

CHILD RIGHTS FROM A MENTAL HEALTH PERSPECTIVE

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The context of Child Rights can be viewed from perspective of child rights ‘violation’ and child rights ‘enablement’. Many instances of child rights violation can be described which can range from seemingly innocuous to more brutal forms of abuse. The discourse on child rights or any other human rights issues such as women rights is largely centered around rights violation. However, child rights enablement is also very important from a mental health perspective.

As significant is the impact of rights violation on the mental health of the child, equally important and significant is the mental health impact of child violation interventions due to re-victimization. Child rights violation such as corporal punishment, child sexual abuse and child trafficking therefore needs defined protocols of response to understand and address violation of various levels of severity and complexity from a child rights perspective. On the other hand child rights enablement needs to be addressed through preventive and promotive strategies such as Life skills education and personal safety workshop.

INTRODUCTION

The Convention of Child Rights speaks of the four groups of fundamental rights-right to survival, protection, development and participation. The CRC has raised the level of awareness and has brought to prominence various new values and objectives regarding the rights of children. However, CRC has done precious little to improve the lot of children in large parts of the world. The issues continue to revolve around the nature and extent of abuse, the appropriateness of intervention and promotion of child rights. It’s an indictment of humanity that its most vulnerable section is always denied its rightful share. The adult world has exploited children so much and is still miserly in what it gives. The tragedy is that CRC is considered by many as an instrument that can be used in distant and possibly international legal fights and not as a document that can influence profoundly how each one considers child perspectives and act on

them. The acknowledgement of the existence of child abuse, enhancement of child rights and recognizing that abuse would be incompatible with empowerment of children, would be in the right direction.

19% of the world's children live in India and 42% of India's total population is aged below eighteen. In our country like many others, abuse and violence towards children remains largely a hidden problem. Much of it occurs within the privacy of the family or the relative privacy of institutions. Available research from different countries suggests that, children are most at risk for violence, including sexual violence, within their own homes and from the adults closest to them. Professionals have focused on specific forms of victimization, such as child abuse, sexual abuse, violence and abduction, mostly as separate problems and the fragmentation has inhibited the overall victimization. Such a comprehensive perspective would emphasize better the true toll of violent victimization. One reality not widely appreciated because of the fragmentation is that children are far more prone to victimization than adults.

It is only recently that both unintentional and deliberate physical and mental violence on children by caregivers, sexual abuse of children in family and institutions, and also organized sexual abuse including child prostitution, 'sex tourism', child pornography and other forms of sexual exploitation has begun to be widely acknowledged. However there is little data on how these children can be immediately saved and how much of preventive efforts can be put in, inspite of significant short and long term negative consequences on these children.

Child abuse and violation of child rights can be grouped under 4 main issues – violence against children, victimization of the girl child, child labour and abuse, child rights and legislation. It can also be examined from various dimensions like: within family and outside the family; physical, sexual, emotional abuse; intentional abusive situations and non-intentional abuse; individual violation of rights and community/group violation of child rights. In terms of severity from a mental health perspective, abuse and violation of child rights can be graded and examined as follows:

Corporal Punishment—>Child Sexual abuse—> Child trafficking.

This is not to mean that corporal punishment is any less traumatizing but considering the complexities of issues involved, child trafficking can be graded

as being more complex, thereby facilitating the processes involved in looking at possibilities that are child rights enabling in tackling these issues.

CORPORAL PUNISHMENT

Children are in a state of significant dynamic development and the people around them greatly affect their behavior. Corporal punishment is a disciplinary approach, traditionally considered necessary, for children to grow into competent and responsible individuals. It is widely used by teachers and parents though ineffective and has potentially deleterious side effects. The Committee on the rights of the child defines 'corporal' or 'physical' punishment as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child. These are psychological maltreatments that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. Psychological maltreatments though common are under-recognized, and regardless of the context in which it is used, it has significant negative consequences. Therefore there is need for greater emphasis in preventing psychological maltreatments along with physical punishments while implementing guidelines for corporal punishment.

LONG TERM CONSEQUENCES OF CORPORAL PUNISHMENT

Corporal punishment and psychological maltreatment are a threat to the well-being and development of children. Though advocates of school corporal punishment argue that it provides an immediate response to indiscipline, it is important to review the long term consequences of corporal punishments and employ other disciplinary methods which are equally or more effective.

Studies have linked corporal punishment to adverse physical, psychological and educational outcomes including, increased aggressive and destructive behavior, increased disruptive classroom behavior, vandalism, poor school achievement, poor attention span, increased drop-out rate, school avoidance and school phobia, low self-esteem, anxiety, somatic complaints, depression, suicide and retaliation against teacher (Poole et al., 1991). These children, in

turn, advocated that spanking be used as a disciplinary method and preferred aggressive conflict resolution strategies with peers and siblings. The more children are hit, the more anger they report as adults, the more they hit their own children when they are parents and the more likely they are to approve of hitting. Even controlling for baseline antisocial behavior, the more 3- to 6-year-old children were hit, the worse their behavior was, when assessed 2 years later (Strauss, 1996).

These findings support that when adult use corporal punishment it teaches their children that hitting is an acceptable means of dealing with conflict (Simons & Wurtele, 2010). Research has clearly demonstrated associations between corporal punishment of children and maladaptive behavior patterns such as aggression and delinquency (Knox 2010).

LONG TERM CONSEQUENCES OF MENTAL/EMOTIONAL HARASSMENT

Psychological maltreatment is a common consequence of physical and sexual abuse but also may occur as a distinct entity. When it occurs exclusively, it may have more adverse impact on the child and on later adult psychological functioning than the psychological consequences of physical abuse, especially with respect to Studies comparing the effects of various forms of mental harassment or psychological maltreatment have documented that (a) combinations of verbal abuse and emotional neglect tend to produce the most powerfully negative outcomes; (b) psychological maltreatment is a better predictor of detrimental developmental outcomes for young children than is the severity of physical injury experienced by children; (c) it is the indicator most related to behavior problems for children and adolescents, (d) psychological abuse is a stronger predictor than physical abuse of both depression and low self-esteem (Briere and Runtz 1990; Claussen and Crittenden 1991; Egeland and Erickson 1987; Vissing et al. 1991). Childhood-experience histories of adults, retrospectively surveyed, concluded that over one-third of the adult population has had significant psychological maltreatment experiences and that 10 to 15 percent of the adult population has suffered chronic or severe psychological maltreatment (Binggeli N et al.,2001).

A chronic pattern of psychological maltreatment destroys a child's sense of self and personal safety. Psychological aggression (i.e., controlling or correcting behavior that causes the child to experience psychological pain) is more

pervasive than spanking (Vissing, 1991).

Children's perception of corporal punishment may sustain the practice of corporal punishment, as the child may not think that his/her rights have been infringed on and therefore does not feel the importance to report the incidence. Therefore adults who care for children should be encouraged and assisted in the development of methods other than using corporal punishment for managing undesired behavior. Schools that provide children with good developmental, teaching, and learning experiences can improve academic outcome but emotional and social development.

The Committee on the Rights of the Child has consistently stated that legal and social acceptance of corporal punishment of children, however light, whether in their homes or in institutions, is not compatible with the Convention. It has recommended prohibition of all corporal punishment, including in the family, and campaigns to raise awareness of the negative effects of corporal punishment and to encourage the development of positive, non-violent child-rearing and educational practices. While the state is not directly responsible for the violence of individual parents and teachers, the state is required to provide a framework of law and educational and other measures to protect children and to deter violence.

Parental discipline for children focuses more on structured daily routines. As children grow older and interact with more complex social environments such as school, the adults who care for them must develop increasingly creative strategies to protect them and teach them orderly and desirable patterns of behavior. As a result of consistent teaching (discipline), children integrate the attitudes and expectations of their caregivers into their behavior. Responses of teachers towards children have a powerful effect on their behavior.

Before planning strategies to address a child's problem behavior it is important to remember that the 'child is not the problem', it is his/her behavior which is the problem. While talking about problem behaviors or difficult behaviors of children in the school context, it would help to grade the severity of the behavior which could in turn facilitate in formulating guidelines for intervention for school authorities.

For e.g., Levels of child behaviors in school context (violating "school rules") could be classified as follows:

Level 1: Not keeping to time and cleanliness regulations- e.g., late to school,

not coming in uniform (infrequent) etc.

Level 2: Academic related issues- e.g., incomplete home assignment, below expected academic performance, not taking a book to school, etc.

Level 3: Not meeting classroom expectations of school authorities – e.g., Inattentive, talking in class, making noise in class, etc.

Level 4: Troublesome behavior – e.g., disturbing other children in class, lying, etc.

Level 5: Offensive behavior, causing hurt or injury to others – e.g., bullying, aggression towards peers, stealing (violating rights of others), vandalizing, etc.

While level 1-3 are within the scope of the concerned teacher to handle, level 4-5 requires defined strategies. It is good for the school to have a clear algorithm to guide teachers about which behavior needs assessment and intervention by a school counselor and which needs immediate intimation to higher authorities at school and the parents. If an attempt at resolving the problem is not satisfactory, parents could then be referred to a specialist. Child and Adolescent psychiatrists who gets a referral from school initially addresses the parental concerns, wishes, and fears which often helps diminish resistance to consultation. They then integrate the child's biological vulnerabilities, past experiences, and current family, peer, school, or other social stressors that might contribute to dysfunctional behaviors and considering these different influences they may provide multiple intervention targets for a particular problem, taking into consideration existing services in the school and community.

DIFFERENCES IN SENSITIVITY TO PUNISHMENTS

Educational settings, from nursery schools through to universities, are powerfully influential on individual development, not only in terms of academic achievement, social skills, and emotional development, but also because children develop their first significant emotional relationships with peers and adults outside the family and are important for the development of identity and self-confidence. The essential role of these interpersonal relations in human development also establishes an inherent vulnerability to psychological maltreatment.

While a few children may be callous, unemotional and have no remorse for their behavior and often are the cause for disturbance in school routine, the

strategies employed for them could also affect the many anxious children in the class. Therefore care needs to be taken as children could develop significant emotional disturbance, school refusal or even post-traumatic stress disorder not only when subjected to corporal punishment but also simply being a witness to the same.

Children who are temperamentally sensitive can be emotionally traumatized by even an otherwise casual remark of a teacher who had no intentions to hurt the child. On the other hand children, who appear callous and unemotional, may not take seriously any critical remark that the teachers makes. This difference in sensitivities is to be borne in mind by every adult who deals with children. Many a time mental harassment is done in the name of “good intention” to improve child’s behavior, but it is important to note that they could affect child’s emotional development. Emotional maltreatment can have long term consequences and interferes with need fulfillment and development processes and produce retardation and/or distortions in growth and behavior (Binggeli, Hart and Brassard, 2001). Therefore, irrespective of the temperamental nature and sensitivity of the child, children should never be subjected to punishments involving emotional threat in view of the significant mental health consequences of the same.

STRATEGIES TO MANAGE PROBLEM BEHAVIORS

The following is a broad framework adapted from principles of behavior management in Child and Adolescent psychiatry to help parents and teachers understand and improve child’s behavior. Successful child-rearing systems use procedures to both increase desirable behaviors and decrease undesirable behaviors. Eliminating undesirable behavior without having a strategy to stimulate more desirable behavior generally is not effective. The most critical part is to help children learn behaviors that meet expectations and help them develop a sense of self-discipline that leads to positive self-esteem. Desirable behaviors that are not part of a child’s natural repertoire and need to be taught, such as sharing, good manners, empathy, study habits and behaving according to principles despite the fact that behaviors eg, lying or stealing, may result in immediate rewards.

Undesirable behavior includes behavior that places the child or others in danger, is noncompliant with the reasonable expectations. Some of these

behaviors require an immediate response because of danger or risk to the child. Other undesirable behaviors require a consistent consequence to prevent generalization of the behavior.

Punishment and extinction are two common discipline approaches. They work in very different ways and have very different short- and long-term effects. There are two types of punishment: punishment involving verbal disapproval and punishment involving physical pain, as in corporal punishment. If used frequently and indiscriminately, verbal disapproval loses their effectiveness. Verbal reprimands should refer to the undesirable behavior and not slander the child's character.

Despite its common acceptance, corporal punishment such as hitting is a less effective strategy than time-out or removal of privileges for reducing undesired behavior in children. Although it may immediately reduce or stop an undesired behavior, its effectiveness decreases with subsequent use and repeated use may cause agitated, aggressive behavior in the child that may lead to physical altercation between the adult and child. It models aggressive behavior as a solution to conflict and has been associated with increased aggression in preschool and school children (Eron, 1996).

Time-out and removal of privileges are approaches that use principle of extinction that involve removing positive reinforcement for unacceptable behavior. When time-out is used appropriately, the child's feelings are neither persistent nor damaging to self-esteem. For Eg., asking the child to sit in a chair in the corner of the classroom facing the wall when he displays an unacceptable behavior. This is discussed with the child before implementing. The child is given one warning when the behavior occurs and if it continues the action is followed through in a calm manner without any further negotiation. Duration of time-out is for as many minutes as the age of child. When time-out is first implemented, it usually will result in increased negative behavior by the child, who will test the new limit. However, when employed consistently it gives positive results.

Adults are more likely to use aversive techniques of discipline when they are angry or irritable, depressed, fatigued, and stressed. When punishment fails, teachers and parents who rely on it tend to increase the intensity of its use rather than to change strategies. It is best not to administer any punishments while in a state of anger. Some problems may be handled best by taking a break from the

situation and discussing it later when emotions have subsided.

General guidelines to prevent problem behaviors:

The following guidelines are based on therapeutic strategies based on the principles discussed above that are commonly employed by mental health professionals in clinical settings for families with children with behavior disorder. Though simple these are effective strategies when implemented consistently. Though familiar the role of such non-punitive measures are often undermined and therefore the need to stress upon the same.

1. Pay positive attention

- Catch children being good and appreciate them verbally
- Focus on the positives of every child, even the most difficult ones
- Identify good efforts even if ultimately unsuccessful
- Never compare performance with other children but refer to his own previous attempt
- Use star chart(for younger children) or points or additional marks for good behavior

2. Ignore minor misbehaviors – this is the first best strategy, the behavior might increase but later disappears

3. Set clear limits

- Use ‘I need you to..’ rather than ‘You need to..’ statements
- Give clear commands on what is expected, e.g., “stay quiet” instead of “be good”
- Avoid “Don’t” commands

4. If behavior continues take away privilege (negative reinforcement)

- No star/point/mark on his chart for the day or negative point/marks.
- Or take away 15 min of playtime

5. Time out would be the last strategy an example of which was discussed.

Based on the level i.e., severity and frequency of problem behaviors a guideline could be framed (like the following) which can be adapted by teachers.

Level 1-2: Not keeping to time and cleanliness regulations and Academic related issues

- Give the child an opportunity to explain
- Give opportunities for student to find solutions for the problem when

he/she doesn't meet expectations

- Give a warning and a chance before taking any further action
- When the frequency is more, involve family members who could supervise the student
- With adolescents, side with frustration about not making goal and how to achieve next time

Level 3: Not meeting classroom expectations of school authorities – e.g., Inattentive, talking in class, making noise in class, etc.

- Set limits (in a clear tone without being angry) for acceptable behavior in class
- Strategies like seating in front to limit distractions, frequent one-one attention (every third task), buddy support (seating with another child who is of low risk for such behavior), etc. could help for younger children.
- Time out chair if behavior continues.
- Check for underlying cause such as learning difficulties, attention deficit and hyperactivity.
- Note to parents on observations at home, home assignments to improve attention- pencil sketching, letter cancellation.
- Consult the school counselor/PT master to provide attention enhancing tasks/games
- Discuss with parents about the problem, the efforts made and give them the choice of consultation

Level 4 - 5: Troublesome, offensive behavior, causing hurt or injury to others

When children violate the rights of others

- Give the child an opportunity to explain his/her behavior without threatening
- Set clear limits and discuss the possible consequences of such behavior
- If the student regrets have the student visualize appropriate response to provocation (other than aggression)
- Clarify if the behavior is recent or longstanding
- Look for Learning difficulty, underlying emotional disturbance that is contributing to the problem or conduct disorder or refer to school counselor for the same.
- For behavior such as engaging in fighting/lying when infrequent – give assignments on writing down possible consequences of such behavior,

writing alternative solutions (with assistance from parents), possible ways of dealing with anger provoking situations.

- Involve parents early and clarify for the above; explain what was tried at school and how this is affecting child's academic and social development and overall success. Prepare the parents before suggesting consultation with a specialist for guidance of how the problem behavior could be tackled by school authorities.
- When the issue is severe or acute; such as unprovoked aggression, vandalizing, disrupting the school routine; explain to the parents the need for immediate consultation with a child and adolescent psychiatrist to prevent harm to the child and other children
- For truancy have parents notify school when student leaves the house that AM, check is child is avoiding any test/class due to LD or fear.
- Identify where school may contact student if student does not show up on time

Prevention Programs

There are many prevention and early intervention models targeting both high-risk and all children in schools. Successful school models integrate the school, family, and community in coordinating services. Psychiatrists can help schools identify and implement appropriate programs depending on the needs and resources of the school system.

School related intervention that could be included in curriculum:

Considering the number of hours over years that children spend at school the most strategic point for intervention is during the early school years. Life skills should be an essential part of school curriculum and plays an important preventive role. These include elements to develop: recognition of emotions and empathy training, social problem-solving skills, promoting self-esteem, anger management, relaxation techniques, friendship skills, communication skills.

Preventive strategies should take priority while planning interventions to improve teacher-student relationship and create child friendly environment at schools. It is important to keep in mind that mental harassments would increase when physical punishments are banned; therefore there is a need to stress on emotional maltreatments while defining corporal punishments

considering the significant long term negative consequences. While addressing corporal punishment it is also essential to provide guidelines and assistance to school systems and empower them with alternative effective strategies to handle children with difficult behaviors, and provide children with good learning experience.

CHILD SEXUAL ABUSE

Child sexual abuse can be regarded as a more “serious” violation of child rights as compared to corporal punishment in terms of the complexity of the issue and the mental health implications. In 1993-1994, Samvada, a Bangalore based NGO in collaboration with Dr Shekhar Seshadri, did a pioneering study in the history of CSA work in India by organizing a series of workshops for 348 girls (15 – 21 years old) from 11 schools and colleges in Karnataka. 47% of respondents had been sexually abused; 62% of whom had been raped once and 38% of whom had suffered repeated violations. When asked what they expected as a result of the abuse, 31% called for prevention; 17% said society needed to talk about sex; 13% said women should fight back compared to 3% who said girl children should learn martial arts; 8% said victim assistance should be available; 14% said abusers should be punished; 1 % said abusers should be helped.

The national study on child abuse conducted by the Ministry of Women and Child development, Govt. of India, Prayas and UNICEF (2007), reported that out of 12,447 children, 53% reported sexual abuse, 21% reported severe sexual abuse. 52% of boys and 47% of girls have reported sexual abuse of one form or the other.

Child sexual abuse (CSA) and Commercial sexual exploitation of children (CSEC) is a child and childhood issue, a sex and sexuality issue, an abuse/exploitation/violation/violence issue, a gender and patriarchy issue and a power and domination issue. In a scenario where sexuality is relegated out of mainstream discourse in communities, what language does a confused child have to disclose abuse?

UNDERSTANDING BASIC DIMENSIONS IN CSEC AND CSA

1. Childhood

Children are expected to grow up within the security of a nurturing family

atmosphere. Trafficking and abuse are dislocating experiences that attack the basic core of child development which is 'attachment'. The trafficking, sexualization and abuse experiences also deprive children of learning opportunities. Their world of good feelings and imagination lies unattended. The combination of INSECURE ATTACHMENT and DEPRIVATION adds to the negative impact of the CSEC and CSA experiences.

2. Sex and Sexuality

Under normal circumstances, the emergence of a positive sexual self occurs in the context of mutual, consensual, personally legitimate relationships as a spontaneous and joyous unfolding. Each of us has a very unique career of initiation into our sexualities. Some by accident, some through peer pressure, some through pornography, some through marriage and many often through abuse. The dividing line between sexual misbehavior, sexual harassment, sexual abuse and sexual violence is not all that sharply defined. Sexual abuse does not mean rape. Rape is perhaps one form and an extreme one at that. The spectrum of abuse ranges from exhibitionism to molestation to exposure to different forms of pornography to acute assaultive intercourse to chronic non assaultive forms of intercourse. Thus sexual abuse need not necessarily involve contact. There can be non contact forms of abuse. Contact abuse need not necessarily be genital; and genital abuse can be both penetrative and non penetrative. There are common features to CSEC and CSA that involve the experience of intrusion. Sexual abuse with someone close carries additional issues of confusion, betrayal. And sexual abuse in both CSEC and CSA context can be highly sexual thus distorting children's responses and their sexual selves.

3. Abuse/Exploitation/Violation/Violence

The impact of abusive experiences is more when force, threats, coercion and pain is involved. In the trafficking process, the complicity of the family is a source of betrayal for the child. The arduous and uncomfortable transport process and the breaking in process carry their own negative impact. Such experiences disempower children and distort their world view as well as their view of the self. Not only is there a loss of control but also unpredictability in their circumstances. Constant exposure to exploitative and abusive and violent circumstances damages the personality of children.

4. Gender and Patriarchy.

The abuse of girl children by male perpetrators is substantially more than all other forms of abuse. We are also concerned with boys who are abused and boys who are trafficked for sexual or other purposes. These boys are also deprived of their developmental needs and live in circumstances of deprivation and exploitation. However it is important to recognize that the commodification of girl children in particular is part of the gendered and patriarchal structure of society. Another problematic counterpoint is the primacy placed on male sexuality and indeed the basic definition of masculinity. Where masculinity is associated with the theme of sexual conquest, it places girls at risk for abuse.

5. Power and Domination

While the trafficking and abuse processes are indications of how power structures are constructed in families and society, the impact of powerlessness is damaging for the child. It further structures the child's personality and affects the way the child relates to people and the world. A loss of control over ones circumstances and indeed ones destiny adds to the traumatic origins of a child's sexualization.

What can we say about good practice in CSA interventions -

- THAT all people in sectors that deal with kids (teachers, families, doctors, paediatricians, gynaecologists, mental health professionals, police and judiciary, media) should first of all believe that CSA exists. If one disbelieves, is uncomfortable, or thinks 'this is a western phenomenon', then the child will not be believed.
- THAT the dividing line between sexual misbehavior, sexual harassment, sexual abuse and sexual violence is not all that sharply defined. Hence it is bad practice to say, 'After all he did not rape you...".
- THAT all interventionists must make a habit of CSA enquiry and skill themselves in sensitive questioning as indeed in fighting all aspects of social conditioning that compel people to interpret their abuse in self damaging ways
- THAT the child's abuse must not be constructed as THE SINGLE MOST IMPORTANT EVENT in his or her life that he or she has to live with for the rest of life.
- THAT the interventions must not be experienced in a fragmented way by the

- child. A primary caseworker should accompany the child in all referrals, procedures and enquiries and be a familiar, consistent figure in the process.
- THAT CSA interventions, if handled poorly, can be as traumatic and as sexualizing as the primary abuse itself and a relatively un-traumatized child could be made to feel traumatized because of the intervention.
 - THAT people's outrage and activism may not always compensate for the child's pain so an individual child's case should not be used to fight larger ideological battles
- And good practice means one should be aware of all these dimensions and develop skills to intervene across these issues.

Sequence

The sequence of issues that need to be attended to in a CSEC / CSA context include:

- Establishing the context of intervention. Is abuse the direct context because of disclosure/discovery or is the presenting context some behavioral or emotional problem? In a CSEC scenario, the context may be established by legal processes or as part of the rescue-repatriation process.
- Establishing the nature and extent of abuse. In a CSEC scenario, this entails establishing details of the trafficking process, the duration for which the child has remained trafficked, the circumstances and experiences in the trafficked location.
- Establishing medical issues. Many children will have injuries, sexually transmitted diseases, reproductive tract infections and nutritional deficiencies.
- Establishing psychological issues.
- Establishing family, social, safety and placement issues.
- Establishing legal issues.
- Carrying out medical interventions.
- Carrying out psychological interventions.
- Carrying out family and social interventions.
- Carrying out legal interventions where indicated.
- And ensuring that the child is PREPARED FOR EACH OF THESE PHASES and further ensuring that the child, if in a transitional facility, is given all the care and nurturing development experiences appropriate to age.

CHILD TRAFFICKING

Child Trafficking is a more “serious” violation of child rights with serious mental health consequences. Not all children in commercial sex work are trafficked. Not all children who are trafficked are done so for commercial sex purposes. Thus trafficking for commercial sex purposes places a double source of trauma for children. The trafficking process involves procurement (with or without complicity of the family), dislocation and transport, induction into sex work through threats, coercion, abuse and misinformation. This process itself fragments the developmental needs of the child and places the child at risk for psychological morbidity. The sexualization process further affects the child’s sense of self-hood.

India is a major source and destination country for trafficking children from within India and adjoining countries. The report on ‘Trafficking in Women and Children in India’ (2005) reports that 44,476 children were missing in India and three to five lakh girl children were in commercial sex and organized prostitution.

Factors that increase the vulnerability of children being trafficked include poverty, disparities in wealth, lack of opportunities for education and employment, rapid urbanization, increasing consumerism, patriarchal society that maintains low status of girl children. A lack of respect for child rights and inadequate implementation of laws and policies enable traffickers to engage children into exploitative situations.

Traditionally, interventions in child trafficking follow the rescue – repatriation – rehabilitation – reintegration – redressal paradigm. This paradigm does not adequately address two important processes – that of Recovery and Reclamation. It is important to recognize the relationship between commercial sexual exploitation of children (CSEC) and child sexual abuse (CSA). The trauma of child trafficking for commercial sex purposes goes beyond conventional impact mentioned in traditional models of trauma. Frameworks of intervention are often so broad that they capture and hold perhaps the forensic truth. What slips through such frameworks is the personal truth and impact on the self-hood of the child. Furthermore, intervention models do not effectively address reclamation of self nor the emergence of affirmative sexuality. Thus, even paradigms of redressal look at legal redressal, but not psychological redressal. Even from a disorder perspective, children who

are constitutionally prone to major psychiatric illnesses (such as mood disorders, substance-abuse) are not recognized or treated. This is because their disorganized behaviour is interpreted as part of the sub-culture in commercial sex locations. At another level, the trauma of trafficking, sexualization, and sex work has the potential to cause conditions like post-traumatic stress disorder, depression, suicide, substance abuse, etc. Where these levels are not recognized, the crucial level of how commercial sex trafficking affects self-hood and sexuality remains most neglected. The submission here is that psychosocial dimensions have to be the basis on which all interventions are constructed and the lack of this sensitivity in the larger paradigms of intervention compounds the problem for the child.

Potential Points of Impact:

	PROCESS & GOALS	ACTIVITIES	SERVICE PROVIDERS
PREVENTION	Strengthening Family process	Family counseling for dysfunctional families	Community workers
RESCUE	Life skills for Young people	Life skills training in community/school	First response worker
	-Forming relationship with survivor	-Building a therapeutic relationship, induction to the process	
	Building trust		
	-Beginning participatory process of rehabilitation	-Needs assessment including mental health assessment	
	-Working through trauma	Creating a road map for future -Debriefing -Validating -Normalizing experiences through information	

	PROCESS & GOALS	ACTIVITIES	SERVICE PROVIDERS
REPATRIATION	<ul style="list-style-type: none"> -Sensitivity to risks of further abuse and avoidance and apprehensions of the survivor -Creating a predictable roadmap by keeping the child informed Working with them on choices, costs and benefits. -Continuity of care -Commonality of method and language 	<ul style="list-style-type: none"> Continuous relationship with the survivor at an individual level and also at the level of institution 	<ul style="list-style-type: none"> First response worker and a mental health professional
REHABILITATION	<ul style="list-style-type: none"> -Creating a safe therapeutic milieu of autonomy, choice and empathy -Working through trauma -Enabling existing life skills -Enhancing life skills -Enhancing vocational skills 	<ul style="list-style-type: none"> -Therapeutic rehabilitation process -Trauma counseling -Psychological and psychiatric assessment and treatment -Life skills Training -Employability training 	<ul style="list-style-type: none"> -Shelter homes Workers/ -Peer counselors -Primary level counselors based within rehabilitation teams -Trauma processing trained mental health team -Shelter home Workers/ Peer-counselors. -Mainstream Employment providers
REINTEGRATION	<ul style="list-style-type: none"> -De-stigmatizing returnees and their families -Ongoing befriending support 	<ul style="list-style-type: none"> -Family counseling community support groups, self-help groups -Peer support groups 	<ul style="list-style-type: none"> -Community based worker -Peer counselors

	PROCESS & GOALS	ACTIVITIES	SERVICE PROVIDERS
REDRESS AND ADVOCACY	Sensitization of the law maker and enforcer to the mental health impact as a key irreversible impact to be considered while deciding the consequences for the trafficker	-Sensitization and awareness Training for the police, judiciary and the policy maker -Research on the disability costs of being trafficked	-NGO working in anti-trafficking sector

Quoted from "Mind of the survivor", a report on mental health interventions for survivors of trafficking in South Asia, facilitated by Saarthak in collaboration with UNIFEM (2002-2004).

MULTIDISCIPLINARY MODEL OF INTERVENTION

The primary concern of child welfare agencies has been child protection and safety, sometimes to the exclusion of the child's broader welfare. To redress this imbalance, child- and family-support services should achieve much greater importance. Intervention therefore needs to be multifaceted and may involve several professionals working together. The overall objective of management is to help the child and his or her family by: stopping abuse, ensuring adequate caretaking, treating symptoms of psychological disorder, stopping sexually aggressive, violent, or exploitative behavior that is either directed towards the child or which is likely to have an impact on him or her. Child safety is the first priority but, within the above scheme, not the sole one.

Multidisciplinary model results in effective processes and outcome and creates a system of investigation that is child friendly giving due respect to the child's perspective. It ensures that there is no omission of necessary investigation, prevents overlap, duplication of reports and re-victimization of child, thereby protecting the rights of the child without interfering with the healing process. It also helps organization that works framing child-friendly laws to coordinate with mental health professionals and organizations working against child sexual abuse and child labor in providing comprehensive and sensitive care at all stages of intervention to victimized children. It also provides

a platform to discuss the various legal and ethical dilemmas that the members in the multi-disciplinary team face during the proceedings.

To prevent any form of abuse the best intervention would be to empower the child. When we formulate interventions in the best interest of the child it is important to take the child's perspective and wishes in all the matters of concern. Clear intervention plan which takes into account child participation in child related activities is to be formulated. Active involvement and participation of children; recognition and prioritization of their needs, resources and experiences are important, whether at a macro or at the micro levels. It is important for networking of various organizations which work with children, as no sector of child abuse can be compartmentalized as independent of other sectors.

Role of various systems can be discussed in terms of their responsibility in protection, prevention, early detection and intervention. Early detection of abuse/violation of child rights is one of the major issues of concern as children are unaware of their own rights and are vulnerable due to their developmental level and dependency needs. It therefore becomes important for the primary support system to ensure their safety by empowering them with the necessary skills.

Family and school systems are important for the healthy development of the child and play a major role in protection of children and prevention of abuse. They play a crucial role in educating children regarding safety concepts and building assertive communication skills. However these primary protective systems are where children are most frequently subjected to physical, emotional and sexual abuse and neglect. Abuse is reported in families with separated parents, unemployed parents, family members with alcohol or other drug abuse, overcrowded households, single parent and family with step parent. Community level interventions to address better parenting styles through parenting workshop can help parents learn better ways of disciplining.

School-based and school-linked services can be designed to address children's needs using a variety of service options ranging from prevention to intensive intervention. Schools are the optimal place to teach children about making informed and appropriate choices concerning their health and many other safety aspects of their lives, because schools are the only organization in our society to which virtually all children and adolescents are consistently exposed for extended periods of time.

The key to making services effective is to ensure that they are

comprehensive, coordinated, and accessible to children and families. Accessible, affordable services can be most easily and consistently provided in the educational setting. As multidisciplinary entities, schools are the best places to integrate and to coordinate the efforts of teachers, families, mental health service providers, and administrators in fostering skills required for children to protect their rights and prevent abuse. Also provides an opportunity for children to seek support when subjected to abuse.

Life skills as discussed earlier should be an essential part of school curriculum and plays an important preventive role. Life skills education can be used as a mode of healing. Life skills essentially comprise psychosocial and interpersonal skills. It helps children to improve their communication and interpersonal skills, decision-making and critical thinking skills, coping and self-management skill. The interplay between the skills produces powerful behavioral outcomes, especially where this approach is supported by other strategies such as media, policies and health services. It addresses issues of self esteem, aggression, drug abuse, lack of praxis in academic engagement, lack of engagement in education, decision making, problem solving, coping with emotions, coping with stress, communication skills – negotiation/refusal skills, interpersonal skills, creative thinking, critical thinking, self- awareness skills – including awareness of rights, influences, values, attitudes, strengths and weaknesses.

Experiential methodologies such as theatre, narratives, story-telling, art work helps children learn better. It helps all children participate in and contribute equally to the production of knowledge, which is a continuous dialogue. The objective of the process is to liberate participants from both internal and external oppression, so as to make them capable of changing their reality, their lives, and the society they live in.

Family and school systems also needs to learn to handle disclosure/detection in an appropriate way. When the child confides about his/her abuse experience to the non-offending parent, other family members or the teacher, it is important that they are open and supportive of child without undermining or disbelieving the child's information. The support given by the first contact person helps in facilitating better healing of the victimized child. It is also important not to blame the child and not to promise things that cannot be kept. Though confidentiality is to be assured, child also needs to be explained that necessary help needs to be taken to prevent further abuse in future. It is important to adequately prepare the

child to face the consequences especially in the case of child sexual abuse when the perpetrator is closely related to the child.

At another level Pediatricians and primary care physicians should be sensitive to the clinical signs of abuse and behavioral indicators in discovering unreported abuse especially in young children and investigate appropriately all suspected cases of abuse. They should address the developmental and emotional needs of the child abuse victim. Pediatricians can also teach parents that children need consistent love, acceptance, and attention. They can offer parents guidance about the dangers of psychological aggression and maltreatment.

A mental health professional can assist in conducting an assessment of a child/adolescent when the disclosure is not clear or when there are complicating developmental or psychological issues. Interviewing techniques that suit the developmental stage of the child is employed. For e.g. play can be used to facilitate communication in a young child whose vocabulary is poor. They also help in planning interventions for psychological healing of the child and assessment of the abusive parent to explore mental health issues. At a preventive level they can educate parents regarding the importance of personal safety skills and assist them in teaching children. They can provide inputs on healthy parenting styles, parent-child interaction and communication patterns.

At all levels child-friendly interview techniques need to be employed by officials of all discipline to avoid further victimization which is caused unintentionally. Repeated interrogation about the traumatic event could be avoided by proper documentation at first point of contact using defined protocol, which can prevent repeated reliving of the traumatic experience by the child.

Psychosocial rehabilitation is one of the essential components of intervention in helping the child get back to his normal life. When planned effectively it can provide a healthy environment where child's development gets nurtured in all spheres. If rehabilitation is unsuccessful child will move on from one difficult situation to another further affecting child's emotional development. Nongovernmental organizations play a major role in providing not only rehabilitation services but they actively work in areas of protection and prevention. For e.g., anti trafficking organizations have immense role in rescue, post rescue operation, victim care empowerment, advocacy, social reintegration, networking, and capacity building of other organization.

The use of multidisciplinary models promotes mutual respect between professionals from different disciplines, gives a working knowledge of the domain of another discipline, enhances communication through learning both the mechanisms and vocabulary of other professions, and increases understanding of another discipline's "rules, beliefs, and ethical principles."

Challenges involved in Indian setting:

- No defined protocol to handle children subjected to abuse - a child friendly approach relevant to Indian setting needs to be designed.
- Need for coordinated work between the various disciplines that work for children, to ensure proper documentation, prevent re-victimization and facilitate better healing process to a traumatized child.
- No defined role or assignment of responsibility for the various members of multidisciplinary team resulting in overlap of work and further trauma due to repeated questioning of the child at different settings.
- Need for proper documentation and need for better understanding of legal proceedings by allied services, legal concerns related to lack of evidence due to delay in filing of the case
- Need for sensitivity to the psychological needs of the traumatized child during legal proceedings.
- Resources and rehabilitation services available are few and thereby reintegration of the child in the family under the care of the non-offending caregiver with provision of effective support services seems to be the ideal approach for Indian setting currently.
- There is a need for effective monitoring system at community level for children at risk for abuse.

CONCLUSION

The emphasis in convention on the rights of the child is on 'the child' rather than children in general to ensure that every child has the guarantee to secure the minimum set of rights. The best intervention would be the use of the spirit of convention of child rights in everyday life and empower each child to maximize participation in all child related activities. When we formulate interventions in the best interest of the child it is important to take the child's perspective in all the matters of concern. Active involvement and participation of children; recognition and prioritization of their needs and experiences are

important, at all levels. Preventive strategies focusing on empowering the children should take priority while planning interventions. It is important for networking of various organization which work with children, as no sector of child abuse can be compartmentalized as independent of other sectors. The nation's progress depends on its children's health and safety, their education and their sense of being loved and valued in the families and societies into which they are born. ■

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