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Analytical review of child sexual abuse

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Abstract

Child Sexual Abuse is a pervasive issue in today's world that not only has deadly short-term effects but also long-lasting ones that can not only damage the victim(s) but also their offspring and loved ones. The term 'Child Sexual Abuse' refers to a wide array of acts, behaviors, and motions perpetrated against a child or children. The CSA, have to endure life-long and life-altering consequences often lead to damaging changes in one's psyche, behavioral responses, physical temperament, and cognitive pathways. When it comes to emotional and psychological effects in the aftermath, the list is long. Major depression, suicide, social anxiety, and rates of conduct disorder, powerlessness, loss of control, issues with sexual intimacy, and romantic relationships in adulthood often occur as a result in some cases. Victims often have an increase in chronic anxiety, tension, hopelessness, isolation, worthlessness, and PTSD in the aftermath. An increase in literacy, betterment of sex education programs, better knowledge of prevention and safety strategies, and higher awareness about CSA should be inculcated as an awareness program. Intervention programs and education regarding the CSA should be provided to every adult and child, and stronger repercussions for those who have already or could potentially engage in CSA should be enacted.

Keywords: Child sexual abuse, behavioural response, aftermath, intervention

Introductions

Every human being has a right to safety, shelter, and choice. When these rights are impinged upon, an individual can experience a range of adverse effects. CSA or 'Child Sexual Abuse' is a pervasive issue in today's world that not only has deadly short-term effects but also long-lasting ones that can not only damage the victim(s) but also their offspring and loved ones. The term 'Child Sexual Abuse' refers to a wide array of acts, behaviors, and motions perpetrated against a child or children. Prior research has shown that even one experience can lead to a lifetime of traumatic consequences and negative effects for the child and impact their social, physical, occupational, and emotional functioning in childhood and later on. The memories of the aftermath may even hamper the victim's interpersonal functioning during adulthood by affecting their sexual relationships or causing distress in their romantic relationships.

2012 was a year of reckoning and reflection for all of India. Termed as the 'Nirbhaya Gang Rape', the horrendous story revolved around the assault and gang rape of a young girl that involved severe dehumanization and brutalization. Citizens took to the streets to protest, afraid not only for their own safety but of the safety of all the women in their lives. There was a collective shift in the Indian consciousness when it came to the importance of safety for young children, and the severity and pervasiveness of issues such as child sexual abuse on the Indian subcontinent. Professionals from every field, such as law, healthcare, policy, and politics, chipped in to offer their assistance in the implementation of better policies and worked together to help reduce the rates of sexual violence against children, women, and young people in general. CSA is one crime that does not discriminate when it comes to its victims. It doesn't matter what age, nationality, or sex the child belongs to for such heinous crimes to occur. There are various factors that come into play when CSA is involved. These are social and environmental factors as well as personal factors in regards to the perpetrator.

Child Sexual Abuse

The World Health Organization (1999) terms CSA as "the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society."

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Goldman and Goldman who conducted a prevalence study in Australia in 1988 outlined child sexual abuse as follows: “some form of sexual abuse or exploitation by age 18 years by a person 5 or more years older.” A few of the acts they included within the purview of the term were ‘being invited to do something sexual’, and ‘adults showing genitals’. Previously, other definitions have also included behaviours such as ‘fondling of genitals through clothing or directly’, ‘attempted intercourse’, ‘intercourse’, ‘exhibitionism’, and ‘the use of the child for prostitution or pornography’, to name a few.

Not only has there been a systemic issues of CSA in India, but the prevalence rates have previously also shown an increase. A meta-analysis showed that anywhere from 18-50% of children in India had previously experienced some form of CSA (Chatterjee *et al.*, 2006) ^[5]. In 2011, a study on the rates of CSA was conducted that concluded that 33,098 cases that reported instances of CSA were registered in total. This statistic indicated an increase of 24% from 2010, in which it was reported that a total of 26,694 cases had been reported. Additionally, within the purview of CSA, there was also an incline in the number of cases officially reported of child rape in India. From 5,484 in 2010, they rose to 7,112 in 2011. Like in many other countries, the topic of CSA is considered to be taboo in India. This leads to many victims experiencing societal pressure and facing stigma in the aftermath of the incidence. Many victims feel the pressure to not report cases of CSA due to fear of being abandoned, helplessness, shame, guilt, and a fear of being ridiculed. Due to the varied psychological, sociocultural, and social factors the experiences of victims are often unique, layered, and multidimensional in nature.

Categories of Child Sexual Abuse

In 2012, the Ministry of Women and Child Development (WCD) officially sanctions the POCSO (Protection of Children from Sexual Offences) Act in order to counteract the number of cases of abuse and violence against young people. It outlines various definitions of abuse, harassment, and exploitation and the repercussions a perpetrator will have to endure if they commit any such heinous acts. The categories include: aggravated sexual assault, sexual assault, aggravated penetrative sexual assault, penetrative sexual assault, sexual harassment, and the use of a child for purposes that are pornographic.

POCSO defines penetrative sexual assault as follows: “...is said to have occurred when penetration has taken place in a child’s vagina, mouth, urethra, or anus, using a body part of the perpetrator/s.” Aggravated sexual assault and aggravated penetrative sexual assault is said to have occurred when, “a non-penetrative/penetrative assault is committed by a police officer, a member of the armed forces, a public servant, or by someone on the management of a caretaking home/hospital/educational/religious institution”. Additionally, ‘people who take part in gang rape, cause bodily harm and injuries to a child’s organs, cause a child to attain mentally illness or an impairment, sexually incapacitate a child, and/or use deadly weapons during sexual assault’ are also included within this definition. Sexual harassment involves ‘the utterance of inappropriate or explicit sounds, gestures, and words, exposure of the child’s body involuntarily, stalking the child, via a form media threatening or intimidating a child, and/or showing

any explicit media to a child for inappropriate or pornographic purposes’.

There is currently no universal understanding of how to define it completely, due to its complexity. Each country and society has slightly varying definitions of what it means, how it impacts the child and their physical, social, mental, and cultural boundaries, and how it impacts the community at large. Lastly, although CSA affects the victim the most, it has a pervasive effect on the entire community and its prevention should be given due importance.

Risk and Protective Factors of Child Sexual Abuse: Theoretical explanation

CSA is one crime that does not discriminate when it comes to its victims. It doesn’t matter what age, nationality, or sex the child belongs to for such heinous crimes to occur. There are various factors that come into play when CSA is involved. These are social and environmental factors as well as personal factors in regards to the perpetrator. Currently, there aren’t a lot of multifaceted or inclusive theories about CSA. The theories that do exist, are usually segregated into 3 types of levels, those being multi-factor, micro, and single-factor stated Ward and Hudson (2001) ^[3], and they revolve around the event itself, or the abuser.

Single-factor theories analyse a single reason associated with the abuse. Multi-factor theories explain multiple factors that could have caused sexual abuse to occur. Micro-level theories disseminate the event into even smaller modules and look at its different components, i.e. contextual, behavioural, cognitive etc. They refer to the ‘how’ component instead of the ‘why’, which causes them to not be deemed as utilitarian as the others by some (Gannon & Ciardha, 2012) ^[9]. Both contributing and pre-dispositional, as well as dispositional factors, are taken into consideration when a theory is created.

Finkelhor’s ‘Precondition Model of Child Sexual Abuse’ (1984) is one theory that deems that sexual acts against children is in fact a multifactorial occurrence and should take into account both situational and environmental contexts, as well as the needs of the perpetrator. Sexual motivation, norms, cultural bias, the perpetrator’s history and psychopathology, all need to be taken into consideration in order to fully comprehend the current situation. Finkelhor stated that there were four main factors that led to abuse. These were, disinhibition (the perpetrator allowed themselves to behave or engage in an act was deemed socially inappropriate), blockage (due to some circumstance, the perpetrator was unable to meet their desires in a manner that was socially acceptable), sexual arousal (children sexually aroused the perpetrator), and emotional congruence (the perpetrator feels emotionally satisfied after being sexually aroused through children).

Hall and Hirschman’s ‘Quadripartite Model’ (1992) delineates the onset factors for a sexual offence as well as the maintenance factors that are involved. The model was earlier utilized to study the consequences of rape and the act itself, and they later broadened it to also include acts involving sexual abuse. Various psychological, contextual, behavioural, interpersonal, and cognitive factors, were said to result in sexual violence being committed against children. All the factors were then narrowed down into 4 main categories; physiological and sexual arousal, cognition, affective dyscontrol, and tertiary factors that were involved in a person’s personality (Ward, 2001) ^[3].

Marshall and Barbaree's 'Integrated Theory' (1990) mainly aimed to spread light on the interplay between the different components of an individual that led them to commit certain sexual offenses. They believed that an increase in one's hormonal activity led to an increase in aggressive impulses. Additionally, extrinsic, intrinsic, environmental, and developmental issues also matter. Environmental vulnerability is the cardinal dimension that affects the development of the individual in this theory. The parenting style they experienced, their attachment style, their self-worth, and their role models are all factors that are considered. Situational factors such as high-stress levels, sexual arousal, substance abuse, and positive reinforcement are all factors that predispose the person in this theory (NHS, 2005).

Ward and Siegert's 'Pathways Model' (2002) focused on assessing the offenses of perpetrators through the direction they chose to take and the situational and cultural context that the event was embedded into. The dysfunctional aspects of the person's psyche were divided into the following five subtypes: intimacy, emotional regulation, antisocial thinking, sexual scripts, and multiple dysfunctions.

Protective and risk factors dictate the possibility of the intensity and rate of occurrence of abuse that a victim could potentially go through. Although it is never the victim's fault or their actions or behavior, CSA does not exist in a vacuum. It is many times superseded by multiple factors such as communal factors, and the personal and behavioral traits of the perpetrator. Certain factors put children at higher risk of being victimized; such as being a female, being young, consuming substances, or having high amounts of alcohol. Re-victimization rates are often higher than first-time victims (Dunkle *et al.*, 2004) ^[7]. Poor socio-economic backgrounds, unstable family background, living away from guardians or parents, parents who have been victims of CSA themselves, and mothers who experienced marital betrayal or dissatisfaction or are incompetent parents, are all factors that put children at a higher risk of being sexually harassed, abused, or assaulted (Finkelhor, Moore, Hamby, & Straus, 1997; Paveza, 1988; Madu, & Peltzer, 2000).

Protective factors are those that decrease the possibility that CSA might occur, although unfortunately, it still doesn't guarantee anything at the end of the day. Factors such as academic caliber, mental and emotional wellbeing, a sense of empathy, and a family ecosystem that is healthy are all protective factors that help the victim and lessen the chances of them being victimized (East PI, Hokoda A., 2015).

Effects of Child Sexual Abuse

The CSA, have to endure life-long and life-altering consequences often lead to damaging changes in one's psyche, behavioral responses, physical temperament, and cognitive pathways. When it comes to emotional and psychological effects in the aftermath, the list is long. Major depression, suicide, social anxiety, and rates of conduct disorder were also said to have been higher in a cohort study conducted on twins. Somatic complaints, as well as issues or pain related to the stomach and genital area, constant migraines, headaches, and chronic exhaustion, were all symptoms commonly reported by victims. By comparison, women were more likely to report physical pain symptoms such as gastro issues or pain in the pelvis than men (Ratican, 1992) ^[21]. A cycle of guilt, internalization, and self-blame

are also common in the aftermath of a CSA incident. Due to a lack of safe outlets for conversation, many also visualize self-harm or suicidal ideation, and often end up engaging in more risk-taking behaviors that could be self-destructive, in comparison to those who haven't experienced such a traumatic event (Browne & Finkelhor, 1986) ^[4].

Powerlessness, loss of control, issues with sexual intimacy, and romantic relationships in adulthood often occur as a result in some cases. Victims often have previously mentioned an increase in chronic anxiety, tension, hopelessness, isolation, worthlessness, and PTSD in the aftermath (Hartman & Leon, 1987; Briere & Runtz, 1988) ^[11, 3].

Behavioral affects can vary drastically from person to person, as not everyone is prone to the same type of responses. Contextual and environmental aspects also play a role in how behavioral effects manifest in reality. A loss in terms of physical inhibition, a higher level of sexual functioning that is dysfunctional, a heightening of romantic and sexual risk-taking, and higher rates of re-victimization than those who have not been abused are some behavioral ramifications (Beitchman *et al.*, 1991) ^[2]. Olley (2007) ^[19] found out that boys and girls who experienced CSA during their adolescence were less likely to utilize any type of contraception like condoms while having vaginal intercourse, were more likely to have casual sex with a complete stranger, had a higher chance of taking a substance or alcohol before sex, and were more prone to receiving an STD.

Cognitive impacts of CSA can range from neurocognitive and neurological to changes in one's aptitude and mathematical capabilities, especially for young women. Those who use positive cognitive coping strategies, often achieve a higher level of adjustment (Himelien & McElrath, 1996) ^[12]. Physical affects can often be acute, chronic, intense, or mild. The pelvis and abdomen are areas where many individuals report experiencing pain, especially women (Leserman, 2007) ^[15]. The pain often results in the decrease of one's pain threshold (Scarinic *et al.*, 1994; 1997). Physical inaction, higher rates of smoking, and a higher propensity towards obesity are some physical effects (Felitti *et al.*, 1998) ^[8].

RAHI (Recovery and Healing from Incest) NGO conducted a study in 1998 and found out that over 76% of participants, thereby a majority, had during adolescence or childhood experienced some type of sexual abuse. Tulir Center for Healing and Prevention of Child Sexual Abuse and Save the Children also formulated a study with 2,211 Chennai school children in 2005. Their study revealed that close to 40% of the girls and 45% of the boys had previously gone through some type of CSA. 15% admitted to enduring severe sexual abuse at least one time.

CSA victims often feel a decreased feeling of intimacy with their close friends as well as an increase in conflict in their lives. A longitudinal study by Hyman and Williams conducted in 2001 found that six variables played a major role in the resilience of CSA survivors; these were found to be: 1) non-incest related abuse 2) stability in the home during childhood 3) no physical force utilized during abuse 4) no arrests during adolescence 5) completing high school 6) not experiencing re-victimization during adulthood. CSA causes occupational and social adjustment issues, a decrease in self-esteem, an increase in body image distortion, and lower sexual satisfaction, as compared to those who had

never experienced sexual abuse (Jackson *et al.*, 1990) ^[13]. Somatization disorder accompanied with dissociative symptoms, dissociative identity disorder (DID), and borderline personality disorder (BPD) have all been correlated with traumatic CSA experience(s) in childhood (Maldonado *et al.*, 2002) ^[17]. Sexual abuse perpetrated by a guardian, a paternal figure, or a close relative has been recorded to have deeper repercussions; Especially aggravated penetrative sexual assault (Beitchman *et al.*, 1991) ^[2].

Two out of three people, who have been sexually violated, generally have an increased risk of being revictimized, and the risk gets larger if there are other traumas attached (Classen *et al.*, 2005) ^[6]. Issues with dysfunctional coping mechanisms, bad regulation of emotions, chronic cycles of shame and self-blame, and a large number of relationship issues all increase the risk of revictimization. Higher levels of identity issues, dissociation, an increase in complicated relationship dilemmas, and less interpersonal aptitude are closely attached to CSA (Bailey, Moran, & Pederson, 2007; Kearns & Calhoun, 2014) ^[1, 14].

Less than 10% of men and 22% of women were probable to discuss their abuse with someone else. Only 20% of victims had ever told anyone about their traumatic experience, reported Herbert *et al.*, (2009). Those who prolonged their disclosure were more likely to experience negative after-effects like PTSD and anguish. CSA was also associated with promiscuity at an early age, teenage pregnancy, and prostitution on some levels (Widom & Kuhns, 1996) ^[25].

Conclusion

Child Sexual Abuse is a pervasive issue in today's world. There is a need to emphasize the issue from different corners. As awareness related to CSA and its aftermath increases, we can hope that victims achieve the justice and peace of mind that they desire. Additionally, we can hope that collectively the stigma that has been catered towards victims of CSA for centuries will decrease. There is a requirement to bring to light the systemic failures that are present at every level of society when it comes to safeguarding children, and an increase in resources towards those that are currently present in dangerous situations and at risk. Every individual can collectively aid through various manners to end this pervasive social issue; some ways include acting morally, reporting any suspicious incident that you come across, and holding people to a higher standard. On a social level, the rule of law should be made more stringent in order to enforce culpability for those who engage in these heinous acts. The judicial and police verification process should be made less stressful for victims, and adequate emotional and psychological support should be provided throughout. An increase in literacy, betterment of sex education programs, better knowledge of prevention and safety strategies, and higher awareness about CSA should be inculcated. Intervention programs and education regarding the CSA should be provided to every adult and child, and stronger repercussions for those who have already or could potentially engage in CSA should be enacted. The future of the world belongs to the children. So it is our duty to protect them, safeguard them, and ensure that they develop into healthy, happy, and well-functioning individuals.

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