

# **Psychological Counseling**

## **– An Overview**

*By*

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## Rule 4(2)(e) POCSO

- *Where an SJPU or the local police receives any information under sub-section (1) of **section 19** of the Act, they must inform the child and his/her parent or guardian or other person in whom the child has trust and confidence of the availability of support services including **counseling**, and assist them in contacting the persons who are responsible for providing these services and relief*

## Rule 5(4)(v) POCSO

- *Wherever necessary, a referral or consultation for **mental** or **psychological** health or other **counseling** should be made by the medical professional rendering emergency medical care to the child.*

# Role of Counselors

- To understand the child's **physical** and **emotional** state
- To **resolve** trauma and **foster** healing and growth
- To **hear child's version** of the circumstances leading to the concern
- To **respond** appropriately to the child when in **crisis**

# Role of Counselors

- To provide **counseling, support**, and group-based programs to children referred to them
- To improve and enhance the child's overall **personal and social development**, and his/her **health and wellbeing**
- To **facilitate the reintegration** of the child into his/her family/ community

# Why a child may not disclose abuse

- He/she is embarrassed
- He/ she does not know if what is happening to them is normal or not
- He/ she does not have the words to speak out
- The abuser is a known person and the child does not want to get them in trouble
- The abuser told the child to keep it a secret
- The child is afraid that no one will believe him/ her
- The abuser bribes or threatens the child
- He/ she thinks you already know

# Behavioral indicators for Abuse

- Abrupt changes in behavior such as self harm, talks of suicide or attempt to suicide, poor impulse control etc.
- Reluctance to go home.
- Sexualized behavior or acting out sexually.
- Low self-esteem.
- Wearing many layers of clothing regardless of the weather.

# Behavioral indicators for Abuse

- Recurrent nightmares or disturbed sleep patterns and fear of the dark.
- Regression to more infantile behaviour like bed-wetting, thumb-sucking or excessive crying.
- Poor peer relationships.
- Eating disturbances.
- Negative coping skills, such as substance abuse and/or self-harm.

# Behavioral indicators for Abuse

- An increase in irritability or temper tantrums.
- Fears of a particular person or object.
- Aggression towards others.
- Poor school performance.
- Knowing more about sexual behavior than is expected of a child of that age:

# Behavioral indicators for Abuse

- child may hate own genitals or demand privacy in an aggressive manner.
- child may think of all relationships in a sexual manner.
- child may dislike being his/her own gender.
- child may use inappropriate language continuously in his or her vocabulary or may use socially unacceptable slang.
- child may carry out sexualised play (simulating sex with other children).
- Unwarranted curiosity towards sexual act like visiting adult sites or watching adult images or content.

# **Physical indicators** for Abuse

- Sexually transmitted diseases
- Pregnancy
- Complaints of pain or itching in the genital area
- Difficulty in walking or sitting
- Repeated unusual injuries
- Pain during defecation/micturition
- Frequent fungal infections

# Short term effects of CSA

- Feeling of powerlessness
- Anger
- Anxiety
- Fear
- Phobias
- Nightmares
- Difficulty concentrating
- Flashbacks of the events
- Fear of confronting the offender
- Loss of self esteem and confidence
- Feelings of guilt

# Long term effects of CSA

- PTSD and anxiety
- Depression and thoughts of suicide
- Sexual anxiety and disorders, including having too many or unsafe sexual partners
- Difficulty setting safe limits with others (e.g., saying no to people) and relationship problems
- Poor body image and low self-esteem
- Unhealthy behaviors, such as alcohol, drugs, self-harm, or eating problems. These behaviors are often used to try to hide painful emotions related to the abuse
- Issues in maintaining relationships

# Responding to CSA.....

- Establish a trusting relationship with the child
- Explain the purpose of counseling
- Try not to be intimidating, authoritarian or too patronizing
- Children often lack the vocabulary to discuss sexual acts

# Responding to CSA.....

- **Believe** him or her.
- Don't be emotionally overwhelmed
- Do not **interrogate** the child.
- **Reassure** the child that the abuse **is not their fault**.
- Do not make **promises you can't keep**
- **Believing** and **Supporting** the child are two of the best actions to start the healing process

# Responding to CSA.....

- **Facilitating** the child to talk about abuse
- **Rapport Building**
- **Working on the feelings** of the child
- **Psychological Education** on safe and unsafe touches, feelings, thoughts and behavior, safer coping techniques
- Helping the child to understand the abuse was **not their fault**

# Responding to CSA.....

- Helping the child to develop of or regain their self-confidence
- Provide sex education
- Encourage appropriate social behavior
- Help the child to identify people who can form a supportive social environment around him or her.

# Counseling for Families

- Abuse – **most difficult challenge** – parent's life
- Denial, anger, betrayal, confusion, disbelief
- **Self blame**, did not protect
- Why disclosure was **not to them**?
- Insomnia, change of appetite
- **Conflicting emotions** – offender is friend, family
- **Breaking relationships**
- **Betrayal feelings** for child, parent- if trivialized

# Counseling for **Families**

- Care of themselves -physically/emotionally
- Demonstrate to child – life beyond that abuse
- Allow child to **carry out normally**

# Protecting the Child from further harm

- Prevent further Contact with offender
- Do not talk to offender in front of child
- Believe the child, support, reassurance
- Respect child's privacy – not informing everyone

# Protecting the Child from further harm

- Safety skills – good touch – bad touch
- Tell their feelings to some one they trust
- NO – GO - TELL

**You have the right to feel  
SAFE all the time**

**Your body is special and  
belongs only to you**

**Whenever you feel that it is  
UNSAFE TOUCHING**

**Smart ways to protect  
yourself are**

**Say NO, Don't or STOP it**



# Scream and let others know



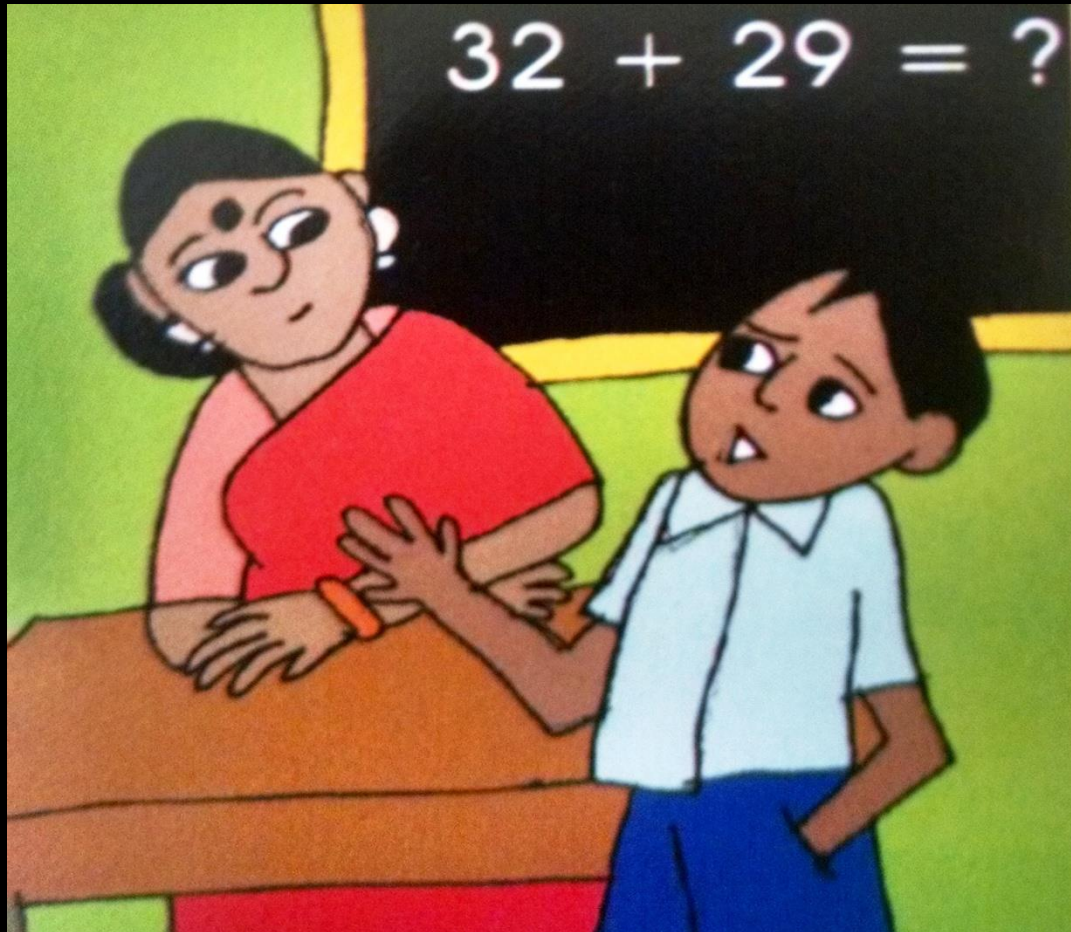
# Push the person away



# Get away from the person



**Tell a trusted adult,  
who will listen and help you  
for example – Parent, Teacher, or Friend**



# CHILD LINE

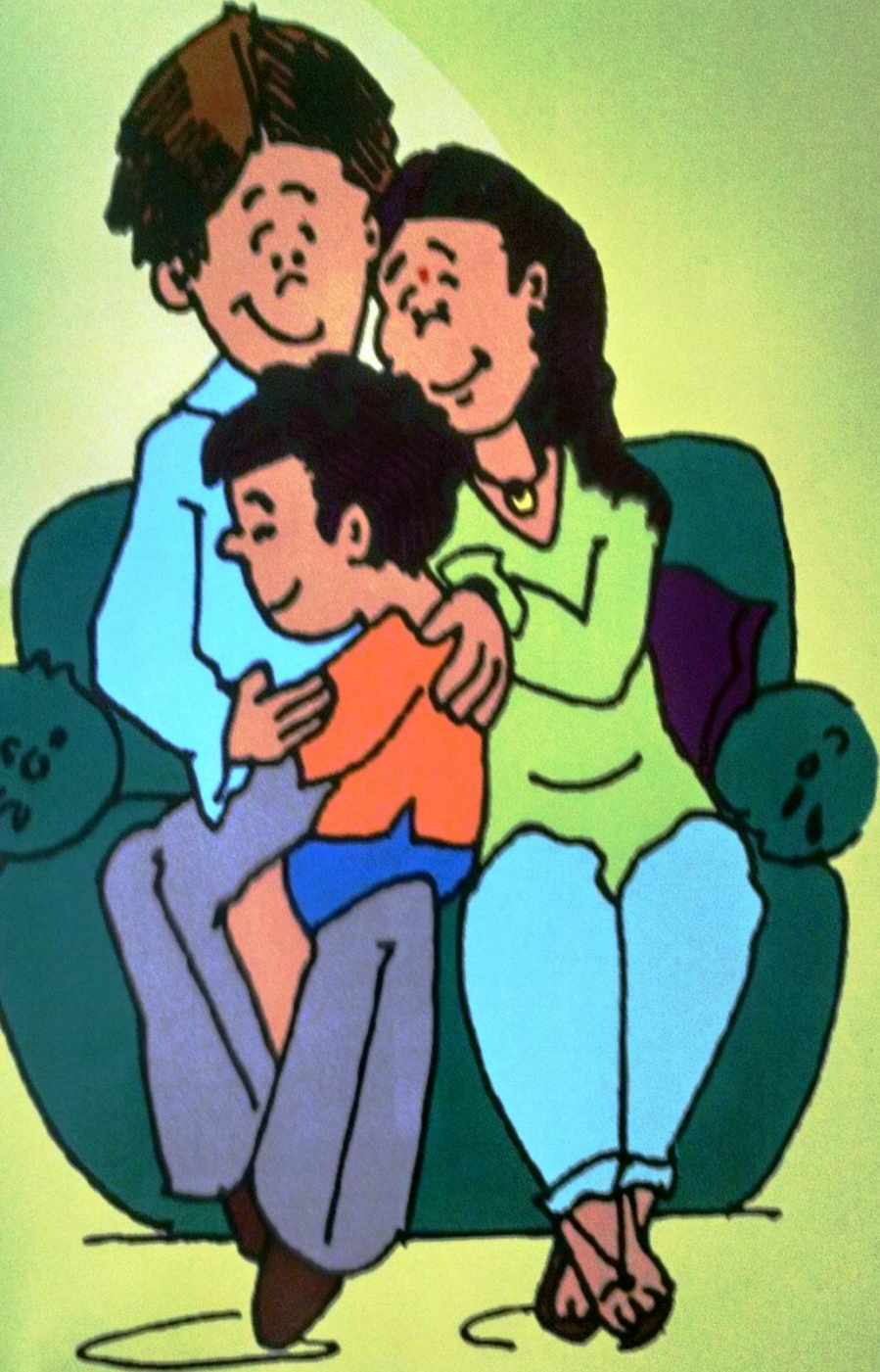
- Call **1098**
- Easy to remember 10 -9-8



# Be **Smart** Online to keep safe Offline

- **S** - SPARSE
- **M** - MEETING
- **A** - ACCEPT
- **R** - RELIABILITY
- **T** - TALK





**Be Smart  
Be Safe  
Be Happy**