

# Preventing Child Sexual Abuse: A Survey Report with Insights & Solutions

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Recognise | Prevent | Protect



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# Acknowledgement and Thanks

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THOHF would also like to thank the following individuals and organisations for their contributions in making this online survey possible. Foram Mehta-BOLA, for co-designing the questionnaire, Geethika Kodukala- Data Analyst and co-author for the report, The Silver Kick Company and Shabana Feroze for creative design support on the survey, THOHF team members Pranav Joshi & Chandni Shiyal, and 'She Creates Change Community' member Meru Vashisht, for their valuable inputs.

Most importantly, a heartfelt gratitude to all the participants of this survey, who put aside their reservations and personal fears to make this study possible. Your invaluable recommendations on solutions to prevent Child Sexual Abuse (CSA hereafter) will help initiate better preventive mechanisms against CSA.



Personal safety training, Sai Dham School, Haryana

# About The Hands of Hope Foundation (THOHF)

The Hands of Hope Foundation (THOHF) is a survivor-led organisation, which began in 2015 by a filmmaker whose debut film on CSA laid the foundation to educate society and empower children.

In the last five years, THOHF successfully executed numerous creative campaigns digitally, and on the ground. These campaigns became instrumental in changing societal views on CSA, especially in the context of Male CSA.

Our sole mission is to help children recognize, prevent, and be protected from any form of sexual violence through education and awareness. We believe in using every adult's partnership and strength in our mission. Our goal is to build an empathetic society by engaging influencers, legal systems, health care providers and mental health practitioners.



CSA workshop with girls, Mumbai

# Introduction

***"It takes a 100 years for a child to forget a bad touch".***

This distressing observation by Indian pediatric surgeon, Dr. Swaminathan, at an event to stop Female Genital Cutting (FGC) in Mumbai last year, paints a grim picture of the fate of many CSA survivors, who face a lifelong struggle of coming to terms with their abuse. CSA is a silent pandemic with repercussions so pervasive that it can have lifelong implications on the physical and mental well-being of an individual, impacting every aspect of their professional and personal life.

## Definition of Child Sexual Abuse (CSA):

The World Health Organisation (WHO) defines CSA as:

***The involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility or trust or power over the victim. It includes incest which involves abuse by a family member or close relative. Sexual abuse involves the intent to gratify or satisfy the needs of the perpetrator or another third party including that of seeking power over the child. Adolescents may also experience sexual abuse at the hands of their peers, including in the context of dating or intimate relationships. Three types of child sexual abuse are often distinguished as (i) non-contact sexual abuse (e.g. threats of sexual abuse, verbal sexual harassment, sexual solicitation, indecent exposure, exposing the child to pornography); (ii) contact sexual abuse involving sexual intercourse (i.e. sexual assault or rape); and (iii) contact sexual abuse excluding sexual intercourse but involving other acts such as inappropriate touching, fondling and kissing. Child sexual abuse is often carried out without physical force, but rather with manipulation (e.g. psychological, emotional or material). It may occur on a frequent basis over weeks or even years, as repeated episodes that become more invasive over time, and it can also occur on a single occasion. (WHO, 1999)***

# Child Sexual Abuse in India

The Women and Child Development (WCD) Ministry's last pan India National Study on CSA, done in 2007, revealed that **53.22%** of all children in India experience one or more forms of sexual abuse, out of which **more than half are boys. 1 in 2** Indian children are sexually abused. **47% of girls** and **53% boys** are sexually abused (Kacker, Varadan & Kumar, 2007).

According to the data by the **National Crime Record Bureau (NCRB) report 2018**, as many as **109** children were sexually abused every day in India in 2018; a **22 percent jump** in such cases from 2017.

The data also revealed that **32,608** cases were reported in **2017**, while **39,827** cases were reported in **2018** under the Protection of Children from Sexual Offences Act (POCSO).

**Maharashtra** recorded the **highest number of child rapes in 2018** at **2,832** followed by **Uttar Pradesh at 2023** and **Tamil Nadu at 1457**.

As per the NCRB data, years **2008-2018**, saw a shocking increase of **over six times** in the overall crimes against children as it rose from **22,500** cases recorded in 2008 to **1,41,764** cases in 2018.

As many as **781** cases of use of child for pornography or storing child pornography material was also recorded in **2018, more than double of 2017** when **331** such cases were recorded. (Press Trust of India, 2020)

In 2017, as part of the first ever photo-campaign on Male CSA, THOHF also conducted the first ever online-survey on Male CSA.

The findings were presented to the National Commission for Protection of Child Rights (NCPCR) who studied the preliminary research, which included 160 male survivors of sexual abuse from across the country. The study revealed a possible correlation between unresolved sexual trauma on boys and increasing violence on women and children.

Based on this study, the NCPCR invited THOHF's founder Insia Dariwala, to conduct a larger study (currently pending) on male survivors of CSA, starting with observation homes and special-needs homes. Her online study also led to an unanimous decision from WCD Ministry and NCPCR, announcing an amendment to the existing scheme for the victims of CSA to also include compensation for boys who have been sexually abused or raped. (See References, news link below Press Trust of India, 2018)



CSA workshop with boys, Mumbai

# Lockdown on Child Sexual Abuse (CSA)

On May 23rd, 2020 we launched a first-of-its-kind social media campaign, 'Lockdown On CSA', which marked a historic moment when, for the first time, members of the Indian film industry collectively supported an online campaign to fight CSA. This was done by contributing messages and pledges that were broadcast on social media over ten weeks.



The campaign went on to reach an unprecedented number of **8,22,500 people in just ten weeks.**

The campaign took a multi-pronged approach by focusing both on creating awareness, and engaging the society to become a part of the solution through the online survey. The survey also invited responses about people's history of CSA. Three hundred and forty people responded to the survey. The respondents were from India and Indians living abroad (Kenya, USA, Canada, England, etc.).

# Key Objectives of the Study

- To collect recommendations from the general public on what can keep children safe from sexual abuse.
- To examine the physical and emotional reactions post-abuse, as an adult and as a child.
- To examine the perceived barriers in disclosing the experience to a trusted adult - when the survivor is a child.

## Key Findings

- Half of the survey respondents experienced CSA (n = 167).
- The average age of the respondents is 38.5 years (SD = 13.3 years).
- Three-fourths of the sample were female (n= 193), among whom half experienced CSA. Out of the 67 males who responded to the survey, 1 in 3 said they experienced CSA as children.
- Half of the children experienced CSA between the ages of 10-15 years.
- The three most common forms of CSA experienced by the participants were:
  - a) Groping or touching breasts/genitals.
  - b) Sexual assault/penetration.
  - c) Oral sex.
- When broken down by the gender of the child, 94% of the girls were abused by men, 4% were abused by women and 2% were abused by both men and women. As for boys, 78% were abused by men, 17% were abused by women, and 4% were abused by both men and women.
- The most frequently reported location of abuse was the child's home, followed by a neighbor's home or areas around the neighborhood that may be deserted.

- For girls, the top three locations of abuse reported were home, the neighborhood and the street.
- For boys, the top three locations of abuse reported were the neighborhood, the school, and home.
- Extended family (uncles, aunts, cousins), followed by neighbors and then strangers, were the top three classes of perpetrators. These varied by gender of the child.
- 6% of the abusers were close family members; fathers, brothers and sisters.
- Only three in 12 survivors said that they told an adult about their abuse when they were children, most commonly to a parent or a friend. Nine in 12 survivors said they spoke to someone about it as adults, most often to friends/colleagues and partners.
- Among children and adults, a higher proportion of women (girls) reported disclosing the abuse than the men (boys) did.
- The most common reason that was cited for not disclosing the abuse to an adult was confusion. The second most common was fear.
- The most commonly experienced emotions post-CSA, as a child, were confusion and anger.
- The most commonly experienced physical experiences post-CSA, as a child, were sleeping disorders, nightmares and involuntary sexual arousal.
- Around 5% of the respondents recollected needing medical help after the CSA.
- In around two out of 100 cases of CSA, a report was filed with the police, while slightly more than three in 100 of the adults reported their experience of abuse to the police as adults.
- Among those who experienced abuse as children, one in 10 reported that they now have trust issues, suffer from low self-esteem, loneliness and anger.



# Top Solution Recommendations from Participants

- Creating mass awareness on CSA through impactful digital media of films, television, social media, posters and public service announcements.
- Educating children and adults to recognize and prevent CSA.
- Self-defense training for children.
- A better and holistic legal system.

## Methodology

- The answers for the online survey were collected using convenience sampling. A link to the survey questionnaire was shared among CSA survivor support groups, various WhatsApp groups and on social media.
- CSA was defined as any of the following actions: touching/fondling of the genitals, sexual penetration, oral sex, forceful masturbation, pornography, sexual assault, or all of the above. There was also an option to fill in other experiences.
- After removing minors and invalid data, the final sample had 303 people. Identifiable characteristics like names were deleted before any analysis.
- After data was collected in Google Forms, it was exported to Microsoft Excel and SAS™ software for qualitative and quantitative analysis.
- All the responses were open coded into major categories and those that were a significantly small proportion were combined into a category called 'Other'.
- To represent the data visually, pie charts or bar graphs were made for each question.
- The average age of the respondents was 38.2 years (SD = 13.3 years).
- The age of the respondents ranged from 18 to 70. We didn't have the gender information for 14% of the sample. Among those with gender information, a majority were female (74.2% of the sample).

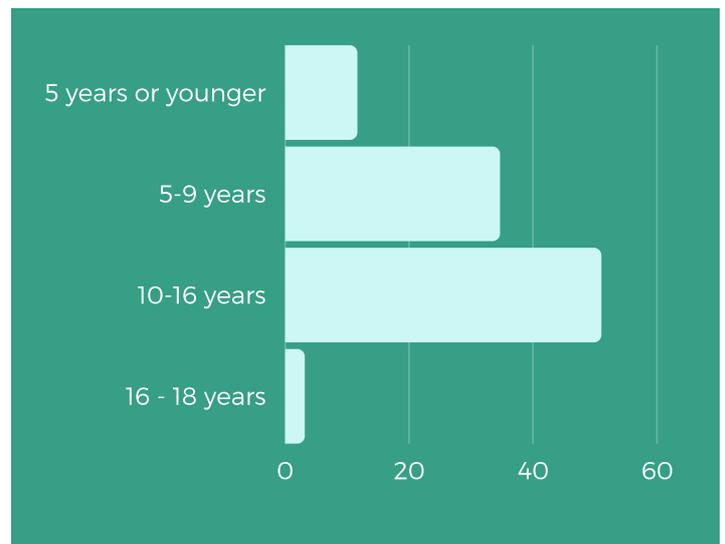
*Occasionally, the number of events/traits/symptoms reported may be higher than the sample size of individual respondents. This is because each individual respondent had the opportunity to report multiple events, multiple symptoms, etc. if they occurred.*

# Results: Child Sexual Abuse-Incident Data Study

Approximately half (n = 167) of the total sample said they experienced a form of child sexual abuse.

## Age at CSA (n = 165)

- Half of the survivors experienced the abuse between the ages of 10 and 16 years. This was true for both genders.
- Approximately 35% reported that their experience occurred between the ages of five and nine years.

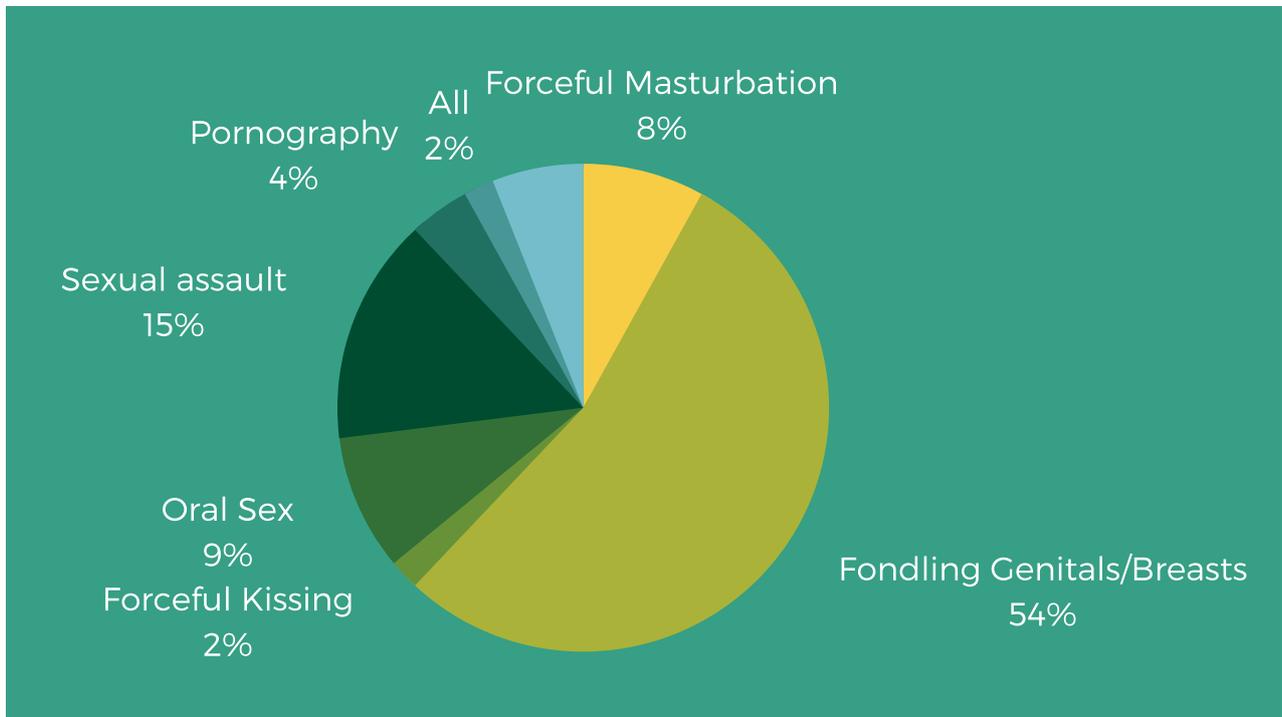


## Gender-wise Experience of CSA (n = 251)

When broken down by gender, 34.33% of the males who answered the survey confirmed a history of CSA, compared to 59.78% of the females.



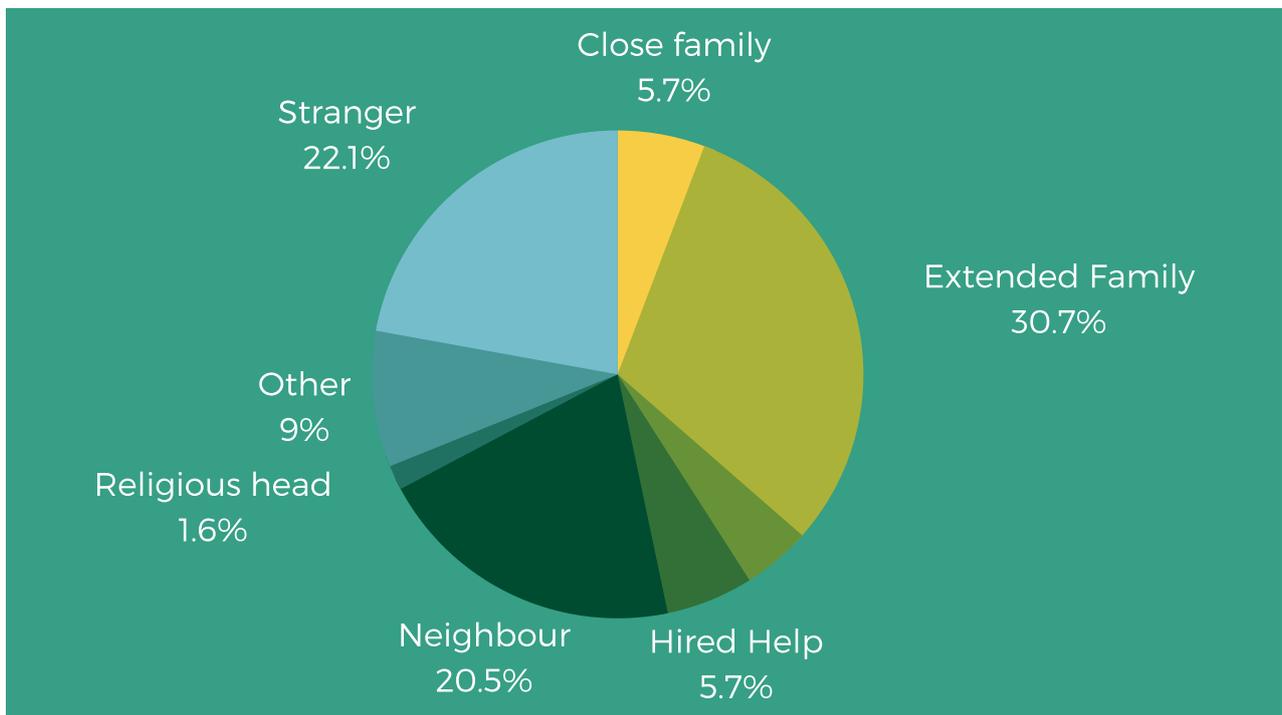
## Type of CSA Experienced (n = 251)



- The most commonly reported form of CSA for both genders was groping breasts or the genital area.
- Around one-third of the respondents reported multiple experiences of abuse, whether they may be multiple incidents or the same event. These were counted as individual events of abuse.

## Relation to Abuser (n = 244)

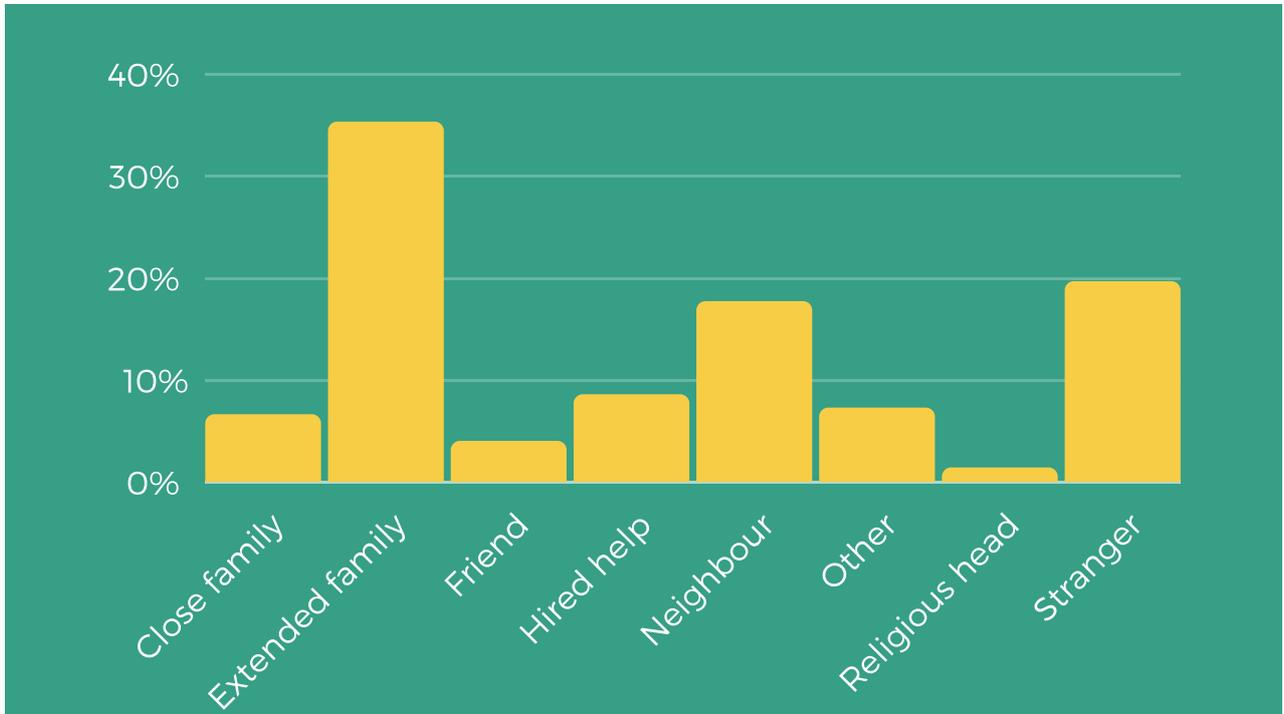
Research suggests that a victim of sexual violence is likely to experience multiple kinds of violence (Casey & Nurius, 2005). We received similar results with nearly half of the sample naming multiple abusers, likely at various times. These were counted as individual events abuse. (For example, if a child was abused by an uncle, a cousin and a stranger, they were categorized as being abused three times- by extended family and a stranger.)



Around one in three of the respondents said they were abused by extended family (31%), one in five were abused by a stranger (22%) and one in five were abused by a neighbour (21%).

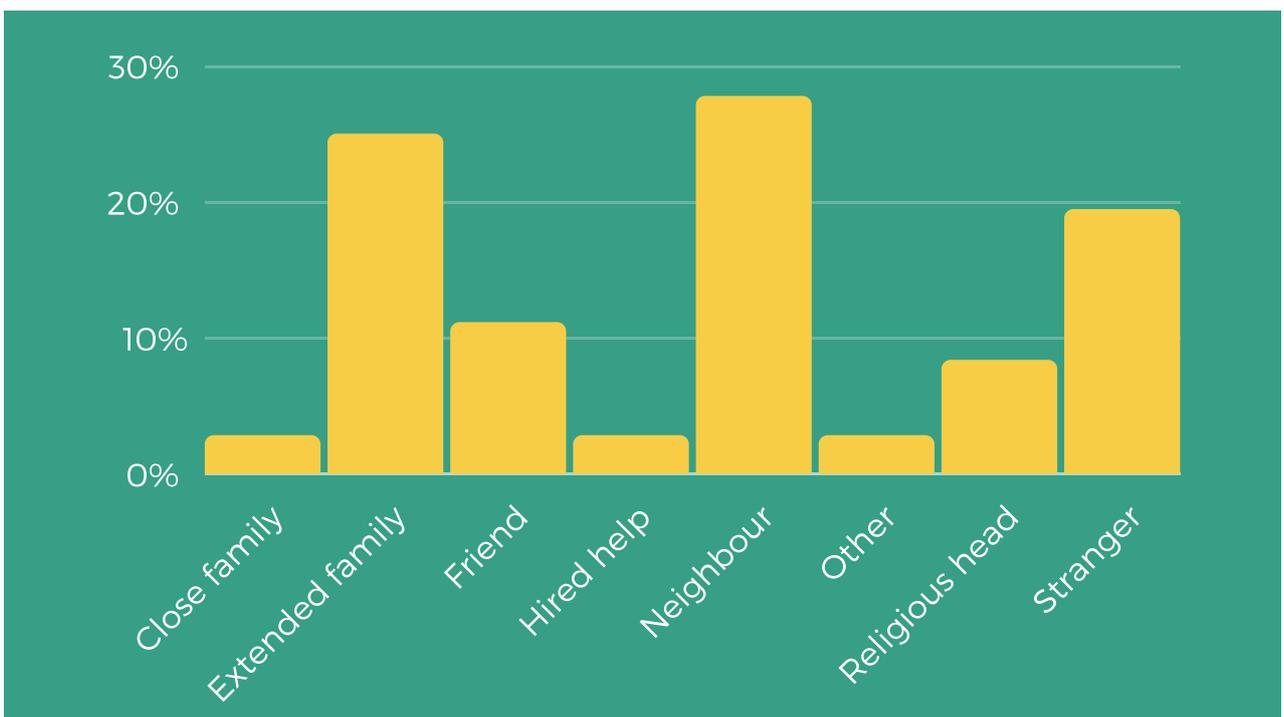
When comparing males and females for their relation to the abuser, most females were abused by extended family (35.29%).

### Relation to Abuser: Females (n = 153)

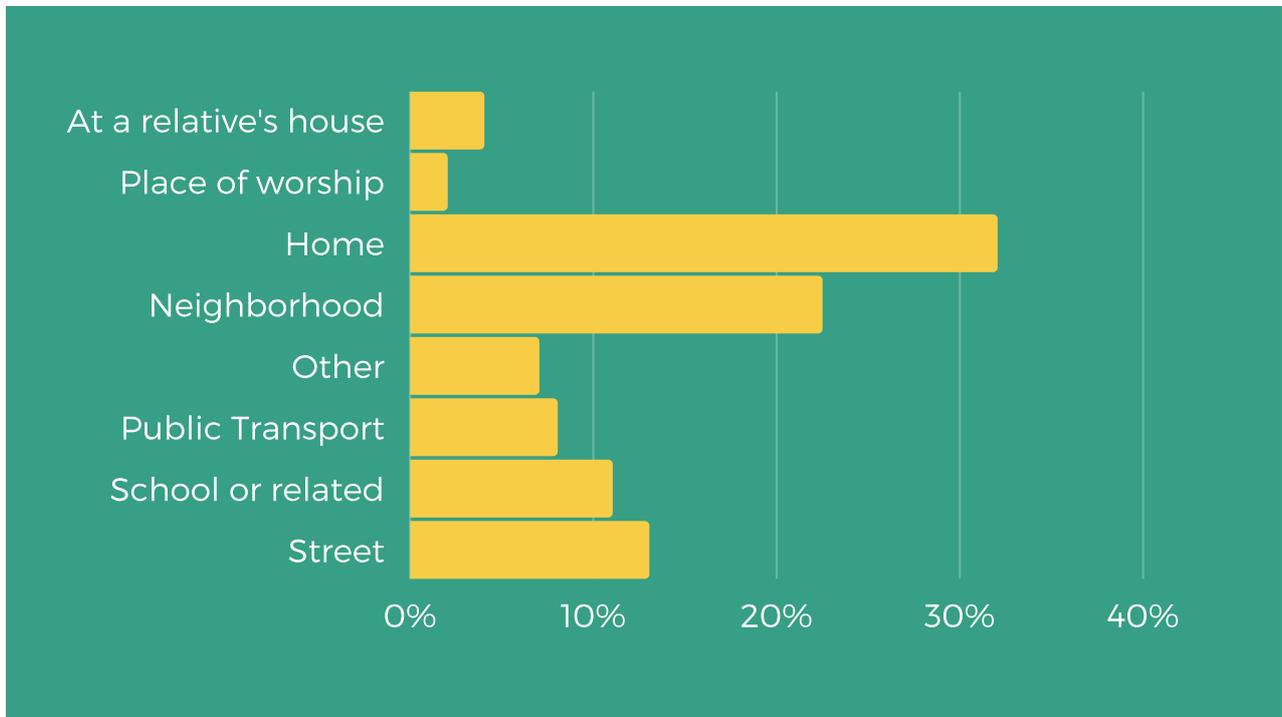


Most males were abused by neighbours (27.8%).

### Relation to Abuser: Males (n = 36)

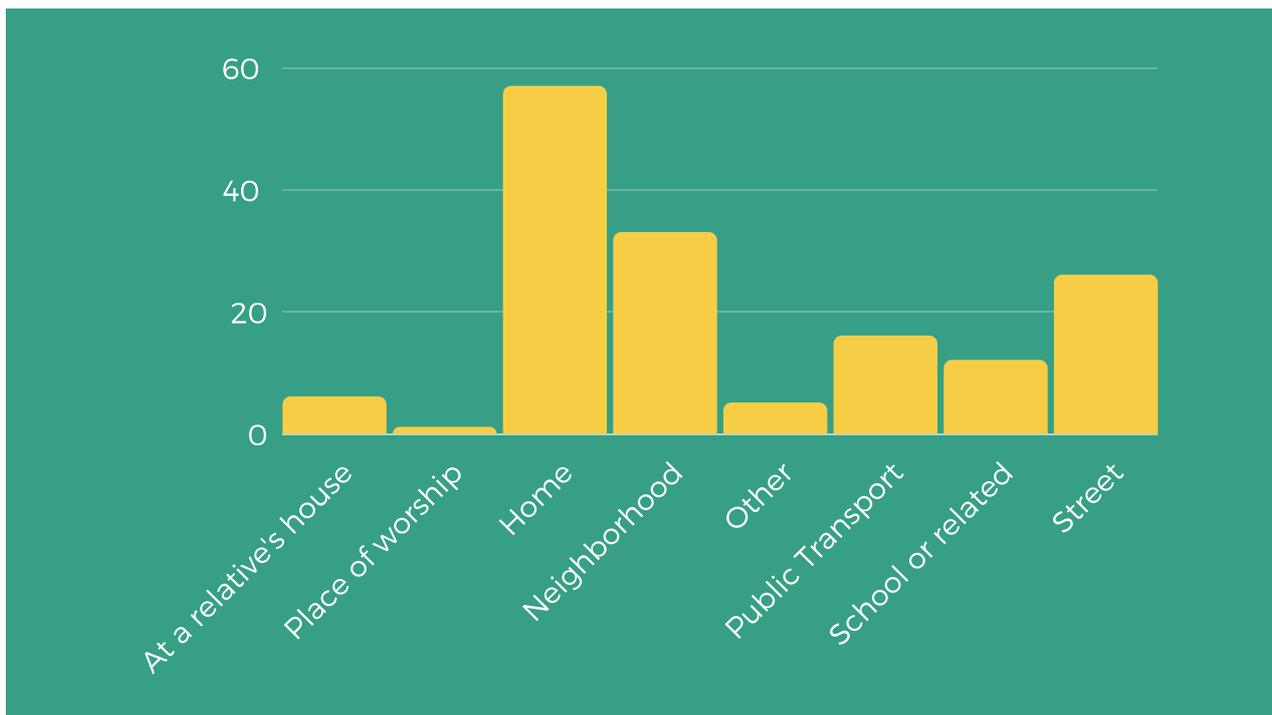


## Location of CSA (n = 245)



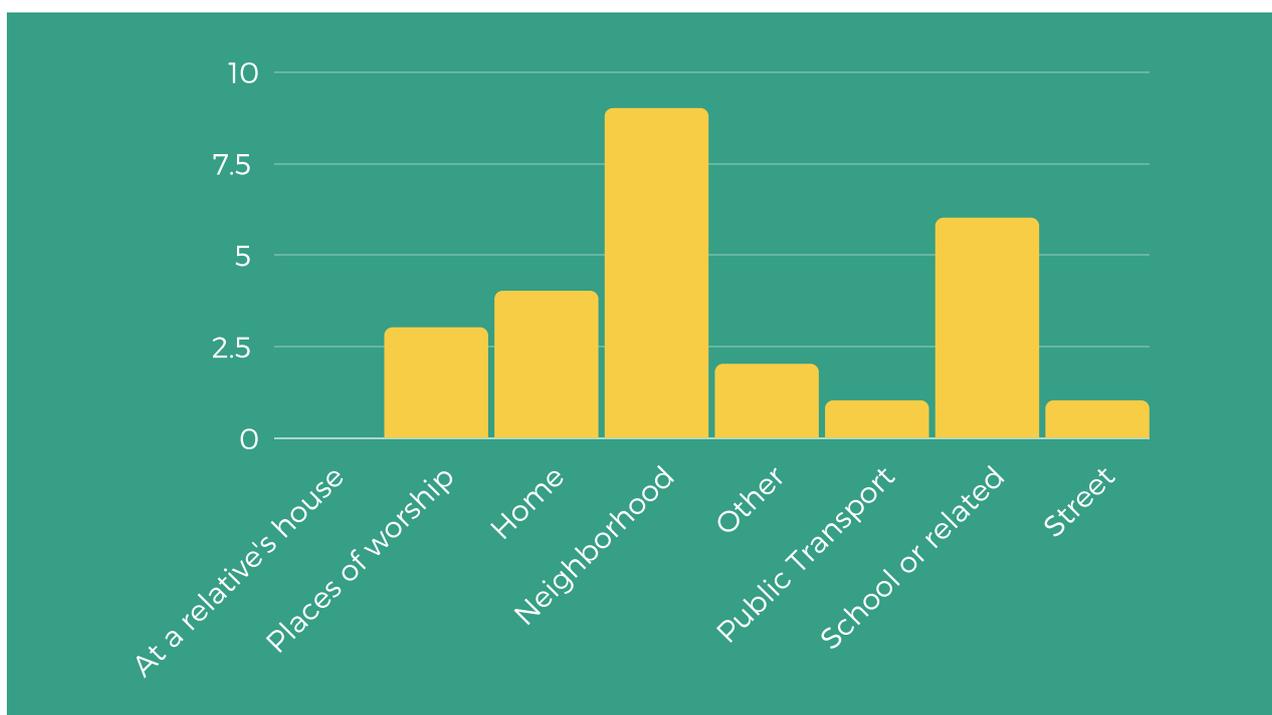
- The most frequently reported location of abuse was the child's home (32% of the time), followed by a neighbor's home or areas around the neighborhood that may have been deserted (22% of the time).
- The locations where CSA occurred that were categorized as Other are: online, at a friend's home, or at an orphanage.

## Location of CSA: Females (n = 156)



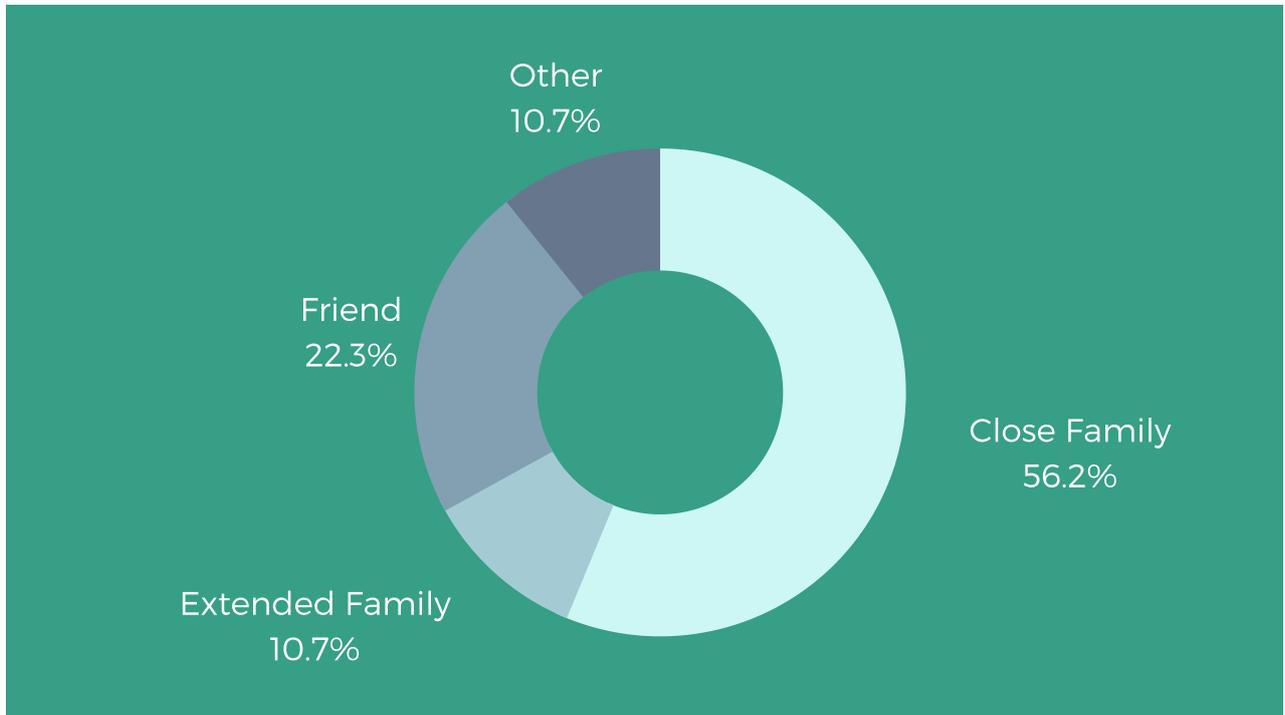
- The place of abuse differed for male and female children. Girls were abused more often at home, on the street, on public transport or at a relative's home.
- Boys were abused more often at places of worship, at school or related locations, and around the neighborhood.

## Location of CSA: Males (n = 26)



## Disclosure as a Child (n = 121)

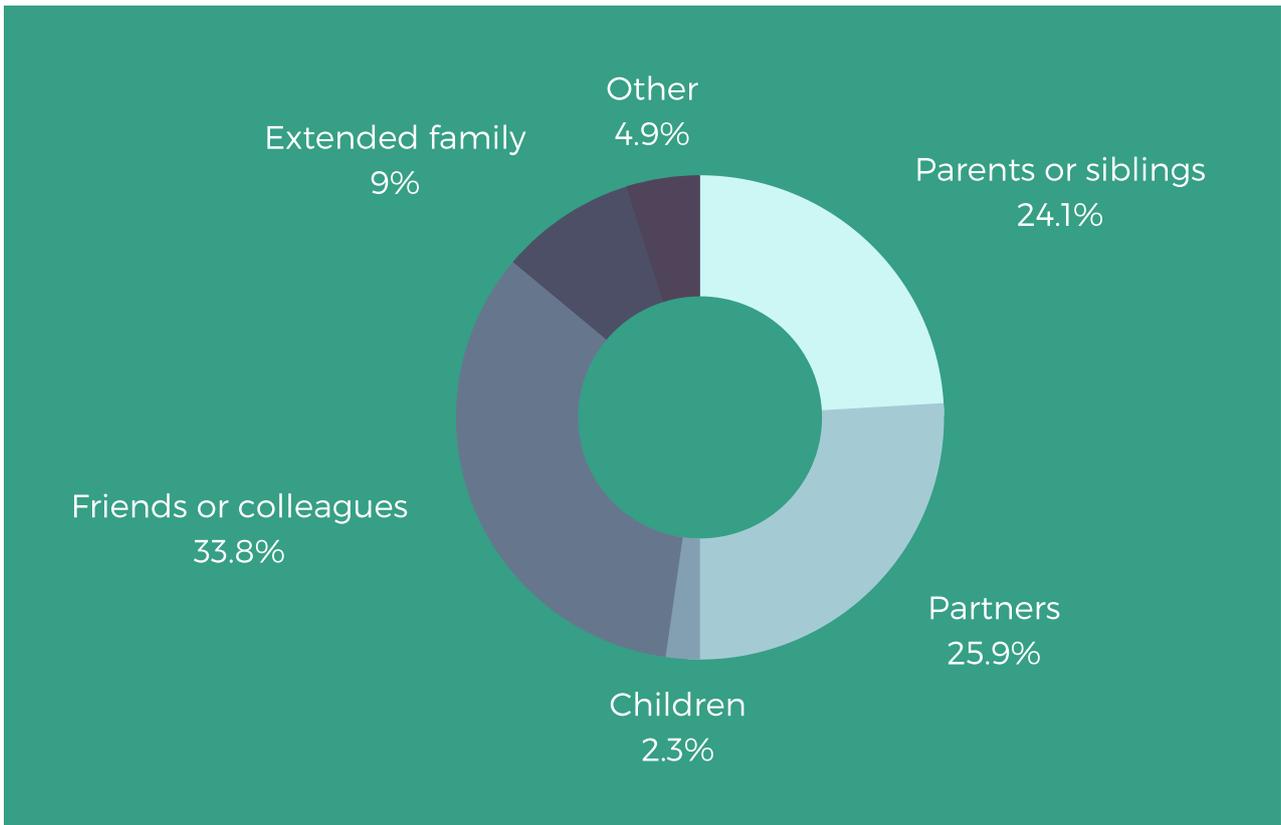
Only 34.5% of the adults who reported a history of CSA said that they disclosed it to an adult as a child.



- Among those who disclosed their CSA to someone as children, approximately half reported talking to close family (mother, father, brother, or sister). While approximately twenty two percent disclosed the incident to a friend, ten percent disclosed to someone other than their family or friends, i.e. a religious head, a stranger or the police.

## Disclosure as an Adult (n = 266)

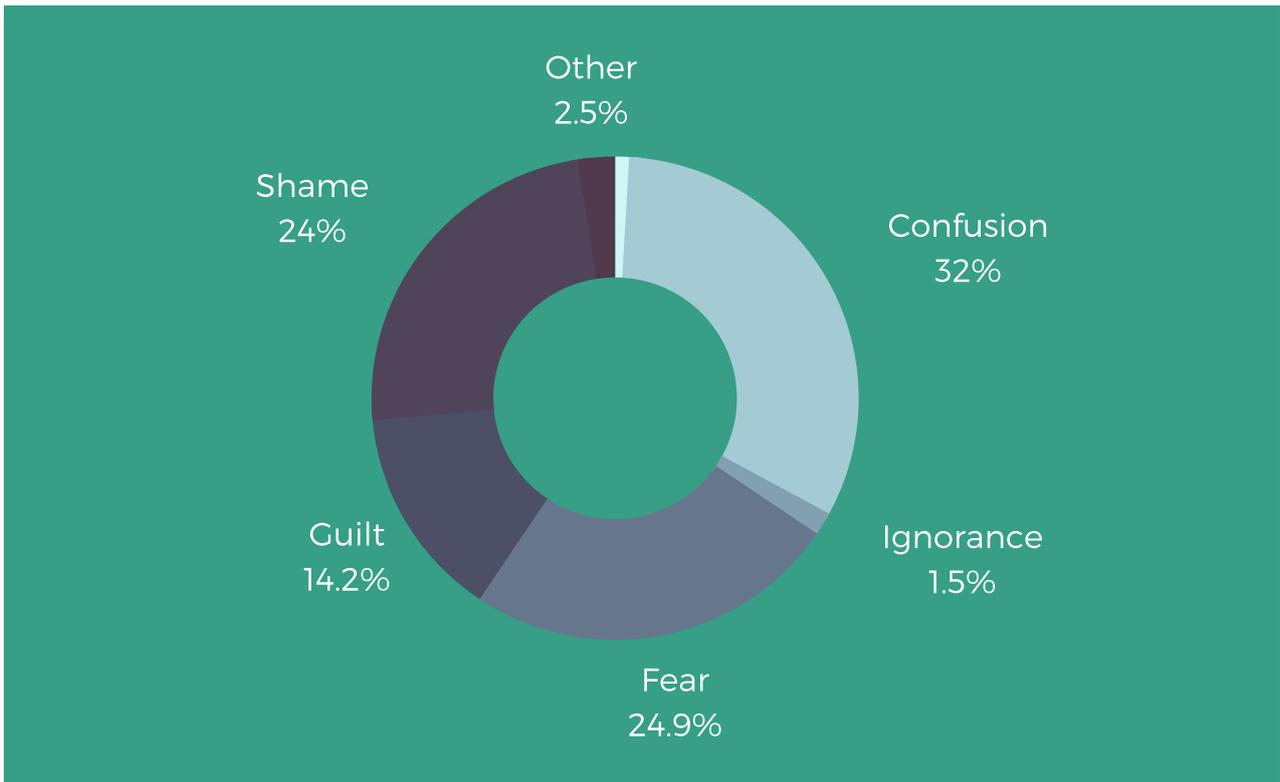
Three in four respondents said that they spoke to someone about their CSA, as an adult. When asked about who they disclosed it to, most adults said they disclosed it to friends (34%), followed by partners (26%) and parents or siblings (24%).



- Some of the people who were in the 'Other' category (4.9%) are support groups, therapists, teachers, and religious heads.
- When asked if the abuse was reported to law enforcement, 5.4% of the survivors who disclosed it to an adult said that it was reported to the police when they were children. Around 3.3% of the survivors said that they reported it to the police as adults.

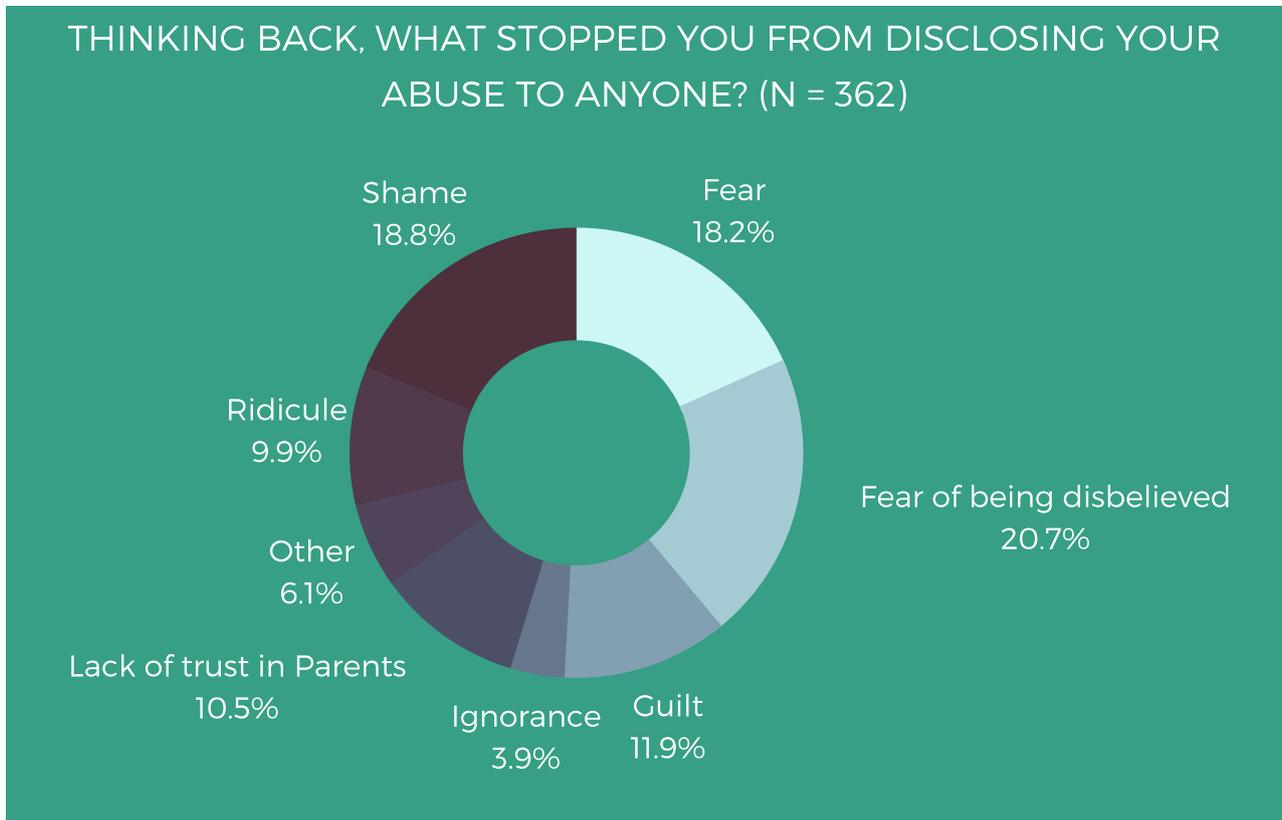
## Barriers to Disclose: As a Child (n = 325)

When asked what were the major barriers for the child to disclose the abuse to someone, the respondents cited confusion as the most common reason (32%). The second most-cited reason was fear (24.9%) followed by shame (24%).



## Barriers to Disclose as a Child (Insight From Adult Survivors)

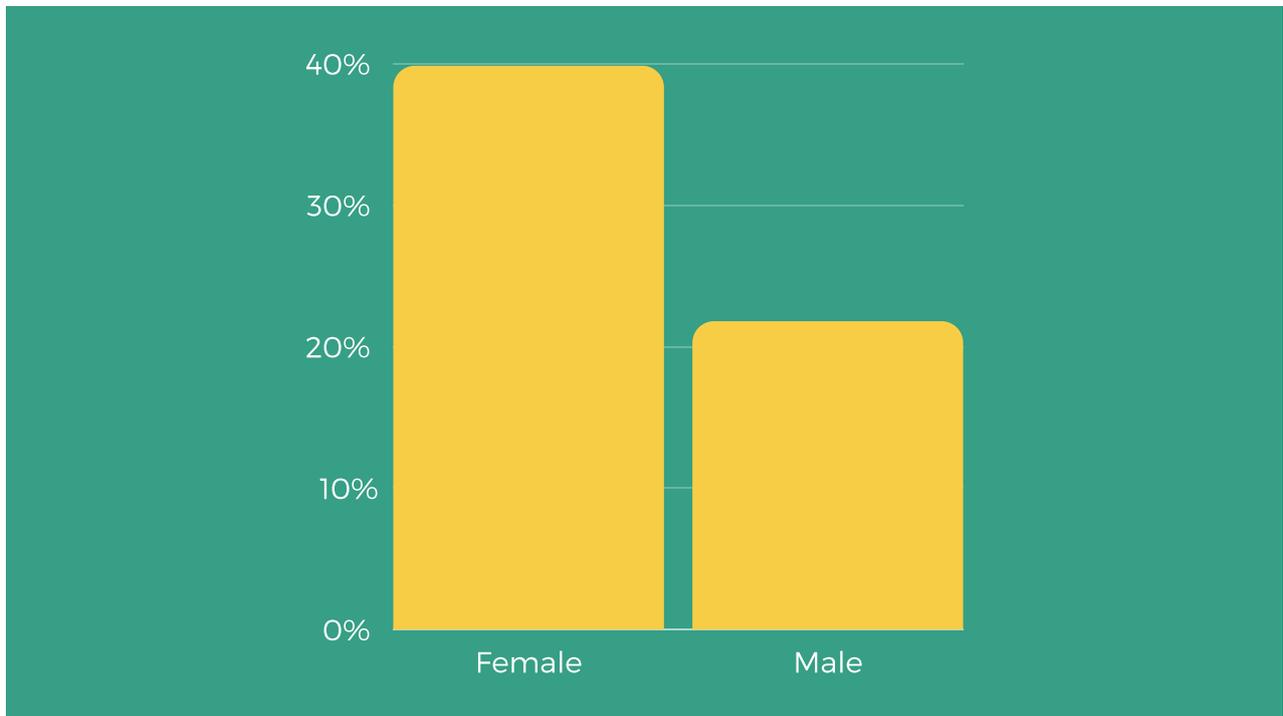
Respondents were also asked- looking back as adults, what factors stopped them from disclosing their abuse as children.



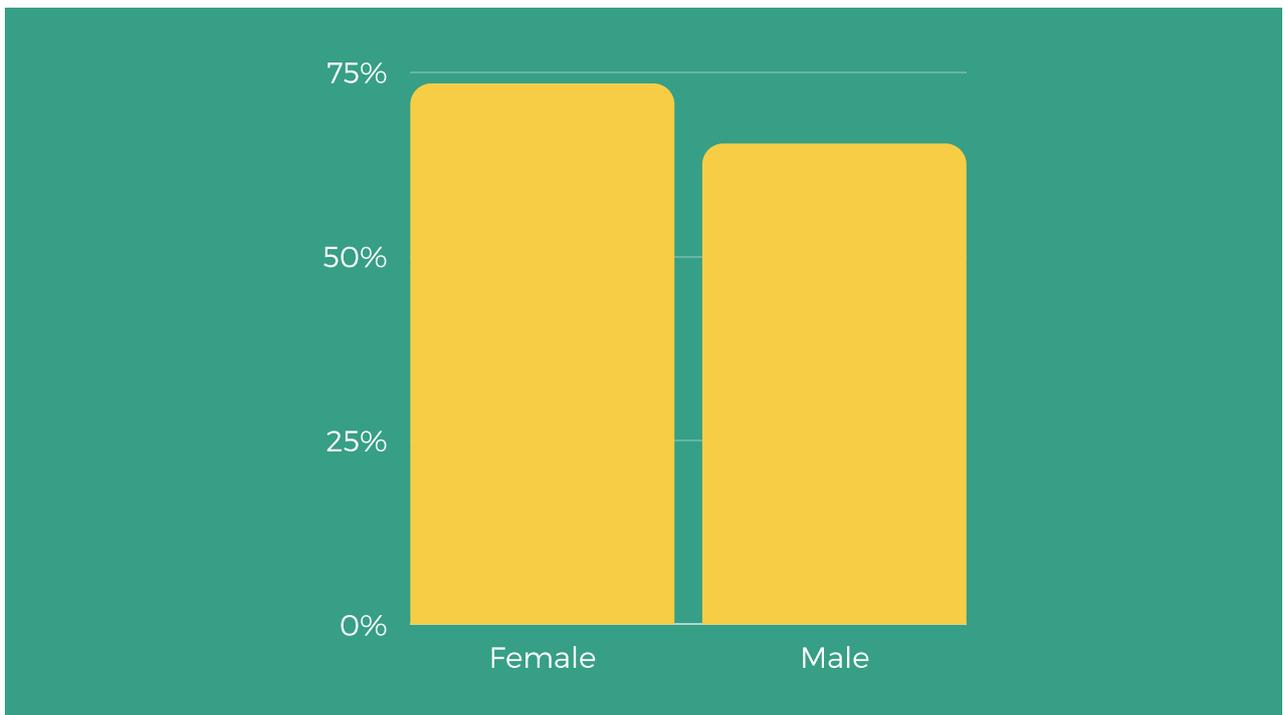
- The most common responses were concern of being disbelieved (21%), followed by shame (18.8%) and fear (18.2%). Some of the emotions categorized as ‘Other’ are: confusion, being misled by the abuser, not wanting to burden parents, ignorance, not wanting to cause conflict in family and/or neighbors.
- While only 33% of the adults had spoken to someone about the abuse as children; as adults, 73% reported speaking to someone about it. The proportions are lower for males as both children and adults.

## Disclosure: Females vs. Males

Percentage who disclosed as a child (n = 48)



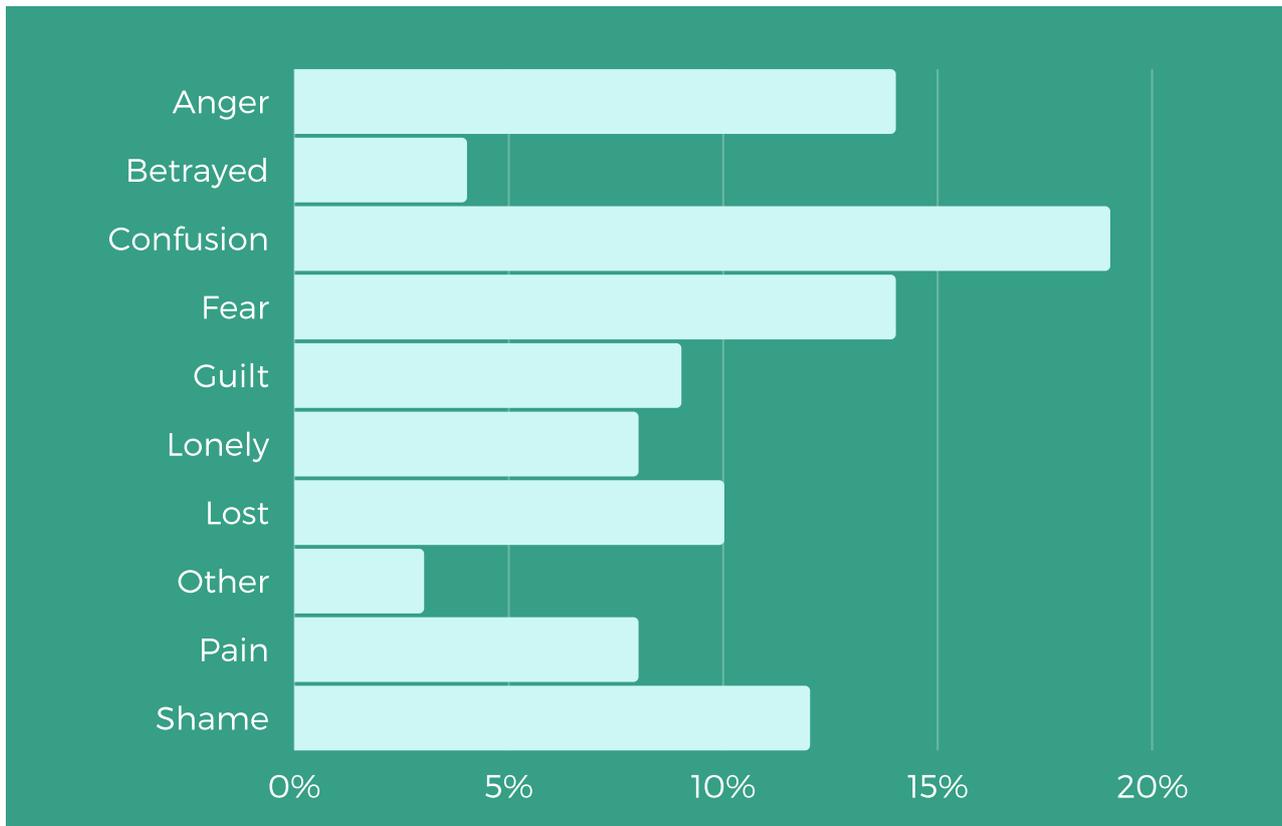
Percentage who disclosed as an adult (n = 95)



## CSA: The Emotional Impact

When asked to recollect the emotions these adults experienced as children after CSA, many of the survivors selected multiple emotions, as can be expected. The most-felt emotions were confusion (19%), anger (14%) and fear (14%).

**Emotions post-CSA, as a child (n = 592)**

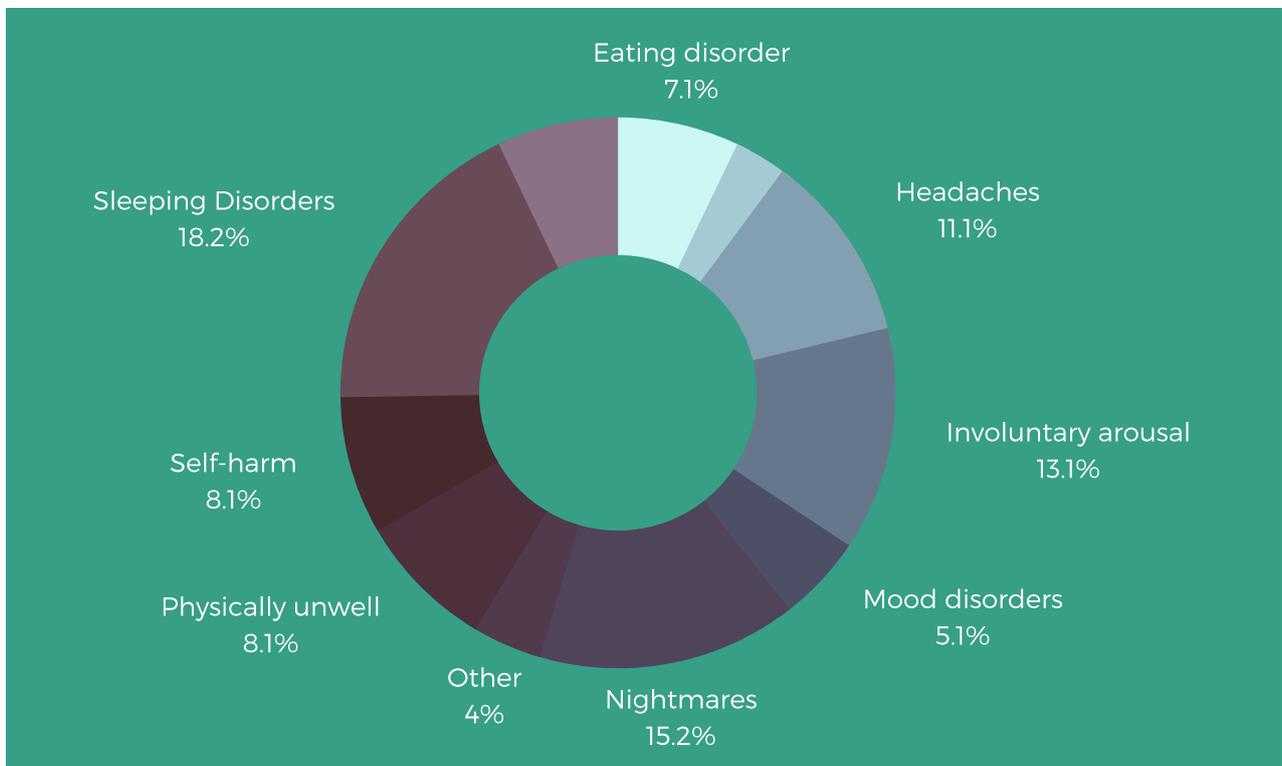


Few other emotions experienced by the respondents as children, after CSA (4% in the graph) were feeling trapped, feeling 'frozen', lost, mentally blocking the episode so that they don't remember, and the inability to trust others.

## CSA: Behavioral and Physical Changes

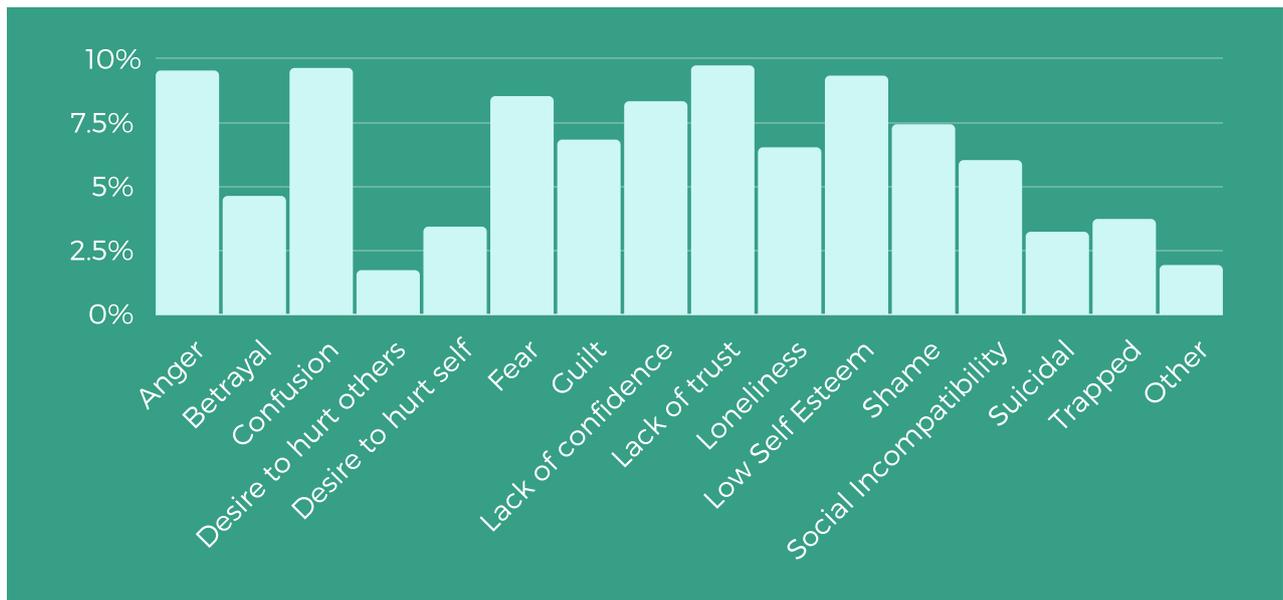
When asked to recollect physical responses they had to CSA, as children, most adults recollected experiencing sleeping disorders (18%), nightmares (16%) and involuntary sexual arousal (14%). Some of the mood disorders reported (5.1%) were uncontrollable crying, anxiety, anger, bipolar disorders, and PTSD/flashbacks. Some of the 'Other' physical symptoms reported (4%) were nausea, and gynecological issues. Many reported experiencing multiple symptoms (around 40%). Around 4.5% of the respondents recollected needing medical help after the CSA.

### Physical experiences post CSA (n = 272)



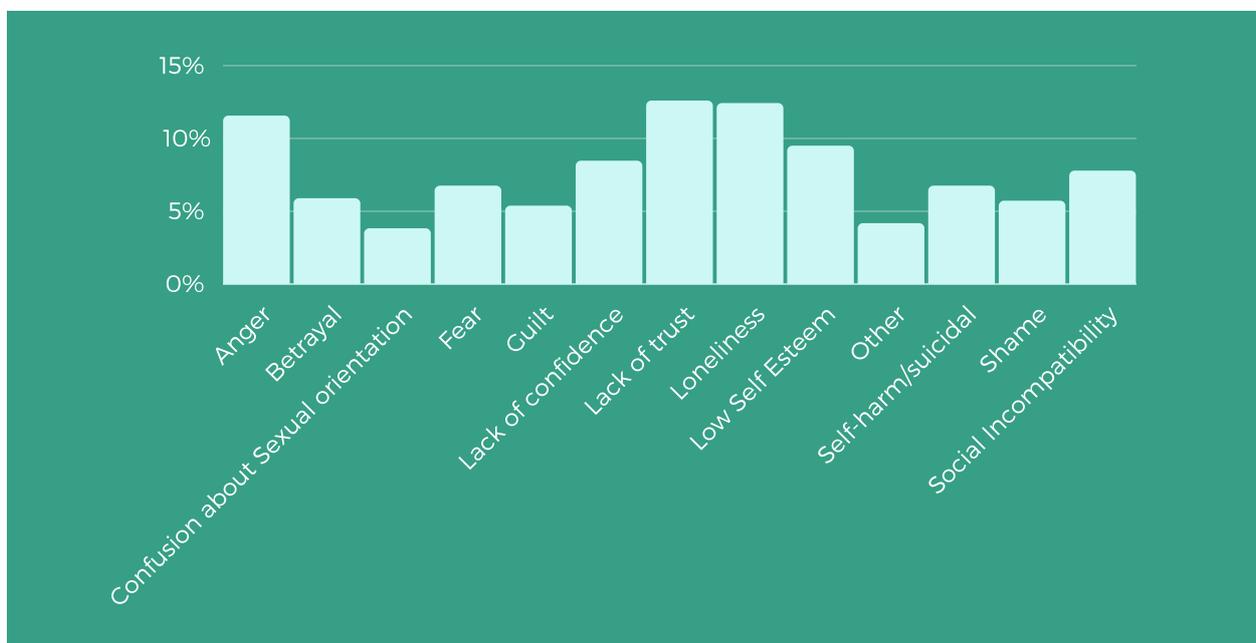
- Some respondents said that they probably needed it, but were not given medical help or that they received medical help long after the incident due to being in a state of shock, mental health issues, or reproductive health issues.

## Emotional Traits CSA Survivors Reported as Children (n = 835)



Having experienced abuse as children, 1 in 10 respondents reported that after the CSA as children, they lacked trust, had low self-esteem, felt lonely and angry.

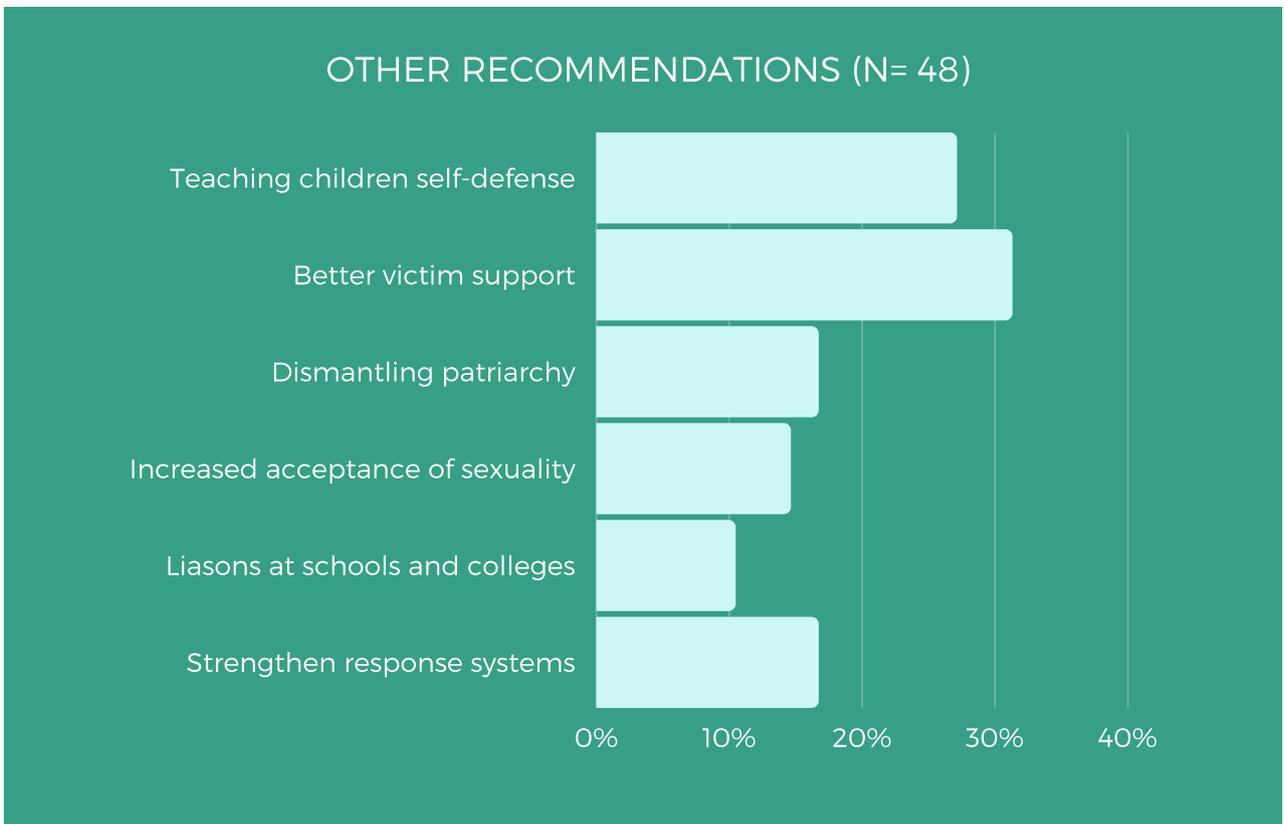
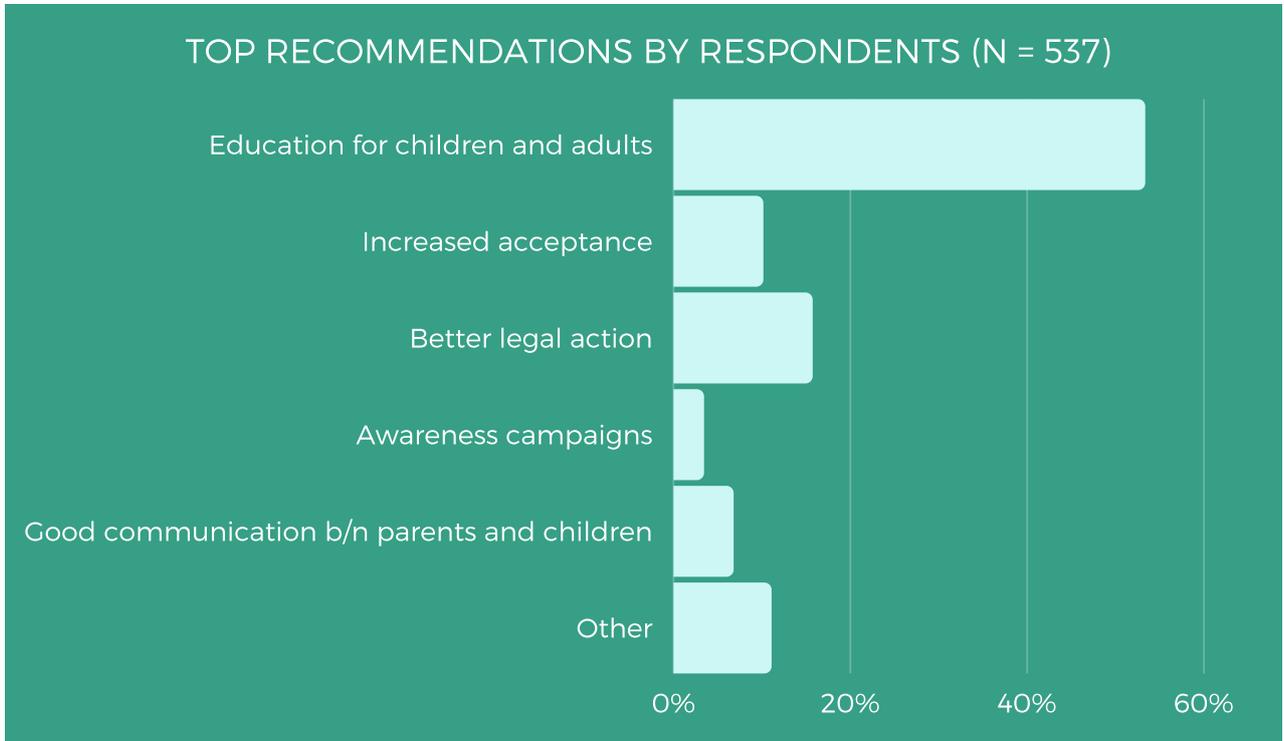
## Emotional Traits CSA Survivors Reported as Adults (n = 583)



As adults, the most commonly reported traits among survivors are lack of trust (12.5%), loneliness (12.35%), and anger (11.49%).

# Recommendations from Participants to Prevent CSA

When asked for thoughts and recommendations on preventing CSA, the top 10 recommendations from the respondents and survivors were the following:



## Recommendations from Participants to Prevent CSA

- **Increasing awareness among children.** Some of the respondents felt that increasing awareness among children would significantly help in giving them more tools to recognize abuse when it happens, look out for potential abusers and give them the vocabulary to communicate it.
- **Educating parents and teachers.** Increasing awareness among parents and teachers about not only the existence of CSA but also how to identify the signs of an abused child was recommended by more than 1 in 10 respondents. One survivor said that if their teacher had known how to recognize abuse, they would have received crucial help.
- **Better legal action.** Better legal reporting, handling, prosecution and punishment were all recommended to help deter those who commit in CSA. Recommendations ranged from making sure the laws prohibiting CSA and the punishment they carry are widely publicized to deter abusers, to the death penalty.

While it may be a perception that since this crime is pervasive, the legal system is at fault, there are a couple of pitfalls to this thought: Most of the children who experience CSA don't disclose it, even to their loved ones. And if they do, most parents don't press charges for various social and economic reasons.

- **Increased acceptance.** Increased acceptance of a child who may have been subjected to CSA so that there is no blame or responsibility placed on the child and no stigma around the victim. Many survivors felt that parents should not place 'what society might say' over one's relationship with their child, and the child's mental health.

(contd.)

- **Good communication between parents and children:** Open, honest communication between parents and children was a popular recommendation to help reduce CSA. This, along with increased awareness among children and parents can lead to identifying and stopping CSA. Children should be able to confide in their parents regarding their feelings about a person/place and even people revered by their parents.
- **Sex Education:** The taboo surrounding any talk or mention about sex and sexual organs may be feeding the epidemic of sexual violence and stifling victims' testimonies. Proper sexual education at school and home from a young age (good touch/bad touch, private parts, boundaries, etc.) can teach children what is accepted and what is not and where to go if a boundary is crossed.
- **Better Reporting Mechanisms:** One in 20 respondents felt that better reporting mechanisms are required so that children can easily report any abuse they are experiencing, and hence improve the chances of an abuser being identified and held accountable. Some of the recommendations were to have a liaison in school and educational institutes, have a website, or a hotline that the public is aware of, so that children can utilize it directly when needed.
- **Sex Education/Personal Safety education and awareness about abuse as a part of education curriculum:** A part of normalizing sexual education for children/young adults, creating awareness with children on csa , and removing the stigma around a victim's experience, is making age-appropriate knowledge about CSA a mandatory inclusion in the school curriculum. There can also be booster/refresher courses every 6 months to help children have a recall value for what they were taught. The PSE will also empower the teachers and students with the correct vocabulary to be used in case a child wants to disclose abuse.



- **Education through Social Media:** An effective tool to reach audiences far and wide to increase awareness about CSA is social media and news. Respondents recommended using social media. Tailoring it in different languages and for audiences of different education levels will help reach rural parts of India and improve awareness. Short films, posters and public service announcements before movies or in the news will create awareness in the general public.
- **Teaching children self-defense:** Teaching children self-defense from a young age will not only protect them in case of danger, it will also improve their self-efficacy and confidence that they can protect themselves. Simple self-defense tactics can protect a child just long enough for them to seek the help of an adult they trust.

### **Additional recommendations included:**

- Improving children's resilience.
- Better victim support- strengthening response and protection systems so that should an event occur, there is a liaison between the child, the justice system as well as victims.
- Provide support to victims through therapy, social support groups, etc.
- Dismantling patriarchal views of power and hierarchy in gender.
- Better acceptance of one's sexuality.
- Prevention of CSA by encouraging potential perpetrators to seek medical help if the unnatural urge to engage in CSA occurs.
- Pilot programs of rehabilitation.
- Increased government research, social media/mass messaging media programs, and making laws gender neutral so that it's recognized that men or women can be perpetrators of CSA.
- Listing sex offenders in a registry.
- Better accountability of child protection services, orphanages, etc.



## Limitations:

- Since this is a convenience sampling, the conclusions or prevalence of phenomena can't be generalized towards the entire population. The underlying gender as well as economic status proportions are different for the sample of this survey when compared to the entire Indian population.
- Since the gender breakdown is not even or an apt representation of the underlying distribution in India, one should not draw conclusions about differences in risks for different genders, to avoid faulty generalization.
- Some people who experienced CSA may be more likely to respond to such a survey and share it on their networks to improve research in the field, while some people who experienced CSA but have unresolved feelings or do not wish to talk about it due to other reasons may not opt to answer the survey. Therefore, the survey does not contain an exhaustive list of possible ways of abuse, perpetrators or consequences.



Creative workshop with girls, Mumbai

# Editorial Conclusion

The recent data on CSA in the NCRB's 2018 report, which shows a massive 22 percent jump in CSA cases from 2017, sadly confirms that CSA is here to stay, and hence needs to be addressed urgently within the context of the Public Health framework.

The key findings of this survey have once again substantiated that survivors of CSA suffer grave, negative long term impact and have hindered social and emotional growth. Feelings of shame, isolation and anger further deprive the survivors of their basic right to experience normal relationship dynamics within a family structure and the external world. Moreover, there is also a critical need to further explore the possible correlation between unresolved trauma of sexually abused boys and the increasing violence on women and children.

While the government has devised stringent laws to protect children, it's important to note that the key findings reiterate a lack of knowledge and a lack of awareness among the general public. This has unfortunately created a huge gap between the law and the common man, further obstructing them from seeking help or expecting justice when an incident of CSA has occurred.

Ironically, the key findings and recommendations from survey participants, when viewed together, present an interesting insight into the existing loopholes in arresting CSA and encouraging a holistic partnership between society and CSA victims/survivors.



It is crucial that we not view CSA merely in a unidimensional construct. CSA can only be remedied by engaging the collective society- all stakeholders, public and private.

With proper assessment of existing prevention tools, mandatory personal safety programs in schools and communities, introducing better public-friendly programs, legal awareness, changing mindsets, government partnerships with child service organisations, impactful use of the digital medium, influencer participation, and sensitizing the upholders of law and order, we just might be able to save coming generations.

Protecting a child amounts to protecting a generation, a future, a legacy, and if we truly wish to see a thriving world, this philosophy must become the core driving force for every adult.

**Insia Dariwala**  
**Founder/President**  
**The Hands of Hope Foundation**



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# About The Authors



## **Analyst: Geethika Kodukula**

Geethika Kodukula is a biostatistician and epidemiologist working on her PhD at Kent State University in Ohio, USA. Her research interests include health disparities, mental health, interpersonal violence and resilience. She also teaches public health and epidemiology at the university. In her free time, she can be found reading or walking her dog. She started working actively with social justice initiatives as a student at St. Francis Degree College for Women. In addition to donating time for this project, she's currently also involved with local organizations working with survivors of domestic abuse and Sahiyo, a non-profit organization that works to end Female Genital Mutilation/Cutting (FGM/C).



## **Author: Insia Dariwala**

Insia Dariwala is an award-winning international filmmaker, TEDx speaker, and a Creative Campaigner who effectively uses her expertise as a writer/director to highlight social evils like Child Sexual Abuse (CSA), and Female Genital Cutting (FGC) through the medium of visual arts and cinema. She is the Founder of 'The Hands of Hope Foundation' and her unique campaigns were instrumental in highlighting male CSA, amending victim compensation schemes for boys and creating awareness on CSA throughout India. She is also the Co-founder of 'Sahiyo' a collective that empowers Asian communities to end FGC in India and transnationally.



**'Betrayed'- A THOHF art installation on CSA,  
at Kala Ghoda Arts Festival, Mumbai (2016).  
The sculpture won an award.**

**Installation Concept- Insiya Dariwala, Tui Sigman  
Sculptor- Shreehari Bhosle**

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