



CHILD SEXUAL ABUSE: CAUSES AND CONSEQUENCES

Child sexual abuse is a universally condemned offence against children. Everyday thousands of children are exposed to sexual violence. There are different factors or causes behind child sexual violence which people are not aware about. It is important to understand these factors to protect children in the society. Consequences of sexual abuse are very severe and they deeply affect the physical and mental state of victims for a long time. Aftermath outcomes of the abuse are extremely painful because it disrupts the self esteem as well as physical and mental order of the victim child. Victims suffer from traumatic stress and some long term physical health problems in life. It is essential to keep children safe by a collective effort of family, society and government.

Introduction

Child sexual abuse (CSA) has been acknowledged as a global problem. Sexual abuse includes engaging a child into sexual activities by threat, force, misrepresentations or coercion, where the child experiences, physical, mental and psychological torture. According to the World Health Organization, CSA is involvement of children in a sexual act before their legal age when they are not mature enough to give consent for this. CSA violates the laws and taboos of the society (WHO, 1999). Positive and crime free surrounding are needed for children to be nurtured in a healthy way and freely experience their childhood, but in the present scenario they are subjected to exploitation, violence, and abuse. Girl child is more vulnerable to sexual abuse, and number of child sexual abuse cases (CSA) are reported every day around the world. Nearly one among ten girls experiences sexual abuse before 20 years of age. The actual figure is difficult to estimate because large numbers of cases go unreported (UNICEF, 2020). According to a data, about 15 million adolescent girls experience forced sex worldwide (UN Women, 2020).

CSA leaves lifelong scars on the minor's life. Enormous risk factors are associated with CSA. It retards the social and emotional development of victim child. Post victimization consequences often prove devastating for children as they suffer from several physical, mental, social and psychological traumas. Discussion on various causes is essential to protect children from the future victimization. Knowing about consequences helps to focus on the protection, prevention and rehabilitation strategies to overcome the stress of abuse.

Risk Factors/Causes of Sexual Abuse

Social Factors: Uncontrolled and unplanned birth in economically disadvantaged sections of society where parents are not capable of providing the care, protection and nutrition to the children is one of the critical problems that exposes the children to abuse, violence or exploitation (Seth, 2013). Poverty strongly correlates with child abuse. Children of poor people living on roadsides get prone to such abuses. Parents engage their children in begging on streets, where children could experience violence and exploitation (Southall & McDonald, 2013).

Neighbourhood disorganization is a serious factor linked to child maltreatment. Poor economic or disadvantaged areas that lack socialization are recorded as the crime prone areas (Joshi, 2018). A research study shows that juvenile living in such areas turn delinquents more easily and quickly and develop anti-social behaviour. (Mishra & Biswal, 2018). This behaviour when neglected turns individual into an adult offender who commits crimes like sexual abuse or form of heinous offences.

Familial Factors: Parents generally do not discuss sensitive issue of sexual abuse with their children as they consider their child young enough to understand this issue, also many of them are not aware that how to discuss this matter. Many think that they do not have adequate skills or material which can help them to discuss it with their child (Foster, 2017). Absence of a capable guardian increases the risk and chances of commission of crime (Cohen & Felson, 1979). Many times parents lack information about sexual abuse which is crucial regarding children's well being. Parents do not make themselves aware about the fact that, potential perpetrators in maximum cases are the acquainted or trusted people, and unknowingly parents increase the chances of CSA as they lack the knowledge about this important fact (Finkelhor, 2008).



About 90 percent of the children are abused by an acquainted person. They can be relatives, family members, neighbour or friends. Sexual abuse by the strangers can be found in only 5 percent of the reported cases (Friedman, 2010). Parents sometimes avoid this intra-familial sexual abuse where perpetrator can be a trusted part of family (National Child Traumatic Stress Network Child Sexual Abuse Committee [NCTSN], 2009). Lack of communication and poor relationship between child and parents is also strongly associated factor (Fergusson et al, 1996). A house with single biological parent is highly risky place for a child (Finkelhor et al, 1997). Role and presence of a protective mother is an important factor to reduce or recover child sexual abuse (Berliner, 2011).

Media: A major factor that is hidden behind the increasing rate of juvenile delinquency all around the world is the exposure to sexual content or pornographic content on internet. Children or juveniles accessing pornography become more violent and a distorted view about sexuality and relationship is developed in them, and 'child on child' sexual abuse has become an international problem due to increasing trend of watching pornography among juveniles (Johnston, 2019). A news report highlighted that combination of violent pornography and alcohol consumption among young boys is the rising cause of rapes in India (Thekaekara, 2018). Sending or receiving sexually explicit text messages commonly called as 'sexting' is prevalent among teenagers who use social media. Also, nude or semi-nude photographs are exchanged between the teens on social media. Teens engaged in such activities and are subjected to sexual abuse, rapes or murder as they are not aware of the fact that the unknown person whom they communicate with can be a predator who can harm them severely (Undiyaundeye, 2014).

Substance Abuse: Substance abuse depresses the mental stability of the individual and he commits the offence which later he may regret to. Substance abuse such as alcohol is strongly associated with child maltreatment (WHO). Alcohol consumption is involved in majority of sexual offences. Perpetrators those who consume alcohol and intoxicate themselves use their physical force more confidently to get sexual contacts. (Johnson, 2014).

Lack of Policy Implementation: Gap between policy and its implementation is the major cause that gives the perpetrators a free chance of mustering up the courage to commit such a brutal offence. Insensitive treatment by police in reporting the cases, delayed trials, convictions and tampering with evidence leave the offender unpunished.

Some cases have been discussed in the report of Human Rights Watch, in one of them, a minor girl child was gang raped but police behaved in an aggressive manner with the victim, and did not take action on the ground of medical report where no signs of rape were found, family of the victim was beaten by the police including the station officer in the name of filing a false case (Human Rights Watch, 2013). As per the activists from India, numbers of cases are compromised by the police without trial and survivors are asked to withdraw the complaints. This makes the offender free to repeat such offences in the society again (Arya, 2018).

Consequences

Social Stigma: The most impactful content of stigmatization is shame (Kennedy & Prock, 2018). Victims rather than perpetrators face dishonour and shame in the society. They are blamed for abuse they went through (Olafson, 2004). This stigmatization is very severe and traumatic for the abused victims (Janoff-Bulman, 1992). Stigmatization is carried forward in future life of the victim child, more often in non-abusive intimate relationships (Feiring et al, 2009). Considerable per cent of parents of abused children don't consult doctors for their children's health issues due to social stigma (Singh, 2019).

Physical Outcomes: Effects of child sexual abuse can be very deleterious and long lasting on the physical health of the child. General health of the victim is deteriorated. Females, who experienced sexual abuse, suffer from chronic pelvic pain rather than the females who are not subjected to such crime (Harrop-Griffiths et al, 1988). Other physical outcomes are genitourinary problems, fatigue and headache (Candib & Dickinson, 2015). Brutal child abuse results in genital injuries such as hymen lacerations. Inserting blunt object in the genital region of the girl child victim damages the genital organs and causes long lasting hymenal scars that prove the penile insertion (Kim et al, 2017). Pelvic fractures, urethral injuries (Wright & Wessells, 2007), urinary retention (Brown & Garcia, 2012), injuries or bruises on neck, head or thighs and many other body parts are some physical consequences of sexual abuse committed on children (Cohen & Cohen, 2013).



Apart from the above consequences that occur immediately after the abuse, there are many health issues that are detected long after the incidence and have a severe impact on the physical health of the victim child. Gynaecological health and gastrointestinal health is severely affected (Irish et al, 2010). Experts found that patients with problem of abdomen pain and other gastrointestinal issues have history of sexual abuse during childhood (Tilburg, 2011). It was found in a study that women with history of sexual abuse during childhood suffer gynaecological issues which include Chronic Pelvic Pains (CPP). Long term physical ill-effects of sexual abuse in childhood also include several other health issues such as, diabetes, malnutrition and also functional limitations (Child Welfare Information Gateway, 2019). Musculoskeletal pain known as fibromyalgia which also causes fatigue, mood issues (Walker et al, 1997), migraine and headache are also long term effects of child abuse (Felitti, 1991). Lung diseases, bronchitis and other pulmonary diseases also can be outcomes of sexual violence that harms physical health of the victim. Survivors of CSA are also at high risk of suffering from hypertension, strokes and cardiac problems (Child Welfare Information Gateway, 2019).

Sexually Transmitted Diseases (STDs) are disastrous outcomes of sexual abuse. Sexually abused children are highly vulnerable to the STDs, such as Human Immunodeficiency Virus (HIV). When child is abused multiple times by the perpetrator, it can cause mucosal trauma and result in STDs. Sexual abuse by multiple perpetrators is also a risk factor for the transmission of STDs (Sexually Transmitted Disease Evaluation and Care, 2019). Syphilis and Gonorrhoea are also infectious sexually transmitted diseases (Hammerschlag, 1998).

An adverse physical consequence of the sexual abuse against adolescent girls is teenage or unintended pregnancy. According to a study, near about 11-20 per cent of the teenage pregnancies are due to sexual abuse of adolescent girls (Akanji & Dada, 2012). It has a painful impact on the physical and mental health. It gives rise to poor health of the victim and other medical complications during the childbirth, and this also turns lethal in many cases. Maternal mortality, systemic infection and unsafe abortions are some of the harmful health issues associated with teenage pregnancy (WHO, 2018).

Sexually abused pregnant teenagers are often forced by the families for termination of pregnancy. This process many times proves lethal for victim. Only 22 per cent of pregnancy termination is done under medical experts or health experts and 78 percent termination/ abortion is done without the health facilities, causing around 10 deaths per day in India. As mentioned in a study, about 16.7 per cent of the adolescent or young women seeking termination of pregnancy were sexual abuse survivors (Grover, 2019).

Mental Outcomes: Child sexual abuse disturbs the psychological and mental wellness of the child. Mental injuries do not heal early and it deeply impacts the behavioural and social life of the victim. Depression, low self-esteem, trouble in maintaining relationships, distrust towards people and fear are some common behavioural consequences (Child Welfare Information Gateway, 2019). Crime against children and trauma occurred due to this, cause harmful effects to the developing brain of the child (McCrory et al, 2010).

Sexually maltreated child has lower relationship building, communication and interaction capacity (Bacon & Richardson, 2001). A victim child may respond in different manner to different activities. After seeing a person who resembles to the culprit or a place which resembles the place where the incident took place, it is possible that child may express the feeling of anger and aggression because these situations trigger the memories of the incident in mind (Child Welfare Information Gateway, 2018). Children suffer from depressive disorder after being abused. This rate is three times more than the non-abused children (Brown et al, 1999). Their educational difficulties or grasping learning skill is low and they also exhibit poor language development (Veltman & Browne, 2001). They suffer from attachment difficulties and restrict themselves in being positive social or peer relationships (Doyle & Cicchetti, 2017). They often conduct suicidal or self destructive behaviour. Adolescents or youth having sexual abuse history are eight times more likely to attempt suicide more than others (Brodsky & Stanley, 2008). Suicidal thoughts in adolescents are strongly associated with sexual abuse (Evans et al, 2005). Many times victims harm others also due to aggression and have violent nature and behaviour (Gilbert et al, 2009).

Several behavioural issues include, oppositional and conduct problems suffered by the victims. These problems are less likely to be present in non-abused children (Pollio et al, 2011). Depression, sadness, isolation



from family, friends and social withdrawal are some behavioural complications associated with sexually abused girls (Herrenkohl et al, 2017). Children who are abused in different age or multiple stages of development show high rate of behavioural problems (Jaffee & Maikovich-Fong, 2011). Unhealthy sexual behaviour, practices, alcohol or drug dependence is a usual behavioural sign found in sexually abused children (Child Welfare Information Gateway, 2019).

Post Traumatic Stress Disorders: Post-Traumatic Stress Disorders (PTSDs) are usually experienced by sexually maltreated children. This psychiatric disorder is faced by victims and survivors of sexual violence, accidents, militant attack or other traumatic events (American Psychiatric Association, 2013). Highest rate of PTSD is linked with sexual abuse or rape (Bloom & Reichert, 1998). Re-experiencing thoughts where victims get repeated memories of the trauma again and again through nightmares, disturbing dreams, flashback and repetitive experience of traumatic thoughts are different symptoms or signs of PTSD (American Psychiatric Association, 2013).

In some situations, victims dissociate with people. This symptom of avoiding includes, resisting oneself to remind the stressful experience. Victim lives in a state of being highly alert even in safe situation and shows extreme anger. This is commonly known as hyper arousal or highly reactive symptoms of PTSD which also include sleeping disorder or insomnia. Ongoing fear, feeling or thoughts of re-victimization, some specific fears, concentration issues and feeling of being detached are other PTSDs (Brazier, 2019).

Recommendations for Parents and Society

Regular conversations between parents and children about sexual offences or sexual abuse in an appropriate manner can prove to be a very important step for preventing children from this harmful offence. Parents are the most trustworthy people for a child. Therefore, they can help more than the professionals to guide, care and protect. Parents and care givers ensure the safety of their children by guiding them about the appropriate and inappropriate touch and also about the sensitive parts or private parts of the body and make them understand about the risk and vulnerabilities. They must check and find whom their children are spending time with, and also should ask about their activities.

Activities of the child, such as concern, feelings, being out of the house overnight and social activities must be monitored by parents. Children go through multiple feelings. These feelings must not be neglected to prevent further damage to their childhood.

If a child reveals or discloses about the sexual abuse he/she went through, parents must assure the support and must not blame the child for this crime. Support of parents can heal the mental injuries of the victim more easily and quickly. Parents must console the child that his/her relationship with them will be intact after the disclosure. Victim can experience nightmares, depressions, mood swings etc., and parenting can be very difficult after the disclosure.

Parental involvement is very less in many families to guide their children for the risk factors that surround them. To improve this, it is essential to plan a population based prevention and protection programme by government or non-government organizations that can guide adults as well children of a particular sector. Objective of these programme must be involvement of parental skill and guidance in their children's life. These programme can prove beneficial for children who are very young to understand about this sensitive issue.

Workshops must be conducted for children as well as adults in school, where they are informed about the vulnerabilities and measures for protecting them from sexual abuse. Awareness among school going children must be raised by child-friendly methods which are easier for them to understand. Local government, civil society, media and police should be the initiators of such awareness plans. Saving oneself from perpetrators and recognizing their intentions must be its agenda.

Self-defence training programme for the children from pre-adolescence to post-adolescence must be the part of education system. If not by the local administration, then civil societies must come up with these kinds of programmes to build a confidence among children.



A teenage, with delinquent or anti-social behaviour can become a severe offender in future. To keep a check on this it is important to monitor students from junior or middle high school age as they are more prone to indulge in substance use and other delinquencies. Active involvement of a student in school activities and participation in community can prevent delinquencies among the teenagers. Owners or workers at liquor shops should not make alcohol available to people below 25 years of age.

Rehabilitation by civil society is an essential way to provide relief to the victims. Services like counselling sessions and providing therapies which help survivors to overcome the traumatic situation should be conducted by them. Their work must be advertised for the help seeking people in the disadvantaged areas. Also, these civil societies in the form of NGOs must act as a watch dog to find survivors and victims who need extensive care and treatment.

Active policing and specialized officials to deal with the corruption in matters of sexual abuse must be the prior concern of policy makers. Delays in conviction decreases and often shatters the confidence of victim and family in the prevalent judicial system.

Conclusion

Determined efforts are required to reduce the growing evil of sexual abuse. Relying on government machinery and policy implementation is not sufficient to safeguard our children from the demons and haters of childhood. Efforts have to be made from the ground level itself by the family and parents to create a fearless and safe environment for the children of society. Primary efforts incorporated with stringent rules, policies and laws can prove a satisfactory way to fulfil the objective of child protection worldwide. Affirmative obligations need to be exercised by the adults of the society to safeguard children from sexual violence and knowledge of causes and post traumatic outcomes, is the opening move towards it. ■

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AUTHORS



Pushpender Yadav

(The author is an Assistant Professor,
Department of Humanities & Social Sciences,
Maulana Azad National Institute of Technology
Bhopal, Madhya Pradesh.)



Divya Shrivastava

(The author is a Research Assistant,
Department of Humanities and Social Sciences,
Maulana Azad National Institute of Technology
Bhopal, Madhya Pradesh.)