

# Child Sexual Abuse–The Ineffable Misery

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Child Sexual Abuse (CSA) is an irresistible human right issue and public health distress. The World Health Organization (WHO) defines Child Sexual Abuse (CSA) as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.”<sup>1</sup> CSA is a serious delinquent issue of considerable extent throughout the world. CSA has intense magnitudes for the child. It is known to impede with evolution and expansion of a child. CSA has also been allied to abundant maladaptive health behaviors, and poor social, mental and physical health outcomes throughout the lifespan. In accordance with that, there is indication that CSA can disturb neuro-biological systems, for e.g. the cortical representation of the genital somatosensory field<sup>2</sup>. Other conjoint sequelae for adult survivors of CSA may comprise relational challenges (e.g., increased risk for domestic violence), violent behaviors, and increased risk of perpetration of CSA as adults.

Enlarged responsiveness in the public dialog and involvement around child protection led to the Government of India passing the, ‘The Protection of Children from Sexual Offences’<sup>3</sup> (POCSO) law in 2012. This Act criminalizes a series of acts including rape, harassment, and exploitation for pornography involving a child below 18 years of age and issue directives for the setting up of Special Courts to accelerate trials of these offences.

Child sexual abuse (CSA) is demarcated as any use of a child for sexual satisfaction by another person. It can be committed by an adult, an older or a grown progressive child, or even a child of the same age if coercion is there. This comprehensive definition incorporates a very extensive assortment of experiences, from noncontact exploitation (voyeurism, exhibitionism) to contact abuse that sorts from genital fondling to violent rape. The special effects of CSA on victims and their families differ immensely, so that a search by CSA Researchers in the 1980s to recognize a “sexually abused child syndrome” is alike to the “battered child syndrome” has been uninhibited as infertile.<sup>4</sup>

<sup>1</sup> World Health Organization. Report of the Consultation on Child Abuse Prevention Geneva (Switzerland): World Health Organization, (1999).

<sup>2</sup> A.K .Shrivastava, S.B Karia, S.S.Sonavane, A.A De Sousa, “Child sexual abuse and the development of psychiatric disorders: a neurobiological trajectory of pathogenesis”, 26(1), *IPJ* 4-12 (2017).

<sup>3</sup> The Protection of Children from Sexual Offences Act,2012

<sup>4</sup> Erna Olafson, “Child Sexual Abuse: Demography, Impact, and Interventions” 4 *JCAT* 8-21 (2011).

## Impact of Child Sexual Abuse-

As CSA comprises many different categories of acts, the reactions and indications of victims and adult survivors differ significantly, from basically asymptomatic to lifetime, incapacitating psychological, behavioral, and health concerns. Putnam <sup>5</sup> articulates that sexually abused children “constitute a very heterogeneous group with many degrees of abuse about which few generalizations hold”. Even when sexually abused children do not experience long-standing psychological symptoms, they are at increased risk for future victimization; impaired adult functioning; and altered attitudes about self, others, and the world<sup>6</sup>.

The following problems distress the harshness and duration of victim symptoms and behaviors such as, prior or simultaneous traumas, pre-existing psychological ailments, the nature of the exploitation, relationship to the culprit, extent of the cruelty, level of sustenance by the nonabusive caregiver, and gender. Poorer long-term outcomes are associated with the following abuse characteristics: contact rather than noncontact abuse; penetration (for both child and adult victims, rape is associated with the highest rates of posttraumatic stress disorder [PTSD] of any form of interpersonal violence; <sup>7</sup> sexual abuse with aggression, violence, or coercion; sexual abuse that begins early and lasts through more than one developmental stage; and a close relationship (generally familial) with the perpetrator. In accumulation, sexually abused boys generally experience worse short- and long-term consequences than do girls<sup>8</sup>. All sorts of childhood disturbance and mistreatment are allied with sentimental syndromes, and the connection between CSA and both chief depression and dysthymia is especially resilient. In women, a general history of CSA is connected with rates of hopelessness three to five times those of non-abused women.<sup>9</sup>

Child sexual abuse (CSA) is a widespread problem with severe life-long consequences. A survey by United Nations International Children Education Fund (UNICEF) on demographic and health was conducted in India from 2005 to 2013, which reported that ten per cent of Indian girls might have experienced sexual violence when they were 10–14 years of age and 30% during 15–19 years of age. Overall, nearly 42% of Indian girls have gone through the trauma of sexual violence before their teenage.<sup>10</sup> The first study on CSA in India was conducted by Recovery and Healing from Incest, an Indian non-government organization (NGO) in 1998. Majority (76%) of the participants reported being abused during childhood or adolescence.<sup>11</sup>

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<sup>5</sup> Frank W. Putnam, “Child Sexual Abuse” 42(3) *JAA* 269-78 (2003).

<sup>6</sup> Erna Olafson, “Child Sexual Abuse: Demography, Impact, and Interventions” 4 *JCAT* 8-21 (2011).

<sup>7</sup> available at: <https://www.tandfonline.com/doi>

<sup>8</sup> Erna Olafson, “Child Sexual Abuse: Demography, Impact, and Interventions” 4 *JCAT* 8-21 (2011).

<sup>9</sup> Erna Olafson, “Child Sexual Abuse: Demography, Impact, and Interventions” 4 *JCAT* 8-21 (2011).

<sup>10</sup> available at: <http://timesofindia.indiatimes.com/india/42-of-Indian-girls-are-sexually-abused-before-19-Unicef/articleshow/42306348.cms?>

<sup>11</sup> available at: <http://www.hrw.org/sites/default/files/reports/india0113ForUpload.pdf>. Breaking the silence. Child sexual abuse in India. USA, Humans rights watch. 2013. [Last cited on 2014 Aug 09].

Dr. Shekhar Sheshadri,<sup>12</sup> the first doctor in the country to study particularly about children sexual abuse and also a Psychiatrist for both children and adults working at the National Institute of Mental Health and Neuro Science states that the increasing incidents of child sexual abuse tend to be for three reasons – substance abuse which reduces restraint. Child abuse is regrettably predominant worldwide. It includes a plethora of physical, sexual, psychological, and economic violation or maltreatment directed at an individual below 18 years of age. The changing aspects of CSA vary from those of adult sexual abuse. Children seldom reveal sexual abuse instantaneously after the occurrence. Furthermore, the confession tends to be a procedure rather than a single event and is often originated following a physical complaint or a variation in actions. The mental and physical disturbance or trauma confronted by the survivor of CSA is indescribable, especially in a society where accusing the victim is the norm. Notwithstanding this, CSA is a concern which is neither spoken nor conversed, but is sidestepped, ignored, or brushed under the carpet. This is understandable from the fact that until recently people could not be punished for disgraceful behavior toward children including sexual abuse (not amounting to intercourse), mental harassment, and even being used for pornography had no laws against them. To cure the situation, the Protection of Children from Sexual Offences 2012 Act<sup>13</sup> was promulgated. The law has made a transformation; there is amplified awareness and there is a rapid upsurge in the number of cases registered under the Act. In May 2012, India's Parliament took a most important step by passing the Protection of Children from Sexual Offences Act. Under the law, all methods of child sexual abuse are now precise criminal offenses for the first time ever in India. Before the new law, diverse systems of exploitation had to be prosecuted under a jerry-rigged of dissimilar laws often intended for different determinations, and their indeterminate applicability to individual cases of child abuse created hurdles to prosecution. For example, it was not clear whether any law covered non-penetrative sexual acts committed against boys. The new law also establishes strategies for the police and courts to deal with victims delicately and provides for the setting up of expert child courts. There is an anticipation that, taken together, these processes will embolden more victims and their families to step onward, and upshot in more efficacious prosecutions. Unfortunately, despite the new law, the condition on the ground remains more or less unaffected.

### **Socio- Cultural and Family factors involved in Child Sexual abuse in India-**

The most substantial challenges to addressing all kinds of child abuse and mistreatment in India include overpopulation that involves poor service provision for children and families, poverty, illiteracy, desertion of children and cultural dogmas and practices relating to cultural rights. These in continuation include that parents often believing that children are their personal property and they are having only the sole rights about their privileges and choices. Further girls in India especially in rural areas are discriminated against in terms of education, nutrition and medical care, are more likely to experience infanticide and

<sup>12</sup> Sekhar Sheshadri, Sheila Ramaswamy "Clinical Practice Guidelines for Child Sexual Abuse" 61, *IJP* 317-332 (2019).

<sup>13</sup> The Protection of Children from Sexual Offences Act, 2012.

mostly treated or considered as a burden to the family. In accumulation to this, boy child in Indian families are treated as a direct blessings from God, they are typically valued and preferred in Indian families as a consequence, these features put girl children especially at greater risk for child sexual abuse and exploitation. Though the Constitution of India guarantees different fundamental rights for children, these rights are more needs based than rights based, and the Government has to face challenging chore of implementing those Constitutional and Statutory provisions for children. So it is more like on paper rather than functioning actually in reality.

Immediate effects of CSA	Intermediate effects of CSA	Long-term effects of CSA
Shock	Altered self-perception/body image issues	Anxiety disorders
Dissociation	School/learning problems	Eating disorders
Confusion	Behavioral problems	Depression
Guilt	Sleep disturbances	Suicide
Fear	Age-inappropriate sexual behavior	Parasuicide
Phobias	Conduct problems	Schizophrenia and delusional disorder
Hypervigilance	Aggression	Antisocial/borderline personality
	Substance abuse	Substance use
	Prostitution	Adjustment problems
	Social dysfunction	Intimacy issues/sexual problems
		Interpersonal problems and relationship problems

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The undulate special effects of CSA can be hard to identify, even though mistreatment may affect every area of an individual's life. These effects might not unavoidably be permanent but can be devastating. Childhood mental disorders are expressively more common in children with sexual abuse and the hazard is higher in boys than girls. CSA can harm the child's self-understanding, sense of trust, and sensitivity of the world as a reasonably safe habitation, regardless of gender. Extensive research has discovered that children who have undergone CSA face an inclusive variability of emotional and behavioral problems.<sup>14</sup> Considerably higher pervasiveness of anxiety syndromes, personality ailments, organic disarrays, childhood mental maladies, and conduct disorders was witnessed in male survivors of CSA. On the other hand, pointedly higher frequency of major touching disorders, anxiety disorders, personality disorders, organic disorders, childhood mental disorders, and conduct disorders was seen in female survivors of

<sup>14</sup> Sekhar Seshadri, Sheila Ramaswamy "Clinical Practice Guidelines for Child Sexual Abuse" 61, *IJP* 317-332 (2019).

<sup>15</sup> *ibid*

CSA. <sup>16</sup>A study carried out on prospective data from 831 children and parents participating in the Longitudinal Studies on Child Abuse and Neglect found a risk of more intimidation and physical assault in subsequent peer relationships; however, no gender differences were noted to be present. <sup>17</sup> History of CSA was also found to be associated with high-risk sexual behavior among adolescents, of which unprotected sexual intercourse was the most common.

Children very often do not disclose their horrible “secret” and suffer in silence. However, CSA usually causes strong emotions including fear, confusion, shame, guilt, anger, betrayal, helplessness, depression, and despair. Survivors of CSA may consider themselves as different, dirty, and damaged. Due to various emotional, social, and cultural reasons, survivors of CSA may not be able to articulate their experiences and feelings. A major reason for this is that the children are traumatized and are unaware of the suitable words to communicate their experience. CSA has long-lasting adverse effects on mental health. Effects may be immediate, intermediate, and long term.

The Gujarat High Court on Monday 3<sup>rd</sup> July, 2020<sup>18</sup> held that although POCSO introduced to protect girl child, legal awareness needed to simultaneously protect young boys from label of “offender”. The Bench of Justice Sonia Gokani and N.VAnjaria while dealing with a Habeas Corpus petition by the father of a minor girl who had eloped with a boy who himself is a minor delivered this judgment.

Child sexual abuse (CSA) is a universal problem with severe life-long aftermaths. The issue of CSA is complicated and challenging to study. The approximations vary broadly depending on the country under study, the definitions used, the type of CSA studied, the extent of coverage, and the quality of data. However, sexual violence is seen to occur in all ages, in all socioeconomic classes, and nearly in all countries with differences in the magnitude. To improve the consciousness of primary care physicians, policy makers, counsellors, police personnel, counsellors, and the community this research paper is prepared to make them realize how dreadful the outcome is in child sexual abuse. Few relevant suggestions in this context are -

Adopt and implement a protocol for the medical treatment and examination of victims of child sexual abuse, in accordance with guidelines developed by the World Health Organization. Ensure that physicians and other medical staff respond to cases of sexual abuse in a sensitive manner that minimizes invasive examination and provides access to continued reproductive, sexual, and mental health services. Train doctors in all public health facilities to adopt and use this protocol.

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<sup>16</sup> Sekhar Seshadri, Sheila Ramaswamy “Clinical Practice Guidelines for Child Sexual Abuse” 61, *IJP* 317-332 (2019).

<sup>17</sup> *ibid*

<sup>18</sup> *available at:* <https://www.livelaw.in/news-updates>

Ensure that the National Commission for the Protection of Child Rights has sufficient resources to monitor the effectiveness of the Protection of Children from Sexual Offenses Act<sup>19</sup>. Appointed members should be experts in child protection and be backed up by effective investigative units. The commission should have an independent capacity for investigations.

Provide training to police to sensitively handle complaints of child sexual abuse so that they do not re-traumatize victims by aggressively questioning the child or family members. This should include training of junior ranks that have most public dealings at police stations or as first response units.

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<sup>19</sup> The Protection of Children from Sexual Offenses Act, 2012.