Lastly, treatment would include, but not be limited to initial contract and rapport with the patient, sexuality awareness, cognitive behavioural therapy (CBT) sessions to identify and treat patterns of distorted thinking, interactions and involvement with family, helping patients identify cognitive errors, and integrating these insights into their self-concept. Pharmacotherapy would be used only if needed. The provisions of POCSO Act would be respected and not violated, asserts Ujjwal, further concluding that although Phase I indicates feasibility, this needs to be seen in action. If feasible, the program could be a breakthrough in treating CSA at the primary source.

9) Topic: *Helping children stay safe online and offline: a mental health perspective* by Dr Kersi Chavda



DR. KERSI CHAVDA

Dr. Kersi Chavda, the former president of the Bombay Psychiatrist Society, is a long time consultant in the psychiatry department at Sir H. N. Reliance Foundation Hospital and Research Centre and P. D. Hinduja National Hospital. With a post-graduate Diploma in Psychological Medicine from University of Mumbai, Dr. Chavda has over 28 years of experience in the field of Psychiatry. A founding member of *Prafulta* an NGO working in the space of mental health in Mumbai, he currently also serves on the panel of Bombay Trust, which is a co-operative effort between BMC & private practitioners to develop mental health policies for Mumbai city. Dr. Chavda is a fellow of the Indian Psychiatry Society, the Indian Association of Private Psychiatry, and a fellow of the American Psychiatry Association. He is also associated with a number of schools, universities, colleges, and other institutes dealing with special needs in children.

Taking up the seminar's prominent discussion thread of online exposure and children's safety, Dr Chavda presents an overview of contemporary cyber landscape, its pitfalls for children, and effective strategies to minimize its harmful impact. Dr. Chavda refers to the incredible growth and paradigm shift in the information technology landscape in the last two decades. Though this growth has opened many frontiers of knowledge and information exchange, there is still limited public awareness about its dangerous aspects, including media addiction, which is so pervasive that it has been included as a psychiatric diagnosis on par with drug addiction.

Dr. Chavda correlates this phenomenon with the rise of smartphones, presenting a startling number: 134 million children in India today have access to smartphones. This greater, more intimate access, has brought the pitfalls of the internet right into homes and round the clock, opening a Pandora's Box of dangerous situations for children. The Internet is now recognised as a new medium through

which child maltreatment, including sexual and psychological abuse may be pursued, but online safety developments have not able to keep pace. Dr. Chavda goes on to outline some of these potential situations.

Firstly, online exposure opens up a portal for abusers and predators to initiate contact with children in non-threatening garb and avatars. Secondly, predators behave with more impunity online since they have the comfort of anonymity, fake identities and web addresses making them difficult to identify and locate. Thirdly, by trust building with children, the predator's arena of contact can be shifted from online chat rooms, to texts over mobile, to offline or real contact. Fourthly, there is an increased risk to children with different intellectual abilities. Since disinhibition makes special needs children more vulnerable to sexual contact, abusers use this to their advantage to lure them. Fifthly, another grave aspect of online abuse involves exposure to pornography and age-inappropriate explicit content. Pornography use may be initiated by children themselves, or they may be forced to watch pornography as a form of abuse, or abusers may use pornography to desensitise the child against explicit and violent acts. Sixthly, in the case of online solicitation of children, a phenomenon noted as early as 2001, offenders thrive on anonymity and false identities, he notes. Children may often think they are talking to a peer or a parent-like empathic figure, which are some of the aliases abusers adopt online.

Dr. Chavda then highlights why pre-teens and teens are especially vulnerable to online abuse. He decodes the need to form groups as essential to personal development during this age group, as is a resistance to parental authority. Abusers take advantage of these very aspects of the growing psyche to befriend children and alienate them from parents. Further, children in this age group tend to ignore parents' warnings about internet safety and do not think of online contact with strangers as potentially dangerous. Additionally, since teenagers may be the most technologically advanced in families, they can bypass parental filters as well.

Dr. Chavda elaborates on two of the most harmful aspects of the Internet: its use for paedophilic activities; as well as the preponderance of pornographic material featuring children. To highlight the first aspect, Dr. Chavda notes that paedophiles often use the internet to abuse children, often through insidious sites called facilitators, which enable them to lure children. Other avenues include chat rooms that openly advertise defending the rights of adult-child sexual fantasies. Here, notes Dr. Chavda, the line between fantasy and reality is often blurred. Though such chat rooms have now been banned in the West, they still lurk in the dark corners of the net. Closely linked with paedophile activity is the proliferation of child pornography. Dr. Chavda notes that out of the estimated 14 million porn sites available online, one million contain explicit images of children, which is a very disturbing fact. The presence of such content itself fuels a vicious cycle of increased demand and production, he stresses. However, few consumers ask how exactly such material is produced. Unfortunately many of these images are not digitally morphed, as is hoped, but are actual crimes against children being filmed. Compounding the emergency is the fact that porn sites and links can often get triggered even by simple search terms and filters keep getting subverted. Dr. Chavda also highlights the phenomenon of online paedophile clubs that fete members as heroes when they transmit their own acts of child abuse. Finally, paedophiles and criminals often expose children to pornography to desensitise children against these images and increase acceptance, as some children in these images may be shown to be smiling or in domestic, "safe" looking spaces.

Moving on to the effects of viewing pornography on children, Dr. Chavda notes that there is considerable psychological damage involved. Children may develop a lack of empathy and feeling, as well as a tendency to dehumanize others, especially women. Along with a degrading attitude towards women and suppression or numbing of emotions, children may also develop heightened

fear and anxiety, a hostile attitude, as well as recurrent and uncontrolled explicit thoughts, states Dr. Chavda. So deep is the negative impact of pornography, exposure to violent porn is seen as one of the causes behind sexual crimes by adolescents, he stresses. Extended exposure to screens and the Internet is also associated with a decline in feelings of well-being and contentment, as well as increased social isolation. Children may also either indulge in or be subjected to cyber bullying in the form of body shaming, revenge porn, and other such phenomenon. Further, Dr. Chavda notes that the impact of porn on kids depends on the child's own development level as well as their reasons for seeking the material in first place. Adolescents in particular may search for pornography for information, because sex education is still absent in most schools, and when present is very aseptic. Adding to worsening this lack of information are the overall repressed views about sex and sexuality in India, making it difficult for children to seek answers from parents, teachers and other caregivers, and turning to the Internet instead.

Picking up the final thread, Dr. Chavda discusses some solutions to minimise the negative impact of online exposure on children. The first is an increased dissemination of awareness about sex and sexuality, he underscores. Parents and caregivers must accept that children are both sexually curious and active, and open their own attitudes accordingly. Dr. Chavda also stresses parents must educate themselves about the risks associated with online exposure, and how their children are vulnerable, such as children using the Internet outside the home and sharing their private details on public forum. Continued vigilance, periodic upgrading of parental controls and filters, blocking of offensive sites, as well as reduced exposure is a must. A radical and innovative method to change how children use media is to involve the children themselves in media production, he states. In cases of media addiction, Dr. Chavda notes that a blanket ban may work better than gradual weaning. Finally, although censorship must not impinge on an individual's rights, this remains a grey area when it comes to pornography, opines Dr. Chavda. If censoring pornography fetters a few adult pleasures to the advantage of securing child rights, it may be one freedom we could willingly sacrifice, he notes.

Dr. Chavda concludes by emphasising the need for caregivers, such as counsellors and mental health professionals, to prioritise self-care. Counsellors need to take care of their own emotional well-being to be able to function better for their clients, he adds.

10) Topic: *Not just pictures: Understanding online victimization* by Karnika Seth



MS. KARNIKA SETH

Karnika Seth is a renowned cyber law expert and advocate, practicing in the Supreme Court of India since 2000. She is also the Founding Partner of Seth Associates in Delhi. In 2015, Ms. Seth authored *Protection of Children on The Internet: A Guidebook On Best Practices For Online Safety With A Special Focus On India*. She is empanelled as a legal expert to advise National Internet Exchange of India and the Office of Comptroller of Certifying Authorities constituted under the IT Act, 2000. She was a member of the expert group at the Kerala State Commission for the Protection of Child Rights in 2014 and made recommendations on legislative and executive action in order to improve security of children in the cyberspace.

The conversation on children's online safety in India largely focusses on high-risk areas such as chat rooms and porn sites, but the danger is far more insidious, says Karnika. She asserts that all people, especially children, are extremely vulnerable to online abuse and information theft through everyday engagement with the internet and yet awareness about this remains woefully low.

Karnika unpacks the ways in which Internet use puts families and children at risk. Taking two common examples, Karnika discusses the pitfalls associated with posting images, and sold/ lost or discarded smartphones. Elaborating on the first point, she notes that small factors like when we click images, and how we store and post them are all potential landmines. She presents a case study where the images of young girls were stolen from their Facebook pages, digitally morphed into explicit settings, and circulated as a means of cyberbullying. In another case study, a 14 year old girl stored explicit images of herself on Picasa, without securing the content or enabling privacy features, as a result of which anyone could access these images. The images ultimately went viral and were circulated on Facebook, notes Karnika. In a third case, images of a teenage girl posted by

her parents on their Facebook pages were stolen, superimposed with explicit text, and used for soliciting. Although the cyber cell acted promptly in all these cases and the images were removed, the psychological trauma to the children in all cases was long-lasting. Secondly, as far as mobile phones are concerned, it is assumed that erasing images, email accounts, and data such as credit card information before discarding phones is enough; however, the secondary market is rife with recovery software through which all this data can easily be retrieved and potentially misused, notes Karnika.

Misuse of images is just one danger, but online abuse moves through multiple other channels as well. These included leaking and sharing explicit texts and intimate videos and photos by spurned boys as a means of revenge as well as rape videos being circulated to shame and silence victims. Another emerging area of concern is cyberbullying. In her experience with the Cyber Cell, Karnika notes coming across a rising number of cases where shaming and harassment between peers occurs online on various social media channels. From abusive tweets and posts, bullying extends to creating fake Facebook profiles in another child's name, or using aliases to publicly harass a child, or in extreme instances, creating multiple websites to malign and defame another child, especially when she is a girl. Other cases include filming and sharing of incidents of bullying, states Karnika.

Compounding the problem is the ease of erasing footsteps offered by technology, as well as the promise of anonymity to offenders. Karnika relates real-life cases where perpetrators used VPN networks to mask identity, or created ghost email addresses. Often, such activities are carried out in cyber cafes that don't maintain registers, making tracking perpetrators all the more difficult. Karnika notes that often forensics has to be used to unmask these digital identities. And finally, in cases where cyber bullying occurs from overseas or the perpetrator moves overseas, the absence of a yet undefined cybercrime treaty makes tracking such crimes a herculean task.

Karnika goes on to the misuse of technology by adult abusers to target children. One disturbing phenomenon is the grooming of children through social media, while another is abusers and paedophiles using technology to locate and spy on children. Karnika notes the growing incidence of phenomenon, such as key loggers triggering webcams based on the search terms typed by children onto their screens. Even music files forwarded between children can contain key loggers, she notes, and can be used to both spy on children and to steal their personal information. Karnika stresses that although these phenomena seem removed from your reality, their threat is insidious and very real. She also highlights the morphing and sharing of pictures of children and teenagers by neighbours and relatives as a tool of abuse. In many cases where such morphed images were publicly leaked, children were seen to suffer breakdowns and became suicidal, Karnika notes. So great is the extent of the problem, Facebook is adding staff simply to monitor the misuse of images. Another extreme example of online child abuse is the web streaming of live sex between children.

Having presented an overview of online victimisation, Karnika now looks at possible solutions. Firstly, she emphasises on the importance of conducting cyber security workshops with children, as well as appraising them on online ethics and best practices. Often, she notes, children may not be aware that their actions amount to cyberbullying.

Secondly, though the Protection of Children against Sexual Offences (POCSO) Act of 2012 comprehensively covers the domain of cybercrime, its guidelines are not followed. For example, POCSO Courts not set up in many cities and police officers still unaware about relevant sections which need to be applied in cases of cyber-crime. Reporting officers in many police stations are still uninformed about the provisions of the IT Act and the POCSO Act, Karnika notes. Additionally, though POCSO and the IT Act cover areas, such as sexting obscene content, and browsing child

abuse content, newer situations keep arising, which the system needs to monitor. Information ought to be disseminated and training conducted among police officers, public prosecutors, and welfare officers. Stakeholders should encourage children and families to report incidents of cybercrime and provide information in the form of FAQs, such as where to file a cybercrime, how it can be proven, and the importance of saving times stamps, taking printouts, getting them notarised, and maintaining a summary of events. Police, parents and counsellors must also be aware of phenomenon like must smishing (a combination of SMS and phishing), stealing parents' information, and children getting directed to porn sites through other sites. While these may not constitute offences under the IT act, stakeholders must be made aware that such nebulous phenomenon can be filed under cheating. Further, Karnika stresses that trust-building between stakeholders and the public is necessary so that children and parents can report cybercrime without fearing undue publicity.

Thirdly, parents must stay vigilant about the ever-evolving nature of technology and the tools used by criminals to spy on children through phenomena such as files in concealed formats and multimedia messages (MMS) disguised as music files. Apart from installing strong antiviruses and firewalls, Karnika recommends parents also install a technical router filter, which is hardware on the Internet router itself.

Concluding the presentation, Karnika asserts on the need to re-think the limits of cyber-education itself, and whether the contemporary corporatized quest for greater information is leading to grave privacy violation. With schools now offering courses in ethical hacking, these questions become even more pertinent.

11) Topic: *Online safety: Think globally, act locally* by Neelam Singh



MS. NEELAM SINGH

Neelam Singh is a consultant and researcher supporting the policies, plans, programs and advocacy initiatives of organizations and government agencies within and outside India. Neelam specializes in multi-disciplinary situation assessments and analysis, reviews and evaluations on critical and emerging issues of children with focus on gender, generation, participation and protection. One of her recent projects has become an assessment of child online protection in India. She is an alumni of the University of Delhi, Indian Institute of Mass Communications and Institute of Development Studies, Sussex.

Neelam begins her presentation with an overview of her work with children's rights and generating resources for child protection. She refers to her current project, a part of the We Protect initiative started by the British Government to document and study online sexual harassment as a starting point for integrating global insights into the culturally-distinct Indian context. For instance, Neelam notes that in India, the study has deliberately been opened up to all dimensions of cybercrime and cyber bullying. This was done to bypass the resistance which accompanies discussing sexual abuse, especially child sexual abuse, and to encourage more people to report all manners of cybercrime. Neelam also presents an overview of the changing engagement patterns of internet use in India, the unique challenges Indian children face online, and the ways in which children themselves can develop safeguards online.

Noting that her current report looked at all online threats, including cyber sexual abuse, Neelam states that a comprehensive approach works better to deal with digital safety. Stakeholders must question the effectiveness of existing mechanisms, as well as the capacities available with both the stakeholders as well as with families and children. Neelam further notes the limitation of data currently available in India. Not only there is limited data available on cyber sexual abuse, but also

the available data is largely from urban centres. This data gap can now be fast addressed with increasing internet and smartphone users in India now coming from peri-urban and rural regions. In addition, targeted approaches are needed to combat the unique challenges of crimes, such as cyberbullying, in these areas.

Moving onto the challenges in countering cyber abuse and other risks in the online space, Neelam highlights the patterns of online behaviour amongst children and teenagers. A key observation here is that children and teenagers tend to engage in risk-taking behaviour online, such as exchanging information with strangers. Further, there is a gap between children's proficiency with technology and their ability to assess risks. While children may be skilled at navigating the technical aspects of the Internet, they may not be as sure-footed in the nuances of online social engagement. This is especially true for children with disabilities, which increases their vulnerability to abuse. To illustrate the point of children's limited ability to assess risk, Neelam notes that children often don't think of non-contact sexual behaviour, such as sending images of their private parts, as having the potential to escalate into physical contact. Additionally, given India's repressed sexual and social milieu, more girls are seen indulging in risk-taking behaviour online, as well as looking for pornography, assuming male identities, and participate in cyberbullying.

When it comes to the challenges posed by the behaviour of adults, Neelam states that parents do not want to report cyber sexual abuse for fear of media attention. Police officers too prefer not to lodge reports because they are unsure of cyber protocols. Further, the servers for many Internet Service Providers (ISPs) are in the West, which makes tracking perpetrators a cumbersome process. Often ISPs prefer to ignore reports of cybercrime, rather than pursue long-winded protocols of tracking.

Neelam concludes by delving into constructive mechanisms to address these challenges. Firstly, seeking industry readiness and participation can prove to be very helpful in creating practical solutions. ISPs can be vigilant towards reporting and blocking offensive content featuring children. Secondly, parents and children should empower themselves to navigate the net confidently through information on privacy, safety, and potential risks. Massive sensitisation and information dissemination is needed, especially among children, on how to safeguard themselves online. Global insights, such as from the UNICEF study in the UK, can be applied here, but studies are also needed on different engagement patterns in India, by gender, class and location in order to create a customised approach for India.

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