

# Developmental & Mental Health Implications in Child Sexual Abuse



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**Sikkim Judicial Academy,**  
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# Objectives

- ✓ Sensitization to children & child development
- ✓ Understanding child sexual abuse & its effects
- ✓ Rehabilitation

# I. Children & Childhood



# Re-Connecting with Your Childhood





# Re-Connecting with Your Childhood

## Activity:

- Close your eyes and remember your childhood days.
- First visualize or re-visit a happy memory
- Second a visualize difficult or a traumatic childhood experience
- Or a childhood experience of injustice (when someone was unfair to you...)
- Would anyone like to share a childhood memory???



# Points to ponder:

- How did you feel when you re-visited happy memories vs. difficult & traumatic ones?
- Who helped/ how did you cope?
- The importance of being in touch with your own childhood so you know what it is like to be a child, what makes children happy, angry or sad
- How is this sensitivity is essential to working effectively with children?
- The importance of being aware of one's own feelings & emotions- so that one may also understand another's feelings & emotions better.
- The impact of memories—how childhood events still impact us in adult life.



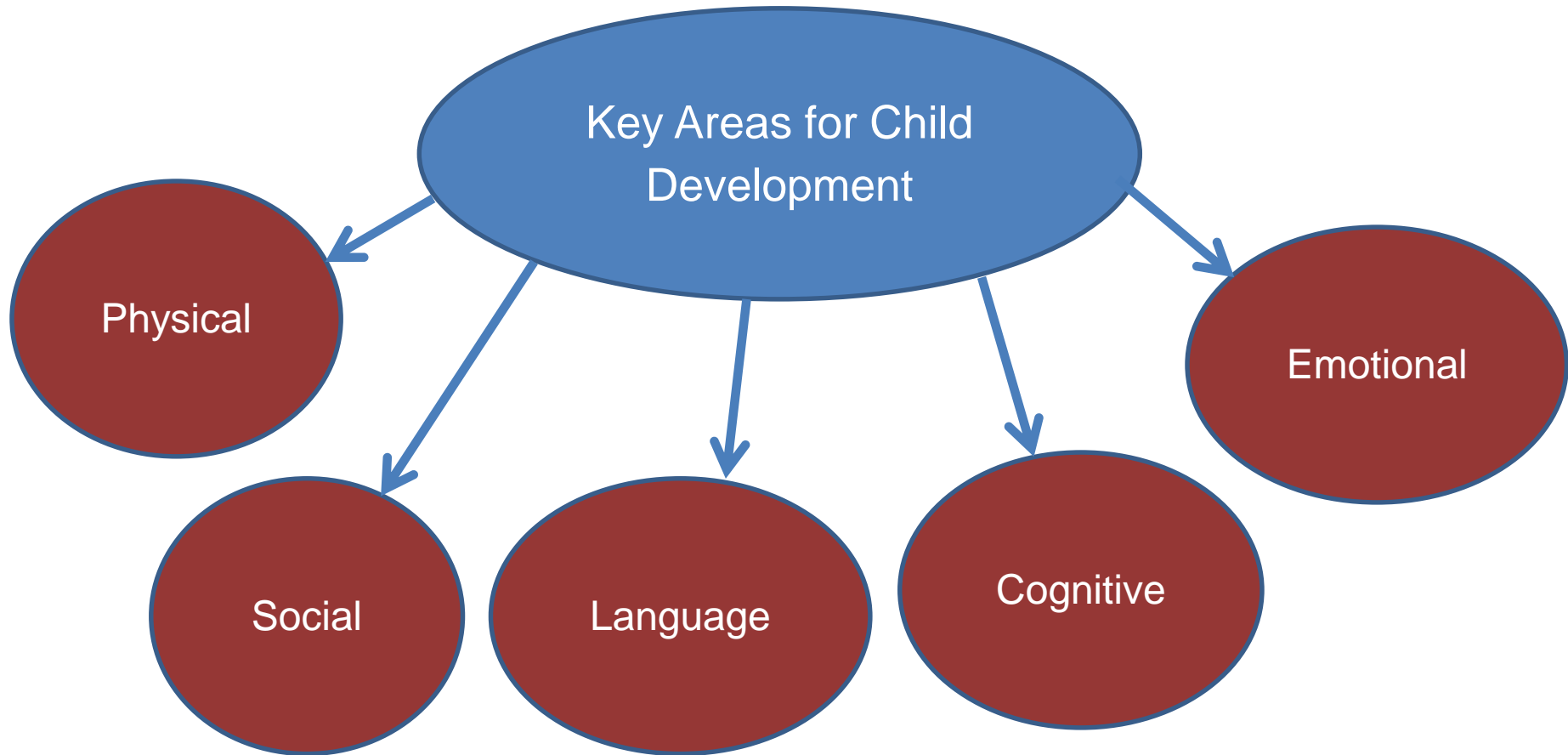
## II. Applying the Child Development Lens



# Identifying Child Developmental Needs & How They are Impacted by Trauma

- **To identify children's physical, social, speech & language, emotional and cognitive needs.**
- Implications for recording statements/ evidence gathering from children.





# Applying Child Development to Child's Statement of Abuse-POCSO Processes

## Speech & Language Abilities

- 10-14 months: 3 meaningful words
- 1.5 to 2.5 years: 2 to 3 word phrases
- Age 3+ years: increased vocabulary with short sentences



\*Many (normal) children start developing speech late...so at 3+ years they may or may not have capacity to build sentences

# Social Development:

- 10 months to 3 years: stranger anxiety  
(not likely to be comfortable talking to new people).
- 3 years: concept of privacy/shame relating to body present  
(less likely to talk about body parts)



# Cognitive Development:



- 1 to 2 years: Expression & communication mostly through actions (due to speech & language abilities still developing)
- 3 years: Object permanence (child thinks that perpetrator can re-appear, so leads to anxiety)
- 3 years: Ego-centricity (expect others to understand their behaviours... 'if I fall down, why isn't everyone crying?' Similarly with abuse...)
- No understanding of the concept of violation...so hard to report

# Developmental Stages & Children's Ability to Disclose

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms Indicative of Abuse
Infancy (0-18 months)	<ul style="list-style-type: none"><li>• Unable to make any disclosures of physical or sexual abuse.</li><li>• Cases can only be substantiated if:<ul style="list-style-type: none"><li>✓ There is an eye witness;</li><li>✓ Perpetrator confesses;</li><li>✓ Infants are found to have an STD, sperm or semen on their examination.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Fearful of the offender,</li><li>• Fussier than normal</li><li>• Reluctant to have diaper changed</li><li>• Occasionally imitate sexual acts</li></ul>



# Developmental Stages & Ability To Disclose Abuse

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms Indicative of Abuse
Toddlers (18-36 months)	<ul style="list-style-type: none"><li>• Due to limited communication skills unlikely to report the abuse.</li><li>• Simple phrases may be the only clue that something has happened, such as, "Owie, pee-pee, Daddy" while pointing to their genital area.</li><li>• Toddlers cannot sequence time &amp; place very well &amp; will probably not be able to tell how often something has happened, when, or even where it happened.</li></ul>	<ul style="list-style-type: none"><li>• Frequently show fear &amp; anxiety around the perpetrator.</li><li>• May mimic the sexual acts with their own bodies, other children, or dolls.</li><li>• Regressive behaviors observable.</li></ul>

# Developmental Stages & Ability To Disclose Abuse

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms Indicative of Abuse
Toddlers (18-36 months)	<ul style="list-style-type: none"><li>• Only some children of this age group know their body parts or understand right from wrong.</li><li>• To substantiate the abuse, a witness, a confession, an STD, or sperm/semen are usually required.</li></ul>	<ul style="list-style-type: none"><li>• Difficulty toilet training, sleep disturbances</li><li>• Angry outbursts and clinginess to caregivers.</li></ul>

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms of CSA
Preschool (3-5 year olds)	<ul style="list-style-type: none"> <li>• Can become easily distracted &amp; revert to physical activity, or phrases such as "I don't know" or "I can't remember".</li> <li>• May tell few excerpts with minimal detail, disorganized thought processes, give relevant &amp; irrelevant details.</li> <li>• Time &amp; space relationships are poorly defined, however they can relate things to before &amp; after such as birthdays holidays, dinner, bedtime, etc.</li> <li>• On occasion can be specific &amp; give enough detail</li> <li>• Demonstration is better tool than verbalization for many</li> </ul>	<ul style="list-style-type: none"> <li>• May exhibit sexualized play, somatic complaints (headaches, abdominal pain, painful urination, genital discomfort, etc)</li> </ul>

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms of CSA
Preschool (3-5 year olds)	<ul style="list-style-type: none"> <li>• May confuse he-she-me and sex specific body parts.</li> <li>• Although substantiation may still rely on finding acute injuries, sperm or semen, or an STD, their history becomes increasingly important.</li> <li>• Ask short specific questions but do not put words in their mouths</li> <li>• Asking them to draw or demonstrate what happened might be easier than verbal communication.</li> <li>• Make child feel at ease &amp; safe—they may be fearful of what will happen to them if they tell</li> </ul>	<ul style="list-style-type: none"> <li>• May also have nightmares, regressed behavior, anger, aggression, withdrawal, mood lability and other psychosocial problems.</li> </ul>

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms
Elementary school aged children (6-9 years old)	<ul style="list-style-type: none"> <li>• Maybe reluctant &amp; tentative in their disclosures &amp; will withdraw if they perceive non-reassuring reactions from the interviewer</li> <li>• Role play, drawing &amp; the use of dolls &amp; doll houses may be appropriate tools.</li> </ul>	<ul style="list-style-type: none"> <li>• Feel conflicted &amp; confused, guilt ridden, embarrassed &amp; may be fearful</li> <li>• Behavior symptoms may include withdrawal, depression, emotional lability, nightmares, poor school performance, aggression, lying, stealing, &amp; other antisocial behaviors.</li> </ul>



Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms
Elementary school aged children (6-9 years old)	<ul style="list-style-type: none"> <li>• Building rapport is essential before the interview begins as they are frequently embarrassed &amp; uncomfortable discussing the inappropriate touching.</li> <li>• One way to ease their discomfort is to engage them in a simultaneous activity like drawing, colouring, or working a simple puzzle.</li> </ul>	<ul style="list-style-type: none"> <li>• Physical symptoms may include enuresis, encopresis, dysuria, headaches, abdominal pain, genital pain, and tics.</li> </ul>

Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms Indicative of Abuse
<b>Puberty (9-13 year olds)</b>	<ul style="list-style-type: none"> <li>• Usually more at ease with an interviewer of the same sex.</li> <li>• A more formal approach to the interview minimizes pre-adolescents discomfort with discussion.</li> <li>• Keep questions brief and clinically oriented, yet let them know that their feelings and opinions are also important to the investigation.</li> <li>• Reassure them that they are not at fault for what has happened.</li> </ul>	<ul style="list-style-type: none"> <li>• Shame, guilt—feelings that the abuse was their fault.</li> <li>• They not only feel uncomfortable about the sexual molestation, but feel awkward &amp; self-conscious about their bodies &amp; discussions regarding sexual issues.</li> </ul>

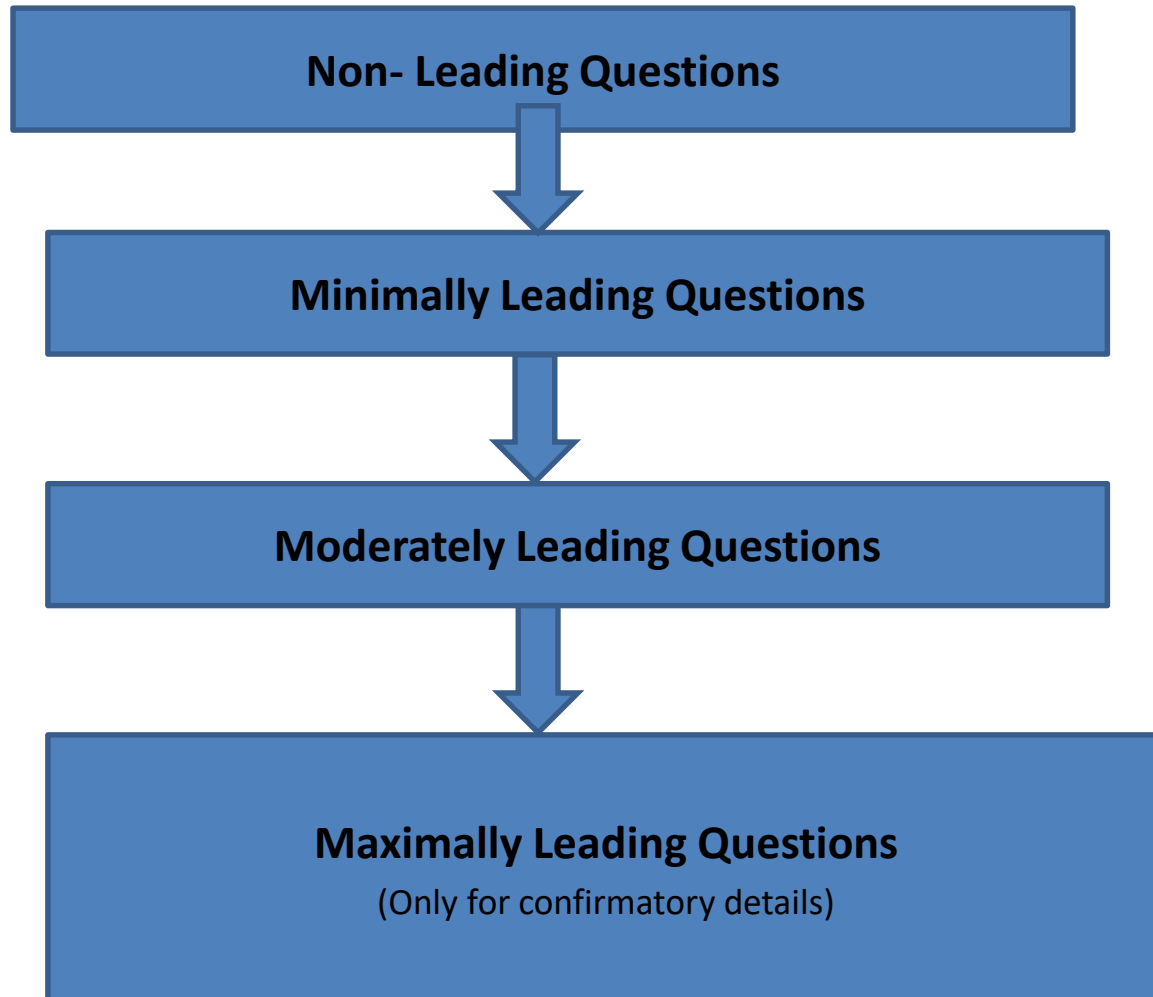
Age	Ability to Provide Abuse Narratives	Emotional-Behavioural Symptoms Indicative of Abuse
Adolescents (13 to 18 year olds)	<ul style="list-style-type: none"> <li>•To maximize the outcome of the interview, an open, direct approach is usually the best.</li> <li>•Be serious about their concerns and supportive of their needs. Never criticize or judge their acts.</li> <li>•By being honest with them, they will be more likely to be cooperative with you.</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral probs-- defiant, aggressive acts, truancy or school failure, criminal beh, suicidal ideation or attempts, promiscuity, subs abuse, self-mutilation &amp; runaway beh.</li> <li>• May present to medical clinic with chronic aches &amp; pains, vague complaints, &amp; hysteria.</li> </ul>

# Developmental Assessment

- Whether Age-appropriate?
- Abilities & skills in locomotor/physical, speech & language, social, emotional & cognitive developmental domains
- Implications:
  - Forensic interviewing (need for special assistance/ aids)
  - Intervention



# Recommended Way of Questioning





Use pictures to assist the child

*"I will show you a picture...perhaps you can point to where this person touched or hurt you..."*

(Or child could use a doll to point)



# A Note on Children's Memory

- Developmentally immature children also have memories but have difficulty in retrieving them
- A technique of scaffolding is used where a series of detail-oriented questions are asked
- e.g. –“Did you do anything when you were at that house?” “What did you do?” “Was someone there when you ..... [what the child reported]?”
- The interviewer thus offers “cues” or “cognitive supports” that allow the child to access his or her memory



# A Note on Children's Attention

- Quality of information provided by young children begins to decrease with increased attempts to refocus
- Once a 3 yr old has lost interest & has been refocused to interview process several times, she or he may begin to answer questions randomly, without thought or consideration of the questions posed



## General Reference: Duration of Engagement

3 year olds = 15 minutes

4 – 5 year olds = 20 to 25 minutes

6 – 10 year olds = 30 to 45 minutes

10 – 12 year olds = Up to an hour

# Age & Type of Information to Collect

Age of Child	Who	What	Where	When	Structured Report	Contextual Details
3						
4-6						
7-8						
9-10						
11-12						

# Recommendations for POCSO/Statement from Child

- At a minimum, a child has to be **about 3.5 years of age**, to even attempt taking a statement
- Even then, some children will have **language delays** & be unable to report.
- Children with **intellectual disability** will need to be assessed (even those above 3 years) to understand what their abilities and deficits are...and if they can report.
- Narration is a function not only of speech & language abilities but also of **social & cognitive skills** of the child
- One can **use play & other creative methods** to elicit narratives from young children and/or children with intellectual disability.

# **III. Child Sexual Abuse Effects**



# Effect of Trauma

The **effect** of trauma on an individual can be conceptualized as an *understandable response* to painful situations or conditions.



# Effect of Trauma

- Trauma can:
  - Cause **short and long-term effects**
  - Affect **psychological** (coping responses, relationships, learning, or developmental tasks, behavior)
  - Affect **physiological** responses and health
  - Affect **well-being, social relationships, and spiritual beliefs.**



# CSA Processes in Younger Children

Abuse Process	Impact
<ul style="list-style-type: none"><li>• Child rewarded for sexual behavior inappropriate to developmental level— 'I will give you chocolate/ toy if you...'</li><li>• Offender exchanges attention &amp; affection for sex.</li><li>• Creating excitement &amp; secrecy around the act--'This is our special secret...no one should know about it.'</li><li>• Threatening child/ creating fear in the child—'If you don't do as I tell you/ and if you tell anyone about it...I will kill you/ I will harm your parents.'</li></ul>	<ul style="list-style-type: none"><li>• Confusion of sex with love and care getting/care giving</li><li>• Confusion about sexual identity</li><li>• Confusion about sexual norms</li><li>• Fear and compliance</li></ul>

# CSA Processes in Older Children & Adolescents

Abuse Process	Impact
<ul style="list-style-type: none"><li>• Offender transmits misconceptions about sexual behavior &amp; sexual morality</li><li>• Conditioning of sexual activity with negative emotions &amp; memories</li></ul>	<ul style="list-style-type: none"><li>• Confusion of sex with love &amp; care getting/care giving</li><li>• Negative associations with sexual activities &amp; arousal sensations</li><li>• Aversion to sexual intimacy</li><li>• Fear &amp; compliance</li></ul>

# CSA Processes in Older Children & Adolescents

Abuse Process	Impact
<ul style="list-style-type: none"><li>• Pressure on child for secrecy from the offender</li><li>• Offender blames, denigrates victim</li><li>• Child infers attitude of shame about activities</li><li>• Victim is stereotyped as “damaged goods”</li></ul>	<ul style="list-style-type: none"><li>• Guilt, shame</li><li>• Lowered self esteem</li><li>• Sense of differentness from others</li></ul>

# Childhood Experiences Affect Outcomes

## Behaviors:

- Regression in toileting
- Temper tantrums/anger outburst
- Sleep difficulties & nightmares,
- Defiance & noncompliance
- Early initiation of smoking
- Early initiation of sexual activity
- Multiple sexual partners
- Alcoholism and alcohol use
- Substance use & abuse

## Reproductive outcomes:

- Unintended pregnancies
- Adolescent pregnancy

## Future violence:

- Risk for intimate partner violence



## **Social outcomes:**

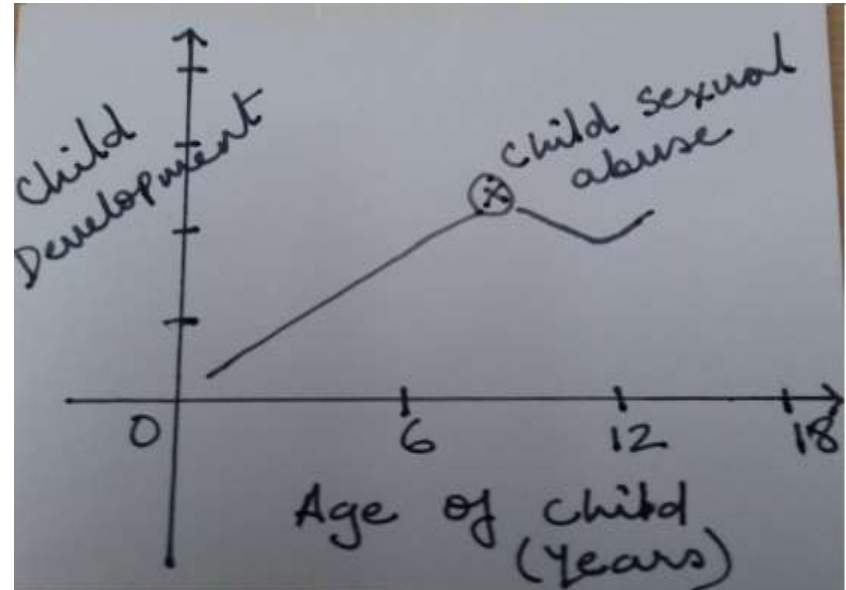
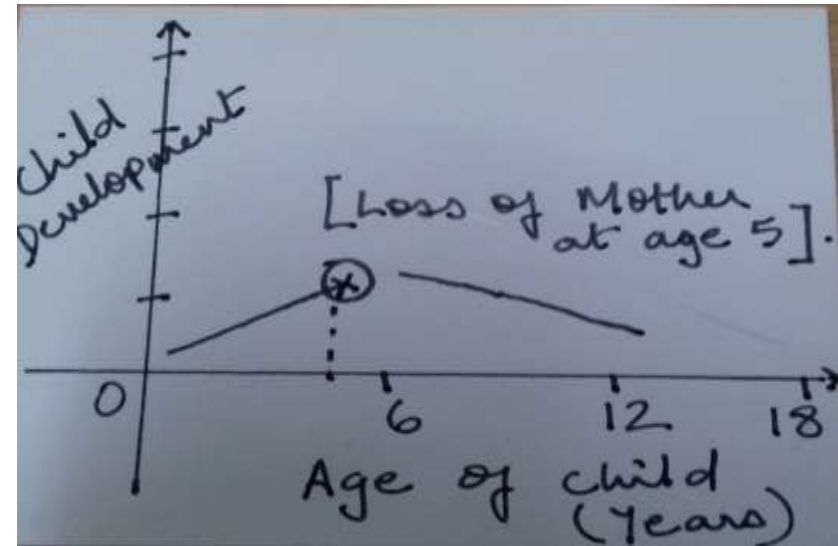
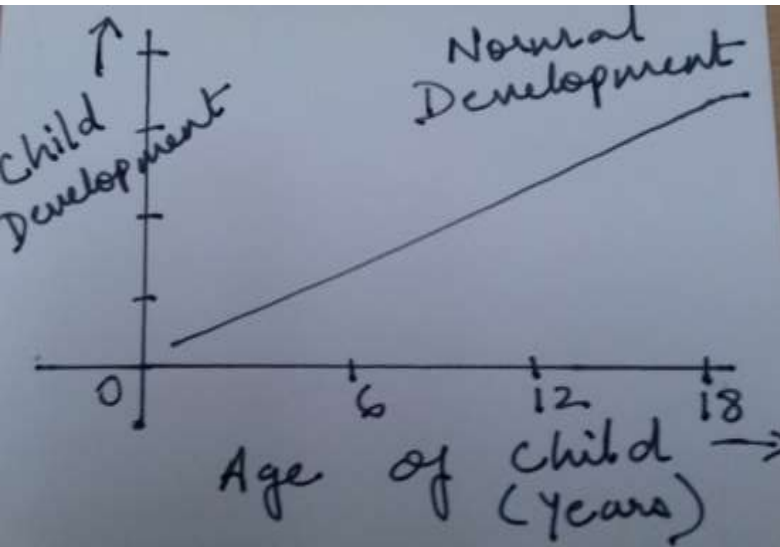
- Homelessness
- Incarceration

## **Health outcomes:**

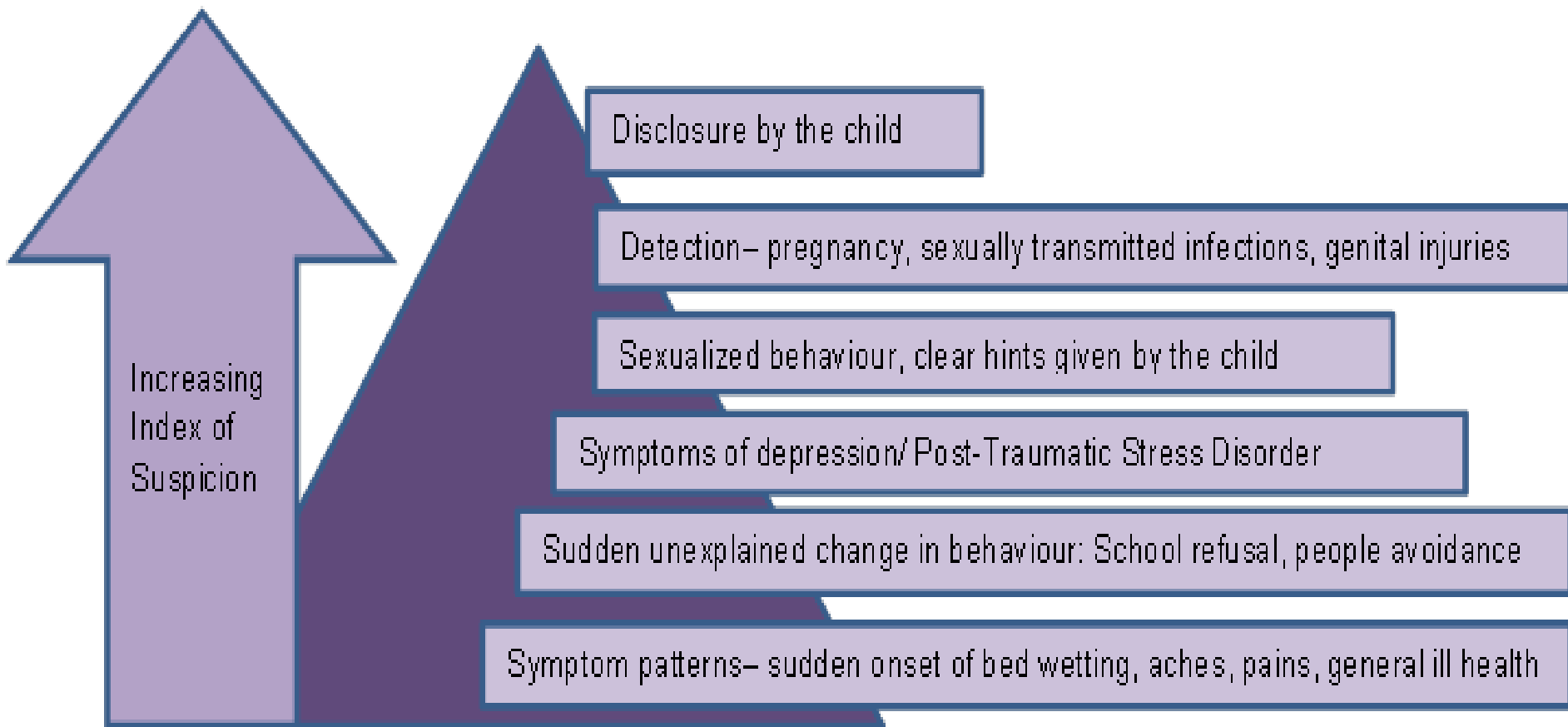
- Depression
- Anxiety
- Acute/Post Traumatic Stress Disorder
- Suicide attempts
- Fetal death
- Sexually transmitted infections (STIs), including HIV
- Health-related quality of life
- Ischemic heart disease (IHD)
- Liver disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Cancer



# Impact of Traumatic Events on Child Development



## Index of Suspicion in Child Sexual Abuse



# Protection, Recovery & Reintegration of the Child Survivor





# 1. Multidisciplinary & comprehensive assessment

- Safe, protective & nurturing environment
- Need for protective custody in a child-caring agency/facility or foster home: determine the time line & duration of the child's stay
- Parenting capability
- Need for therapy



# Multidisciplinary team work

	Goals	Methods	Training	Documentation
<b>Child Welfare</b>	Information gathering; safety and risk assessment; protective capacity; case management; court proceedings	Engagement, empathic, strength-based	Social work	Written summary
<b>Forensic</b>	Objective fact-finding for legal proceedings and for all members of MDIT	Child: Research-based protocols; Adults: Varies from empathetic to confrontational	Specialized	Detailed written, Signed statements, audiotape or videotaped
<b>Clinical</b>	Information gathering for psychosocial assessment & treatment	Empathic, strength-based, subjective, unstructured, supportive	Specialized	Brief notes, confidential

## **2. Active participation of the child & child's family in the development of the recovery & reintegration plan.**



# 3. Identify appropriate interventions to address needs of the child

- Psycho-education
- Psychological First Aid
- Individual/group counseling
- Therapeutic activities
- Life skills education
- Vocational training



- Child nearing 18 years old who expresses desire for independent living after discharge from the temporary shelter should be assisted with sufficient information & skills to help him/her make such a transition



# 5. Assist the child's family to address their identified problems

## Problems

- Inadequate income to meet basic needs
- Poor health
- Out-of-school children
- Lack of knowledge on proper parenting, and rights of children, etc.

## Interventions

- Parent education
- Self-employment assistance
- Vocational/skills training
- Educational assistance for the children
- Family counseling/therapy

6. Once discharged from the child-caring agency or foster home, the social worker to facilitate the provision of **after-care services** to sustain the gains and achieve healing and recovery process



## **7. Monitoring of the child's progress (individual & in the community)**

One third of rape survivors will go on to  
develop PTSD



**Thank You**

# Last Thoughts...

- Role of the judge?
- What types of questions (esp. from defense lawyer) can judge disallow to the child?
- Language of judge?
- Attitude towards sexuality and discussions on sexual matters...judge's comfort vs hesitancy?
- Can judge/ PP give advice to adolescents on how to deal with the relationship with the accused? (why/ why not?)
- Judge's position on psychosocial and mental health interventions for child/ adolescent?
- Court's liaison with child welfare committees? (esp. in case of vulnerable children/ from difficult circumstances)