Introduction
It is very unfortunate to see that those who are supposed to take care of the children are misusing them for their own gratification, which means sexual abuse. The child sexual abuse is widespread public threat and happens in every second in nook and corner of the world mostly unreported. It becomes a night mare for parents and children. It affects not only the childhood but has effects throughout their life exhibiting a range of worse health conditions ranging from depression to suicidal tendencies. The prevalence of child sex abuse globally is 19.7% of female victims and 7.9% of male victims. The highest prevalence is reported in Africa (34.4%), Asia (23.9) and the lowest is in Europe (9.2%).1 It is very shocking to see that approximately 30% of sex offenders are relatives of children including fathers, brothers, uncles or cousins; 60% of them are friends of the family and only 10% of them are strangers to the children.2

Here, the health care providers play a vital role as a professional and a member of community. The helping hands of the health care providers reach all over the realms of the society, through clinical side, school health and public/community health. The health care providers can have an important role to identify the victims and sexual offenders, address the issue by with educating the public regarding the prevention of child sexual abuse. But, the lack of knowledge regarding the legal part of addressing issue and lack of skills to take care of a victim, forces them to keep quiet at times. Nonetheless, the author attempts to develop and utilize a Prevention of Child Sexual Abuse Model (PCSA Model) to address the issue focusing on primary, secondary and tertiary prevention, to fight the fear of children.

A conceptual model is developed with different concepts and shows the relationship between them. It is a visual representation of reality, used to help people to understand a subject given in the model. The Prevention of Child Sexual Abuse Model (PCSA Model) is a domain model, a type of conceptual model, depicted using cross sectional flow chart. The PCSA model divides into three swim lanes named 3As- Assessment, Action and Awareness. It helps the health care providers in identifying the victim, refer them for care, protect them, follow up and giving awareness with the multidisciplinary approach through the levels of primary, secondary and tertiary prevention, to fight the fear of children.

A flow chart is a diagram that portrays a process, showing the steps to follow with an indication of ‘start’ and ‘end’. They are connected with one directional arrow. The cross sectional flow chart divides into different swim lanes, to represent various units. A swim lane is an element to distinguish sub process under the units visually and can be arranged in vertical or horizontal. In the Prevention of Child Sexual Abuse Model (PCSA Model) 2015, three swim lanes are arranged in cross-sectional manner named 3As- Assess, Action and Awareness. In Action swim lane, three sub-processes are named as Pre action, Action and Post action.

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Assess- The domain ‘assess’ indicates the extent of judgment of a nature of an individual or situation. It mainly focuses on Watch, Identify, Ask and Questioning.

Watch- It is extremely important for the health care providers who are working in clinical side, schools and community to be aware of early indicators of abuse and how it may be manifested. Watch the children, their behavior, relationship with parents and their social environment carefully.

Identify - The health care providers should be able to identify whether the child is trapped or not. The factors which catalyze the sex abuse has been divided into inter impulses, intra impulses and weak resistance by the child.

Intra impulses:
The factors within the individual which makes the person to utilize a child for sexual gratification is called as inter impulses. The main aim of health care providers is to de-motivate the person from involving in child sexual abuse. To arrest this, the health care providers can use counseling, behavior therapy and punishment as primary prevention strategies. The counseling program with the sex offenders must aim to making them responsible for their own actions, able to control and monitor their behavior. The cognitive Behavior Therapy is the preferred mode of treatment for sex offenders according to the Association for the Treatment of Sexual Abusers (ATSA, 2001). The main aim of intervention is to restructure the cognition, which means challenging cognitive distortions and reduce the risk of reoffending. The creation of awareness regarding punishment among sex offenders through public education programs and media is also a useful method to control their inter impulses towards the children.

Inter impulses:
These impulses are stimulated in the presence of child physically, which means between the sex offender and a child because of opportunity and privacy. To prevent this, sex offenders should not get an opportunity to do such activities by invading privacy or presence of a third person. The health care providers should educate the mothers to supervise the child round the clock.

Weak resistance of child:
The sex offenders always target the vulnerable children who resist very little to being sexually abused. As part of primary prevention programs, the health care providers should educate the children about ‘bad touch’ and ‘good touch’. Likewise, it is very essential to reinforce mothers to be friendly with them and encourage them to report daily events. The ‘identify’ in diamond box indicates to take a decision by the health care providers about the direction of movement. Identify the child who:

* exhibits sudden change of behavior.
* becomes violent often.
* has not sought medical help or has not brought into parent’s attention.
* does poor academic performance.
* comes to class late or too early.
* doesn’t want to go home.
* isolates by own from friends and parents.

If not, watch the child continuously. If yes, the health care providers have to move on to next step.

Ask- The health care providers have to be very vigilant to apply skills of communication. Talk to the child every day calmly. If child doesn’t want to disclose, give time and ask gently. The child will respond when she/he becomes comfortable.

Questioning- Provide privacy. Question the child in detail about the day, the perpetrator and relationship with the child, the place, date, time, duration, what the perpetrator has done and has to be recorded.

Before moving into action stage, the health care providers do not get alarmed. The health care providers have to decide about the case whether it is suspected or not. If ‘no’, watch the child continuously. If ‘yes’, move on to action stage.

Action- It divides into three main sub processes.
* Pre action- Collect evidence
* Action-Reporting
* Post action- Rehabilitation and follow up

Pre action- Collect evidence
It is a very crucial stage for the health care providers to determine the integrity of claims. For example, a person who was falsely accused in a child sexual abuse might sue the false victim and the health care providers for the defamation of character. A multidisciplinary approach is the best method in dealing the child sex abuse case through proper investigation, access to medical facility; punish the offenders and holding the family and victim throughout the period. When the community based workers identify a child with abuse, help the parents or guardian to make complaint to Special Juvenile Police Unit (SJP) or local police.

* Admit the child to local hospital within 24 hours
* Report the matter to the Child Welfare Committee

The community based workers have to gather the evidence through history and taking the child to medical professionals to estimate the extent of child sexual abuse through medical examination. The health care providers can collect the evidence through

* history taking
* record any injury on body including any fractures, trauma related to head or genital region
Medical examination should be conducted in the presence of the parent or guardian in whom the child has trust. For a girl child, it is conducted by a woman doctor.

- retrieval of perpetrator’s DNA from body fluids or child’s clothing
- evaluate the need for screening and treatment of sexually transmitted infections

**Action-Reporting**

Reporting in PCSA model mainly focuses on secondary prevention. In every community have its own laws to report similar issues. It is very essential for the health care providers to be aware about the legal procedure to address the issue. If any community without such laws addressing this issue, the health care providers need to decide about the most effective action to protect the children from child sex abuse. To ensure an effective multidisciplinary approach; media, law enforcing and law practicing professionals should be aware about the specific responsibilities related to child sex abuse.

Law enforcing professionals have to keep the child’s interest as first priority. They can conduct the investigation by interviewing the child in the presence of parents or guardian in whom the child is comfortable and gathering the evidence. In some communities, the legislation allows the law enforcing professionals to do the statement recording at the residence of the child, provide frequent breaks, not allowed to detain the child in the police station overnight and not permitted to question the child aggressively.

The law practicing professionals act as a liaison for the child’s case between the victim and justice. Assist the family in the court proceedings and help them to access available community resources. They fight for the justice by punishing the culprit and avail appropriate compensation for the family. It is also important for the media professionals to address the issue by maintaining the integrity of the information and not revealing the identity of the victim and family to alert the public.

**Post action- Rehabilitation and follow up**

Post action in PCSA model focuses on tertiary prevention. The health care providers help the child and family to get into daily routine life after the catastrophic event. If necessary, help the child to seek medical help and evaluate the need of screening and treatment of sexually transmitted infections. In some cases, psychological follow up is needed to heal them by referring them to rehabilitation team.

Rehabilitation team consists of mental health professionals, psychologists and social workers, mainly aiming at parent education and child sexual abuse prevention programs through home visiting. A cognitive based behavioral treatment is necessary for post traumatic stress reactions. They can imply individual or group therapy including play therapy as part of diversional therapy. A school professional team consists of administrators; teachers and counselors can help the victims to overcome the barriers through counseling, monitoring and supervision. It is very essential to maintain
the confidentiality of the case, meanwhile cooperate with the investigators and family in proceedings. Provide crisis intervention programs during emotional distress and focus on behavioral and academic progress.

**Awareness**
The health care providers plan an educational program based on the needs of the public in the hospital setting or in the community. After such a catastrophic event, the alerted public would be in the need of guidance through an awareness program. This is the best time for the health care providers to implement the strategies of Information, Education and Communication (IEC) to equip them to prevent further disaster in the society. The purpose of Information, Education and Communication (IEC) is to bring a safe environment for the children by increasing awareness, knowledge through changing attitude and behavior of individuals, families and communities. The first and foremost step to protect the children from abuse and neglect is educating the people who brought them into the life. Responsible parenting through education and awareness is the best tools to save the children from the tentacles of the sexual predators.

It mainly focuses on health education to increase knowledge regarding child sexual abuse among public to promote identification of abuse. It is also necessary to develop a supportive and comfortable environment for easy legal access in seeking of justice.

**Conclusion**
The health care providers can play an important role in welfare of the children. The Prevention of Child Sexual Abuse Model (PCSA Model) ,2015 helps the health care providers to identify the victim, refer them for care, protect them, follow up and giving awareness with the multidisciplinary approach through the levels of primary, secondary and tertiary prevention.

**Conflict of Interest:** Nil

**References**


