



**EDUCATE PARENTS
AND CHILDREN ABOUT
PREVENTING OF
CHILD SEXUAL ABUSE**

CHILD
SEXUAL ABUSE

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DS COMMENTS

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COVER SHEET

1. **TOPIC –**
2. **ACADEMIC DS -**
3. **MILITARY DS -**
4. **SYNDICATE LEADER -**
5. **SYNDICATE MEMBERS -**

SN	SVC NO	RANK	NAME	STREAM
1	5566	O/C	CL RAIGAMAGE	MBBS
2	5575	O/C	ESD FERNANDO	MBBS
3	5739	O/C	WMSS WALISINGHE	MBBS
4	5740	O/C	RPLH KULASINGHE	MBBS
5	5741	O/C	KDND SANDAKAN	MBBS
6	5743	O/C	HE ABEYSUNDARA	MBBS
7	5579	L/O/C	ULA WIJESEKARA	MBBS
8	5584	O/C	RMAM RAJAPAKSHA	ENG
9	5585	O/C	RA UBAYASIR	ENG
10	5665	O/C	DPS SENANAYAKE	LM
11	5631	O/C	IS WEERASINGHE	MTS
12	5632	O/C	KHRK HEMAL	MTS

DECLARATION

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DEDICATION

We dedicate this dissertation to our family, friends, officers, instructors and all those who supported us, gave us encouragement and provided insight throughout this study project. We also pay special gratitude to our loving parents without whom we would not be here today. We appreciate all the troop commanders, squadron commanders and all other military officers who were always behind us, guiding us on the right path forward and encouraging and showing us that anything is possible with hard work and integrity.

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AIM

The aim of this project is to provide awareness and sufficient education on one of the most serious and prevailing issues in the modern world named child sexual abuse.

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ABSTRACT

INTRODUCTION

What is child abuse?

1. The two words above mentioned are frequently heard and majority think that they have similar meanings. But these two words are different to each other and should be clearly explained about their different meanings. Misbehavior is the wrongful acts. If a child engages in a wrongful act, it is a misbehavior. But abuse is the usage of children for wrongful action, suggesting or doing wrongful actions to children. There are two main types of child abuse.

- Physical abuse.
- Mental abuse.

2. The most common type of abuse among above two is physical abuse against children. It can be seen as follows.

- Assaulting, torturing.
- Using children for begging.
- Not providing adequate food which may leads to conditions like malnutrition
- Using for sexual misconduct.
- Child laboring.
- Using for war affairs.

3. According to amendment act 1995 no 22 in Sri Lanka Penal code the convict for assaulting and torturing (cruelty) will be sentenced to penalty of minimum two years and maximum ten years of imprisonment. As well as the convict will have to pay a fine and a compensation to the victim.

4. According to the sentence 308(a) of this act with the initiation of neglecting, making them alone or trying to do it is a punishment that one can have according to the above law.

5. Who is the guardian of the child,

6. When considering the guardians of a child it can be divided as,

a. Alive guardians. Alive guardians are the mother and father. According to the above law, his mother or father cannot insult the child.

b. Temporary guardians. When we are talking about temporary guardians of a child, nowadays most of the children here insult by the above-mentioned parties. Teachers, temporary guardians, labors, day care centers, relatives, school van drivers are considered as the temporary guardians. However the one's marked as guardians of the children by parents should be responsible for the protection of the children.

c. **The permanent guardian of child.** The who considered as the permanent guardian of the child. The power of making discission about the child belongs to court. How ever when parents or teachers when they give a relatively small punishments for the faults of the children with the intension of making them correct cannot be consider as a fault according to the law and also if the child is older than 18 years old the above legal actions are not related to them. There is another law in that instances.

7. So we must always act accordingly.

Statistics regarding current situation.

8. Number of Complaints reported to "1929" Child Help Line from 01st January 2019 to 31st December 2019 by the District.

Districts		Total
1	Ampara	201
2	Anuradhapura	487
3	Badulla	224
4	Baticoloa	166
5	Colombo	1167
6	Galle	537
7	Gampaha	888
8	Hambanthota	335
9	Jaffna	175
10	Kaluthara	478
11	Kandy	390
12	Kegalle	288
13	Kilinochchi	141
14	kurunegala	726

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15	Mannar	80
16	Matale	140
17	Matara	301
18	Monaragala	221
19	Mulathivu	122
20	Nuwara Elia	177
21	Polonnaruwa	229
22	Puthtaluma	375
23	Rathnapua	471
24	Trincomalee	133
25	Vavunia	106
Grand Total		8558

9. Number of Complaints reported to "1929" Child Help Line from 01st Jan. 2019 to 31st Dec. 2019 by Types of Abuse.

Types of Abuse		Total
1	Obscene Publication	23
2	Procuring to beg	299
3	Cruelty to Children	2342
4	Sexual Harassment	594
5	Kidnapping from lawful guardianship	109
6	Abduction	44
7	Trafficking	119
8	Rape	294
9	Unnatural Offence	1

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10	Grave Sexual Abuse	288
11	Neglect of Children	906
12	Child Labor	265
13	Compulsory Education	1290
14	Domestic Violence	79
15	Juvenile Delinquency	337
16	Miscellaneous	1504
17	Trafficking Restricted Articles	29
18	Gross Indecency	1
19	Sale of tobacco	1
20	Restriction on Payment	1
21	Soliciting a Child	14
22	Incest	1
23	Exposure and abandonment	2
24	Sexual Exploitation of Children	4
25	Unlawful Custody	4
26	Child Or Young person in need of Care & Protection	7
Grand Total		8558

Factors that increase the risk of child sexual abuse.

10. It can be overwhelming to navigate through all the risks and dangers that we need to be aware of to keep children safe. Below is a list of risk factors increasers for child sexual abuse.

a. **Stressful Home Environment.** Children with low self-confidence in their surroundings, particularly at home, are vulnerable to an adult who promises stability and security, even if the stability comes with other unwanted behaviors. Children with a stressful home life may also feel that they cannot confide in a parent because the parent is already burdened with so many problems and may not respond well.

b. **Low Self Esteem.** Children with low self-esteem are especially vulnerable due to needs for affection, admiration, and acceptance. This is especially true for children who are targets of bullying or whose parents also display low self-esteem. Children with low self-esteem are more likely to be drawn to those who offer flattery, gifts, and special attention. Without feelings of self-worth, a child may not see the value in the boundaries, respect, and consent they are entitled to.

c. **Unmonitored Access to Technology.** Technology provides limitless ways to nurture your child's education, creativity, and communication. Unfortunately, technology is also a perpetrator's playground. The internet provides them with significantly greater access to potential targets along with added anonymity and the ability to keep things secret. The phones, tablets, or laptops in your home can be gateways for interaction between a perpetrator and your child. Not only do these devices greatly expand a perpetrator's reach, but they remove many barriers to perpetration (such as trying to isolate a child or being able to send inappropriate material).

d. **Poor Communication.** Children who do not feel that they can be open with their parents may become distant, isolated, and insecure, and therefore more susceptible to a perpetrator's grooming. They are less likely to confide in their parents about important topics such as the new adults in their life, inappropriate behavior they are witnessing or experiencing, or physical changes their body is going through. If or when sexual abuse begins, a child who has poor communication with their parents will likely keep it a secret. They may live in fear of getting in trouble, being judged or shamed, overburdening their parents, or being ignored.

e. **Loneliness.** Loneliness is a powerful emotion. It can lead to feelings of neglect, isolation, and alienation. A crucial step in a perpetrator's grooming is isolating the child from their loved ones, both emotionally and physically. If a child is already feeling isolated, this step will be much easier for a perpetrator to achieve. Also, if a child is left alone or unsupervised on a frequent basis, a perpetrator has more opportunities to get close to that child.

f. Children who identify as LGBTQ+. Children who identify as LGBTQ+ or are in the process of understanding their sexual and/or gender identity can be at risk of feeling socially isolated and alienated from their peers. The fear, anxiety, and uncertainty they may experience could lead them to view themselves as an outsider with no emotional support. A perpetrator may pick up on this vulnerability and need for guidance and might seek to convince the child that they are the only one who understands and accepts them. The child may have heard the many myths surrounding sexual abuse and sexual orientation and become hesitant to disclose. When a child is afraid to open up to their parents about their sexuality, a perpetrator can use that secret against them to prevent the abuse from being disclosed.

g. Misunderstanding Boundaries. One of the most significant risk increasers for child sexual abuse is insufficient education or understanding about boundaries. Children who do not have a clear understanding of boundaries are highly unlikely to distinguish between appropriate and inappropriate behavior. They may not understand when someone has violated their personal boundaries or when they have violated the boundaries of someone else. With an unclear understanding of what constitutes abuse, they are less likely to disclose any sexually abusive behavior they witness, experience, or hear about. They may also engage in or demonstrate inappropriate behavior that could draw the attention of potential perpetrators.

h. Disabilities. Children with a disability are at least three times more likely to be sexually abused. There are multiple reasons behind this statistic, including the child's need for personal care, a desire for acceptance, a reliance on others, an inability to escape due to physical limitations, an inability to disclose abuse due to limitations in communication, and a lack of education on healthy sexuality and sexual abuse.

i. Blended Families. In a blended family, communication and relationship dynamics are complicated. There may be disagreements among parents on how to educate about boundaries, conflict resolution, privacy, and healthy sexuality. Tension among family members and step-family members may lead to more conflict in the home, which may lead to children having lower confidence in their environment. Blended families also increase a child's chances of encountering a perpetrator, be it an adult (a step-parent, a live-in partner) or a peer (a step-sibling).

j. Domestic Abuse. In a home where various forms of abuse, neglect, and maltreatment are occurring, sexual abuse is likely a high risk as well. This is particularly the case in homes with physical abuse. Domestic violence fosters a home environment of instability, insecurity, poor communication, and mishandled aggression. It may also correlate with alcohol or substance abuse among one or more family members. Each of these factors increase the risk for child sexual abuse. According to researcher Danielle A. Black, the risk of intra-familial child sexual abuse is six times greater in a family where the mother is a victim of partner aggression.

PLACES WHERE SEXUAL ABUSE OCCURS

DOMESTIC SEXUAL ABUSE

11. Domestic abuse is any type of controlling, bullying, threatening or violent behavior between people in a relationship. Any form of sexual activity with a child by an adult or an older person, is abusive. This could include sexual touching, sexual acts, flashing, making sexual comments, being made to watch sexual acts or pornography.

12. It can seriously harm children and young people and witnessing domestic abuse is child abuse. This domestic abuse

- a. can happen inside and outside the home
- b. can happen over the phone, on the internet and on social networking sites
- c. can happen in any relationship and can continue even after the relationship has ended
- d. both men and women can be abused or abusers.
 1. Domestic abuse can be emotional, physical, sexual, financial or psychological, such as
 - a. kicking, hitting, punching or cutting
 - b. rape (including in a relationship)
 - c. controlling someone's finances by withholding money or stopping someone earning
 - d. controlling behavior, like telling someone where they can go and what they can wear
 - e. not letting someone leave the house
 - f. reading emails, text messages or letters
 - g. threatening to kill someone or harm them
 - h. Forces you to have unwanted sex
 - i. Refuses to use a condom or practice birth control, even though you want protective measures
 - j. Restricts your communication with friends or family
 - k. Completely cuts off your relationships with others
 - l. Deprives you of clothes, food, or medical care

13. It is against the law for adults to behave in a sexual way towards children. But this happens to many children, both girls and boys at home within their familiar background. It often involves someone you know and trust such as a parent, sibling or other family member, carer, babysitter, religious leader, teacher, or friend of the family.

- a. Abandons you in a place you are not familiar with
- b. Attacks you with weapons
- c. Deprives you of clothes, food, or medical care

14. Common Risk Factors Related to Domestic Violence Include

a. **Low self-esteem.** There seems to be a link between low self-esteem and the risk of being both a victim and an abuser in domestic violence cases. Victims often believe no one wants them or that they don't deserve to be loved. Abusers may feel this need to control their partner because of low self-esteem, extreme jealousy.

b. **Desire for power or control.** Domestic violence often occurs in relationships where one person has a desire to control another. The abuser may try to control the victim's social life, travel, and money.

c. **Low academic achievement.** Individuals who have poor academic achievement often battle with self-esteem issues. Potential abusers often display aggressive behavior as a way of "distracting" others from what they view as personal lack of achievement when they feel inferior to the other partner in education and socioeconomic background.

d. **Previous history of being an abuse victim.** Unfortunately, without intervention, the cycle of abuse is often difficult to break. Previous victims of domestic violence often tend to either be re-victimized or become abusers themselves.

e. **Cultural beliefs/traditional viewpoints.** It may seem odd to think that culture or traditions lead to the risk of domestic violence, but many cultures have deep-rooted beliefs that men are superior to women.

f. **Mental illness.** Individuals who have been diagnosed with a mental illness, such as bipolar disorder or schizophrenia, may go through times of highs and lows when they are unable to control their anger. These people may become aggressors and abuse others.

g. **Substance abuse.** People who abuse drugs or alcohol may fall victim to someone who is abusive. A victim's need for acceptance or money to support their habit may cause them to be vulnerable to domestic abuse. Alcohol and drugs may contribute to violent behavior.

15. Being educated about who is at risk and what signs may indicate the presence of domestic violence will help decrease the chances of victimization.

SEXUAL ABUSE IN SCHOOL

16. Sexual abuse in primary and secondary schools concerns child sexual abuse occurring in educational institutions from kindergarten through secondary education.
17. The physical environment of the school, educator-child relationship, and peer pressure can contribute to sexual abuse of learners at school level.
18. A 1993 study performed by the American Association of University Women examined seventy-nine state schools in the United States, finding that 9.6% of students reported sexual abuse by teachers in the school setting.
19. Sometimes in primary and secondary schools, teachers take sexual abuse as punishments.
20. The victims of school sexual abuse are often "vulnerable or marginal students" By 1988, prevention programs and materials with regard to school sexual abuse came into vogue.
21. By 1988, prevention programs and materials with regard to school sexual abuse came into vogue.
22. Problems associated with these, however, include emphasizing a simple solution to a complex social problem and contributing to victim blaming”.
23. Multiple studies have demonstrated that "teachers use programs spasmodically and selectively, omitting the essential concepts relating to children's rights".
24. In a private school, responsibility lies with the owner or the governors of the school.
25. Immediate psychological consequences of child sexual abuse like shock, fear, anxiety, guilty. with these psychological irritations, it will become a major barrier to their education.
26. This will effect to the whole future life of the victims.
27. The National Child Protection Authority states that there has been a spike in the number of child abuse and violations in schools of child rights reported in the year 2020.
28. The highest number of complaints have been recorded due to assaults by parents and teachers.
29. Incidents of sexual abuse by fellow learners and teachers who have a legal obligation to protect learners from any form of sexual abuse are serious infringements of learners’ rights to a free and safe environment.
30. Child abuse in schools can take a number of different forms and be sexual,

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physical and/or emotional. Abusers can be:

- a. A person in a position of trust, such as a teacher
- b. Other staff members
- c. Pupils at the school

31. Phenomenon

- a. 750 cases of abuse in Canadian schools were reported between 1997 and 2017, majority of them occurring in public schools.
- b. In March 2000, a cross sectional study of students in the 11th grade of eight higher secondary schools in Goa found that "Coercive sex had been experienced by approximately 6% of adolescents." The pupils affected by this experienced higher rates of substance abuse, poorer academic performance, as well as poor mental and physical health.
- c. In the United States, "roughly 290,000 students experienced some sort of physical sexual abuse by a public school employee from 1991 to 2000—a single decade, compared with the roughly five-decade period examined in the study of Catholic priests."
- d. In Zimbabwe, a 2001 study found that 70% of the time, Sexual intercourse through physical abuse was present by teacher perpetrators in primary schools, with 98% of the victims being females.

CHILD SEXUAL ABUSE IN TRANSPORT

32. After the family, child start to attend school by using different modes of transport.
33. Transport is the first exposure of the society of an individual child.
34. Transportation support is a key element to ensuring school stability for children in out-of-home care, particularly when the out-of-home placement is in a different school district or attendance area than the original educational placement.
35. When you take public transportation, whether a train or a bus, you may not automatically think about gender differences or age differences.
36. But children and women experiences with transport systems differ greatly, particularly when related to their physical security and safety.
37. Having an easy way to report incidents is important. people can report by phone or text or in person to transit staff.

CHILD SEXUAL ABUSE IN CULTURAL AND RELIGIOUS BACKGROUND

38. Culture is non-static and continues to be influenced by other groups, historically in the Caribbean by European culture and tradition, especially British, Spanish and French, while incorporating elements of antecedent African and Indian culture, sometimes morphing into a creole culture loosely combining many of the influences.

39. In certain cultures, children seen as parent assets and child keeping children are considered to be the property of their parents, and this may explain the "Xiao ethics" practice, which prescribes that children should follow their parents without asking questions. In many non-western cultures, this practice is frequent. "Similarly, during a time of tension and "shared parenting" tradition, child holding, a practice of temporarily moving the residence of children to that of relatives, is common in African American communities.

40. Group members take care of an infant born to a teenage mother; these activities do have their benefits; however, there is a clear link between females who live with non-biological parents of child rape. Separation and divorce of parents is a huge factor in CSA, due to the absence of one parent.

41. This is a controversial tradition that is popular in some parts of the world, finding money and cure for illnesses and arranged marriages. Tanzanian women reported in an anecdotal report that traditional witch doctors recommended men seeking riches to have sexual intercourse with virgin girls. By having sex with virgins, this same procedure is applied to the "cure" of acquired immune deficiency syndrome (AIDS).

42. The way children are treated allows other practices popular in South Asia, Africa, the Middle East and Southeast Asia, where girls are given away in marriages without their permission, such as arranged marriages. The implications of this include honor killings in cases where girls object to the desires of their parents. These activities are found in Africa, the Middle East and Asia among people from all socio-economic classes.

43. The consequence of female genital mutilation (FGM) is now felt in many countries due to migration, and victims are also present at mental health facilities in many countries. Acute and persistent complications were present in 86 percent of women with Type 3 genital mutilation in a study of 116 women at an African women's clinic in a specialist center in southeast London.

44. In areas of East and West Africa extending to the sub-Saharan region, from Sudan to Senegal along the Nile valley, from Egypt to East Africa, as well as Malaysia, Yemen, India and Indonesia, female genital mutilation is practiced. Religious rituals, initiation rites to preserve virginity, to attenuate sexual appetite, esthetic reasons and to cure certain illnesses are the reasons given for the continuation of this tradition.

45. Another example of orchestrated violence in which children and teenagers are abused in a ceremonial manner is ritual abuse. In comparison, skeptical journalists and scholars who have argued that most, if not all, claims of ritual abuse are the result of 'moral outrage,' false memories' and community 'hysteria' regarding sexual abuse have strongly contested the existence of ritual abuse.

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46. African and European child trafficking networks have also reported ritual rape. In a qualitative study of 16 victims of ritual abuse, Kempadoo indicated that this helps to legitimize organized abuse activities and considers the practice as a deviant form of religious practice.

47. Sex trade is not unique to any nation or society, but it can be found around the world in many sub-cultures. In several of these nations especially countries where tourism is a major income earner, sexual behaviors that may promote sexual assault are prevalent. It has been suggested in the Caribbean that there is strong evidence of an increasing demand for child sex tourism. It has been stated previously that commercial sex has been an important part of business tourism.

48. Children involved in this trade may claim that they are involved in helping family members in many circumstances and for economic survival. The presence of children and teenagers is often concealed under a false identity in some countries where prostitution is legal.

49. For reasons that include patriarchal ideology, children and adolescents are still subjected to violence, made worse by age-related hierarchies in some cultures, such as Africa and Asia, which may explain under-reporting. As well as interracial marriages, the evolving pattern of child sexual exploitation may be due to migration. In reporting activities, orientation towards a social community, family structure, and adherence to expectations and the question of shame continue to play a major role.

50. The appearance may differ, although it is said that race and ethnicity do not appear to be risk factors in CSA. In order to minimize or eradicate these types of abuses, some of which are intergenerational, a concerted effort through education appears to be a strong solution

**HOW TO EDUCATE CHILDREN AND ADULTS TO PREVENT
CHILD SEXUAL ABUSE.**

51. Even though you can use many methods for this purpose, we should use the most suitable ones because when you are educating a whole society, the message has to be effectively put in to their minds. Considering the whole society, as people are having different levels of knowledge and thinking patterns, we should use the before mentioned methods suiting for all those levels.

52. Along with educating them to how to staying away and preventing from engaging in such false behavior, it is important to mention the aftermath and punishments given to those who engaged in this crime.

53. Here we have to make the adults and children aware of this case but a special program should be hold for the awareness of children. Because they have neither a clear idea about this problem nor the seriousness of this problem.

54. They don't even know the terrible results. Even though the media is separated as electronic and printed, we should inform people through both of these ways and also through the practical knowledge. Posters, magazines, newspapers letters handouts are some of the printed medias we can use. At the same time through demonstrating performances like street dramas, advertising program, we can put a clear idea about the faults and the actions that can be taken for them.

55. Preschool and school-based program are the best way to inform children who are most likely to be the victims of this case. Here the most important thing is not to gather all the students of the school or preschool to one place and just holding a lecture, but to make it to a little group and provide them with some handouts, talk with them to know them in detail, their private life and their experiences.

56. Lecturer should be familiar with the children and make sure they talk and share the real-life experiences. As their parents the lecturer should inform all the factors belong to this problem and the actions that can be taken to get rid of these kinds of situations. As well as, teach them how to behave with strangers when they get to meet or talk with them, what to do, whom to contact if they were taken by a stranger, how to understand people, knowledge and understanding about the environment.

57. These types of program should be done at least once for a month. So, the school counselling system should be developed. Parents also should be informed, how to keep their children safe, whom to contact, beware of surroundings around their house, school and other places that the child might be, always being in touch with the child, if neither of parents are able to be with child at all times, always having a very trustworthy guardian, educate their children, and always try to be with their peers as well.

58. Apart from the traditional methods, electronic and social media are the best ways to inform the society about this issue. Those days most people have addicted for the television, radio and of course the social media. Advertisements are the best way to inform the society. Putting a short and sharp message through an advertisement in most famous radio channels and television dramas is the best way.

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59. This can be done through advertisements. Other than this YouTube and Facebook are the most effective source that this kind of message can be given. Making productive short time videos and launching them to these are the best way to inform people. Through them, we can teach about how the law acts on those who engaged in child abuse, prior incidents and examples, whom to contact and the associated departments, and let society understand how each individual has a role to play in protecting the young ones.

COUNSELING AND REHABILITATION OF VICTIMS OF SEXUAL ABUSE.

60. Sexual abuse happens when someone is forced or pressured into taking part in any type of sexual activity. This includes being forced to have sex (rape), being sent sexual messages/images against the victim's will (sexting) or being touched in a sexual way without the victim's permission (sexual assault).

61. This type of abuse can also involve being forced to have sex with someone in return for money (sexual exploitation), being bullied in a sexual way (sexual harassment) or being forced to take part in ritual abuse (female genital mutilation).

62. If the victim's experienced sexual violence, the victim may feel very alone. But in reality, this is not the case. There are thousands of people who have gone through similar experiences and there is a huge amount of support out there.

63. The most important thing is to speak up and not to suffer in silence.

a. **How being abused can make the victim feel.** Experiencing sexual violence can lead to a number of different emotions. There is no right or wrong way to feel. The victim may experience some (or all) of the following:

(1) **Numb.** The shock and trauma of sexual abuse can make the victim feel numb to it. the victim may find the victim's self-feeling strangely calm, or simply unable to process what has happened.

(2) **Guilty.** The victim may be telling the victim's self that it was the victim's fault, even though it wasn't.

(3) **Angry.** Feeling anger is common, the victim may feel anger at the person who did this to the victim, or even at the victim's self.

(4) **Ashamed.** The victim may feel embarrassed and ashamed about what happened, even though it was not the victim's fault and totally out of the victim's control.

(5) **Depressed.** The victim may lose the victim's enjoyment of life, feeling like there's nothing to look forward to anymore.

(6) **Anxious.** Activities the victim used to do without a second thought may now make the victim feel anxious, like going out alone.

(7) Additionally, sexual abuse or violence can have a profound effect on a survivor's attitude towards sex. the victim may find that the victim has become very conflicted after the event. It is normal for the victim's attitude towards sexual encounters to turn one of two ways:

(a) becoming hyper-sexual.

(b) suffering from sexual anorexia (avoidance).

b. Sexual abuse and motherhood. Pregnancy and birth can be a particularly tricky time for sexual assault and abuse survivors. This is a time when women are usually expected to be full of joy and anticipation, however, survivors can find they experience painful and difficult feelings related to the assaults and abuse.

c. The power of talking. Many people find rape and other forms of sexual abuse difficult to talk about. It's a dark subject that we, as a society, can shy away from. Shying away from subjects like this however only contributes to myths and misinformation about sex abuse. It can also make survivors of sex abuse worried about speaking up. The more we talk about what's happening, and the more we spread messages of support and awareness, the more we can fight against this. By doing this we can also encourage survivors to talk about what happened to them. Research suggests that talking can help express the victim's innermost feelings towards someone else.

d. Looking after the victim's mental health. It's normal for a person's mental health to be affected if the victim is the victim of sexual abuse. It is a traumatizing experience that often requires support to come to terms with. Looking after the victim's mental health is just as important as looking after his/her physical health. For many, speaking to a counsellor helps. Counsellors who help survivors are trained to help with the psychological effects of sexual violence. This may include low confidence levels, anxiety, depression or post-traumatic stress disorder (PTSD). The victim's should be encouraged to speak to a counsellor at any time - even if the victim experienced sexual abuse many years ago. Some people live with the effects of an event that happened in their childhood, especially if they didn't (or couldn't) seek support when it happened. Talking about these effects with a professional can help the victim process past emotions. We need to make sure that the victim feels that he /she is not alone.

e. Treatments Option. First and foremost, the most important point to remember is that anyone can be a counselor to a victim of sexual abuse, especially children. Those people may have not access to qualified counselors so it is of paramount importance that each and every adult know the basics on how to properly provide guidance to a sexual abuse victim.

The counselor also must be prepared for the possibility that clients may disclose their childhood abuse or neglect without being asked about it. Disclosure of past abuse or neglect sometimes happens spontaneously in counseling sessions, without any intentional elicitation from the counselor or preplanning on the part of clients. In some cases, clients believe that the sooner they address the abuse, the sooner they can resolve it. Exposure to the issue in the media may have led others to believe that this is typical, that is, "what they are supposed to do." Still others feel a sense of urgency because they know they are allowed only a limited period of treatment. They may attempt to pressure treatment providers into addressing abuse issues prematurely--before they have adequate coping skills to manage the potential effects of such exploration. However, counselors must maintain appropriate pacing and teach clients to develop skills in self-soothing techniques so they can manage uncomfortable or volatile feelings.

Regardless of how or when clients talk about their abuse histories, the counselor must handle such disclosures with tact and sensitivity. Children who have been abused, especially at a the victiming age by parents or other caretakers, will usually find it difficult to trust adults. When children's first and most fundamental relationship--that between themselves and one or both parents--has been betrayed by physical, emotional, or sexual abuse, they are likely to grow up feeling mistrustful of others and hyper vigilant about the possibility of repeated betrayals. This vigilance is, in many ways, a resilient strength for children, who lack many of the protective resources of adults. The counselor must take care not to tear down this defense prematurely, because to do so may result in discrediting or invalidating the experience of the abuse and in some cases may be perceived as abusive in itself.

Patience and consistency help to reassure clients of the counselor's trustworthiness. Counselors should not assume that they have the clients' confidence simply because a disclosure has been made; with victims of childhood abuse, trust is often gained in small increments over time.

When the treatment does focus on issues of past abuse, the Consensus Panel recommends that the counselor support clients for what they can recall while reassuring them that it is quite normal to have uncertainties or not to remember all of what happened in the past. More important than the accuracy of the memory is the emotional reaction to, and consequences of, the experience; memories over time may be distorted, especially when remembered through the eyes of a child, but the feelings they engender are the most significant aspect of the experience. This last point is especially important because many survivors fear that if they disclose their histories, whomever they tell will deny that it happened. Even if the counselor finds clients' accounts difficult to believe, he can look for and respond to the emotional truth of it.

f. Working from a Position of Supportive Neutrality. Counseling techniques for treating substance abuse in clients with a history of child abuse or neglect include interviewing from a stance of supportive neutrality. By asking, for example, what clients believe was both good and bad about the substance abuse, the counselor explores clients' perspectives and elicits rather than conveys information. The counselor's goal should be to motivate clients to explore their own issues and determine for themselves how the history of abuse relates to their substance abuse. Clients' motivations--for dealing with either abuse or substance abuse--will waver, but that is part of the process. (For more information on motivational techniques.

g. Group Therapy. Although group treatment, including 12-Step programs and group therapy, is generally the treatment of choice for individuals who abuse substances), some individuals with childhood abuse issues may not do well in group settings. They may either find themselves unable to function or else try to undermine the group process to protect themselves from painful issues they would rather not face. This kind of behavior may point to hidden issues that the counselor should explore further. If childhood abuse issues surface during a group session (as they often do), they should not be ignored, nor should clients be discouraged from talking about such issues. However, trauma itself should not be the focus of treatment for a substance abuse disorder.

The length, intensity, and type of treatment may need to be altered for clients if childhood abuse or neglect issues surface during treatment. If possible, clients with these issues should be given the chance to participate in groups that focus on the specific issue of adult survivors

In some cases, the first clue about the possibility of childhood abuse may be that a client is constantly undermining the group process, or the client may simply withdraw, becoming silent or dropping out of the group. Group therapy can be done effectively with this population, but counselors should keep in mind the population and the issues being dealt with and adjust goals accordingly. The group process can be an excellent way to help these individuals begin to address their attachment issues and--in a safe, controlled environment--practice disclosure and providing support to others. Adult survivors who are severely dissociative may have a hard time in any group setting. It is important that these clients are offered a symptom management program in which they can learn to use coping mechanisms other than dissociation.

(1) **Involvement of the Family in Treatment.** When adult survivors of child abuse enter treatment, clients' families may have a significant effect on the way in which treatment progresses. Every family has a unique style or unspoken set of rules that is used to maintain equilibrium in the family system). That equilibrium is thrown off balance by changes occurring with any family member. If one part of the family value or belief system changes, all parts of the system change--which may be threatening to some family members. When an outsider, such as the alcohol and drug counselor, tries to work with the problems presented by the client, the tendency in some families is to close ranks and come together to maintain a sense of equilibrium. The dynamics within abusive families may remain secretive, coercive, and manipulative, even if the actual abuse is no longer happening. Often the resistance of families is a way to protect and avoid disclosure, and abusers may still hold a strongly controlling position, even over the victim-adult and adult children.

When family therapy is agreed on as a useful component of substance abuse treatment, it should only be conducted by a licensed mental health professional with specific training in the area of child abuse and neglect.

(2) **Confronting the history of abuse.** When clients' families become involved in treatment, a decision must be made whether and to what degree the subject of abuse will be discussed. This decision is best made between the client and the counselor outside of family sessions (deciding whether to disclose to anyone outside the therapy relationship is strictly up to the survivor; mandated reporting laws, discussed in would be an exception to this). In dealing with clients' current nuclear families, the counselor should explore with clients the possibility of discussing the past abuse within the context of how it affects the clients' substance abuse and current functioning within the family. In any first-time disclosure of abuse, the counselor must take care not to pressure clients to talk about the abuse with their families before they are ready.

For the counselor to do so would be to reenact the role of the perpetrator.

Enlisting family members to support a client's treatment may have a positive impact on recovery. In some cases, (e.g., when the perpetrator of the abuse is still present in the family), a team review should take place to decide whether to include the family. The team must take into account the client's comfort level and readiness for involving family, as well as her progress thus far in treatment for both substances abuse and mental health issues and any mandatory reporting guidelines that might apply. Counselors should be very cautious about discussing child abuse issues with family members while the client is still in treatment for substance abuse. Such confrontation may not be considered therapeutic or essential for every client.

A number of problems are associated with accusing family members of abuse of their adult children. One risk is that the accusation will be denied, or the client will be blamed for the abuse, provoking intense emotions and possible relapse. Another problem is political and legal; there has been a strong reaction to accusations of childhood abuse by adults molested as children. Counselors have been accused and sometimes sued for implanting false memories as well as subjecting family members to unexpected accusations when they thought they were going into family therapy in support of their recovering son, daughter, or sibling. This is an unfortunate turn of events for counselors who believe clients and see dealing with these issues as important for recovery. In many cases, mediation is an effective option, but it is not possible with some families.

(3) Respect for Cultural Norms. The counselor is in the delicate position of trying to gain the cooperation of families and engage clients in a way that does not threaten the family balance. A lack of understanding of clients' culture and specifically the family norms of that culture may hinder this process. In some cultures, someone outside the family may be viewed with distrust and her assistance is considered as interference. Or, in some cultures, calling the father by his first name may violate his authority and alienate him from the treatment process. Being aware of cultural norms that can influence the situation helps the counselor better understand clients and create a framework in which effective therapy can take place.

h. Mental Health Treatment Services. Treatment planning for clients with childhood abuse should be a dynamic process that can change as new information is uncovered, taking into account where clients are in the treatment process when the history of abuse is disclosed. What is known by both counselor and clients at the beginning of treatment is often different from what is learned later, as clients' capacity for coherence and clear thinking improves. Clients newly admitted to treatment who have not yet achieved abstinence are not likely to think clearly, to process or synthesize information, or to engage in meaningful self-reflection. Confronting abuse issues at such an early point in treatment may lead to escalation of substance use.

The counselor should prepare clients for mental health treatment by helping

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them realize

- That their history of child abuse or neglect may have contributed to some of their errors in thinking and decision making.
- That they may have medicated themselves with substances in order not to deal with their feelings.
- That they are not alone and resources are available to help them, and
- They can learn better ways to cope and live a happier life.

Regardless of when abuse issues arise in treatment, the counselor should gather information from clients to identify the referral sources that will be most appropriate and helpful. This information helps treatment staff as well, because past abuse may influence a person's chances of recovery and progress through treatment.

Decisions of when and where to refer will vary depending on the availability of local services. When those services are limited or nonexistent, treatment providers may have to be creative. Asking clients about possible sources of support--such as those they may have turned to in the past when this issue arose--may turn up resources such as clergy, teachers, or others in the community.

RULES AND REGULATIONS AGAINST SEXUAL ABUSE

64. The World Health Organization (WHO) identifies Child Sexual Abuse (CSA) as “the involvement of a child in sexual activity that he or she does not fully comprehend”, is no able to give consent to, or for which the child is not prepared and not able to give consent, or that violates the laws or taboos of society. According to a survey, 90% of people sexually abused by children are known by those children or are the people whom the children trust.

65. In Sri Lanka, even by the latter part of the of the last century, child sexual abuse was hardly acknowledged, and, sexual acts happen between a boy child and an adult was termed homosexuality even victims of abuse were considered as criminals (de Silva, 2001a). Sexual acts between young school boys and teachers, sports coaches and hostel masters was (and is) not a secret in many schools, it was not discussed openly (de Silva, 2001a). Up to today, there are those who are "justify" sexual abuse of boys in Sri Lanka by saying that "boys do not get pregnant" or "ships do not leave tracks on water," without any understanding of the long term psychological effects of abuse on young minds.

a. National Child Protection Authority. The Sri Lankan Government’s against sexual abusing of children commitment to child protection was recognized after the initiation of a Presidential Task Force on Child Protection in December 1996. Presidential Task Force on Child recommended many legal amendments pertaining to child protection which was subsequently enacted and are now in acting. One of the valuable recommendations of this group was the initiation of a National Child Protection Authority (NCPA). The NCPA bill was presented in the parliament of Sri Lanka and passed unanimously in November 1998. It was registered in January 1999 and the Board was named in June 1999. The NCPA reports directly to the President of Sri Lanka and is thus, not under ministerial body or minister. This simplifies the initiatives of the NCPA as the head of the board and the Board has the power to directly discuss matters relating to child protection and abuse with the president of the Sri Lanka rather than having to go through a ministry or a minister.

This saves time, money and any political difficulties may occur. “The multi-disciplinary Board of the NCPA is composed of a senior police officer (at a deputy inspector general level), a senior lawyer from the Attorney General's Department, psychologists, pediatricians, forensic pathologists, psychiatrists and several others personals associated with child protection efforts including members from Non-Governmental Organizations (NGO’s). Ex-official members consist of the Commissioner of Labor, the Commissioner of Probation and Child Care Services, the Chairman of the Monitoring Committee on the Convention of the Rights of the Child. Senior officers from the Ministries of Justice, Education, Social Services, Defense, Women's Affairs, Health, Labor, Tourism and Media. The Board and the ex-official members of the NCPA meet monthly and is mostly concerned about discussing policy matters and activities related to child abuse and its prevention. For examples, discussion about the legal age of marriage of Muslim girls, what they could do to improving the lives of street children and improving the facilities at residential homes are some of the issues that are being debated by the Board (NCPA, 2001a).

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66. The mandate of the NCPA includes a broad range of objectives and duties. These include (NCPA, 2001b):

- (1) Advising the government on national policy and measures about the prevention of child abuse and the protection of children in need.
- (2) Consulting and coordinating with relevant ministries, local authorities, public and private sector organizations and recommending measures for the prevention of child abuse and protection of victims.
- (3) Recommending legal, administrative and other reforms for the effective implementation of national policy on child protection.
- (4) Monitoring the processing of the law, the progress of all proceedings in cases of child abuse.
- (5) Updating a national database on child abuse.
- (6) Recommending measures in relation to protection, rehabilitation and reintegration into society of children affected by the armed conflict.
- (7) Taking appropriate steps for the safety and protection of children in problems with the law and taking necessary action regarding juvenile offenders.
- (8) Taking complaints from the public relating to child abuse.
- (9) Aware people about of the right of the child to be protected from child abuse.
- (10) Giving advices and assisting local law enforcement, organizations and NGO's to co-ordinate campaigns against child abuse.
- (11) Co-coordinating, promoting and conducting research on child abuse.
- (12) Organizing and facilitating workshops and seminars on child abuse and its prevention.
- (13) Co-coordinating and assisting the tourist industry to prevent child abuse.
- (14) Monitoring organizations providing care for children Serving as liaison to and exchanging information with foreign governments and international organizations pertaining to networks of child abuse.

67. Thus, the National Children Protection Authority is the main national and governmental organization in land that is associated with the protection and well-being of the sexually abused children. Because the NCPA is directly beneath the scope of the president of the country, it's expected that this is able to guarantee most co-operation and collaboration between relevant governmental authorities providing varied services to the sexually abused kid.

68. A five-year plan of the NCPA was initiated in May 2001, in order to process activities that need to be focused on during these crucial years of its inception. This five-year plan (NCPA, 2001c) consists of three main areas, namely:

- (1) Prevention of child abuse.
- (2) Protection of children.
- (3) Rehabilitation & reintegration of services for the abused child.

b. Recommendations and limitations Children who have been sexually abused require services that are appropriate for her/his age, nature, extent, and scope of abuse. In caring for such a child, there needs to be a multi-disciplinary approach. At times, impeccable principles are very difficult to implement. In Sri Lanka, the process regarding health, law and social services seem to be not coordinated and the system has lost the focus of taking the initiative for caring for the abused children and children in need. The agencies and professionals who are related in the care of the children tend to function individually and seem content in handling only their responsibility of the job, rather than trying to coordinate with everyone else and supply a joint service. A coordinated service like that would involve a maximum and punctual functioning of the justice system and the social services system. The of an overall coordinator would be very useful in providing such a coordinated services and So, in encounter the problem of people work in isolation. This personal should be invested with the responsible authorities to decide on the entire care plans of those children under his/her care, in consultation with the children, her parents and related professionals.

CONCLUSION

69. Child sexual abuse also called child molestation could be a form of child manhandle in which an adult or adolescent uses a child for sexual simulation. Forms of child sexual abuse include engaging in sexual activities with a child by asking or pressuring or by the means incident, indecent exposure of the genitals, child grooming and child sexual exploitation including using a child to produce child pornography.

70. Child sexual abuse has been corrected with higher levels of depression and also it consists with guilty, shame, self-blame, anxiety, sexual problems and relationship problems. In some cases, this can even lead to Sexual Transmitted Diseases (STD). The worst result is than some cases extended up to commit suicide. Each day more than five children die as a result of abuse or neglect. On average, a child abuse report is made every 10 seconds for a total of approximately 3.3 million child abuse reports annually.

71. Adults must take the forward actions needed to prevent child sexual abuse. They are capable for guaranteeing that all children have secure, steady, supporting connections and situations resources for child sexual abuse have mostly focused on treatment for victims and criminal justice-oriented approaches for preparations. But while these efforts are important after problem has occurred.

72. Little investment has been made in primary prevention or preventing child sexual abuse before it occurs. Organizations should take several steps to effectively implement child sexual abuse prevention strategies.

73. Over the course of time, numerous prevention programs for the protection of minors form sexual abuse have been developed. These programs show that in most cases it is not sufficient to educate minors in order to prevent this problem.

74. The priority and task is to create and thereby eradicate such disorders that are giving them the mental and physical development they needed.

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