

Child Sexual Abuse

By

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The mother, a **minor**, told cops she had been raped by her neighbour and had delivered the infant in the bathroom at home.

More than two weeks after a **newborn girl was found dumped in a garbage bin at Kurla**, local women managed to trace the 17-year old mother, who alleged that she had become pregnant after being raped by her 47-year-old neighbour.

After some questioning, the girl told a female police officer that she had **been raped by her neighbour, and that she had hidden the fact from her parents. She said she had delivered the baby by herself in the bathroom at home, and then abandoned the infant in the garbage bin.**

"The girl told us that the accused had threatened her with dire consequences if she revealed anything to her family," an officer added. The police, who are investigating if any of the girl's family members knew about her pregnancy, were also told that **the accused is HIV-positive** and will be conducting tests to determine whether the minor and the newborn are affected as well. The child is currently in an orphanage.

- By Sadaf Modak, **Mumbai Mirror** | Nov 5, 2015, 01.00 AM IST
<http://www.mumbaimirror.com/mumbai/crime/Kurla-women-turn-detectives-trace-dumped-babys-mom/articleshow/49665543.cms>

Child Sexual Abuse (CSA) ???

CSA refers to the involvement of a child in any sexual activity that:

- The child does not understand;
- The child is unable to give informed consent to;
- The child is not developmentally prepared for & cannot give consent to; and
- Violates the laws or norms of society

1999 WHO Consultation on Child Abuse Prevention, quoted in WHO Guidelines for Medico legal care of Victims of Child Sexual Violence, Chapter 7

Definition and Meaning of Sexual Offences

- Under the Protection of Children from Sexual Offences (POCSO) Act, 2012, any sexual activity with a child below 18 years, whether boy or girl, is a crime.
- As defined by the Act, sexual offences include
 - penetrative sexual assault (Section 3),
 - sexual assault (i.e., non-penetrative) (Section 7),
 - sexual harassment (Section 11), and
 - use of a child for pornography (Section 13).

Prevalence of CSA – World wide

2 meta analyses – Stoltenborgh et al 2011

Region	Lifetime prevalence in Females	Lifetime prevalence in Males
Africa	20.2%	19.3%
Asia	11.3%	4.1%
Australia	21.5%	7.5%
Europe	13.5%	5.6%
South America	13.4%	13.8%
USA & Canada	20.1%	8.0%

Indian scenario

2007 –Government of India (WCD)

- 53% reported having faced some form of CSA
- Over 57% of these were boys
- 72% said they did not report the abuse to anyone
- Only 3% reported CSA to the police

Singh MM, Parsekar SS, Nair SN. An Epidemiological Overview of Child Sexual Abuse. *Journal of Family Medicine and Primary Care*. **2014**;3(4):430-435.

Forms of sexual abuse	Prevalence (%)	Gender-wise distribution (%)	Perpetrator* (%)	Not disclosed (%)
Sexual assault	5.67	Boys: 54.4 Girls: 45.6	Uncle/ Neighbour: 31	72
Forced to touch private parts	14.5	Boys: 58.4 Girls: 41.6	Friend: 38.5	77
Forced to touch exhibit parts	12.6	Boys: 60.2 Girls: 39.7	Friend: 44.4	82
Photographed in nude	4.5	Boys: 52 Girls: 48	Friend, uncle and neighbour	71.4
Forcible kissing	21	Boys: 45 Girls: 55.02	Friend: 35	72
Child forced to view private parts	17	Boys: 55.9 Girls: 44.4	Friend: 40.7	79
Pornographic material exposed to child	30.2	Boys: 67.03 Girls: 33	Friend: 66	80

*Only the maximum prevalence of the relation of the perpetrator with the victim in each of the forms of CSA has been mentioned in the table above.

Where does the CSA take place?

- **Home**
- School
- Workplace
- Anywhere

Who are the perpetrators?

- **Child knows** – parent, friend, neighbor, child caregiver, teacher.....
- **Child does not know** - stranger

Vulnerabilities of Children

- **Age** – immature, - socially, emotionally
- **Seek** attention & affection
- **Respect** adults & **listen** to adults
- **Curious**

Grooming

- Grooming is a method of **building trust** with a child and adults around the child in an effort to **gain access to the child**.
- The purpose of grooming is:
 - To reduce the likelihood of a **disclosure**.
 - To reduce the likelihood of the child being **believed**.
 - To reduce the likelihood of being **detected**.
 - To manipulate the **perceptions** of other adults around the child.
 - To manipulate the child into becoming a **cooperating** participant/feeling complicit.

Consequences of CSA

- Physical
- Emotional / mental health consequences
- **Duration** of abuse
- **Age** of the child
- Type and availability of **support**

Physical indicators

- Sexually transmitted infections,
- Pregnancy,
- Complaints of pain or itching in the genital area,
- Difficulty in walking or sitting,
- Repeated unusual injuries,
- Pain during urination and/ or defecation, and Frequent fungal infections.

Behavioural Indicators

- Abrupt changes in behaviour,
- Refusal to undress for physical examination,
- Report of sexual involvement with an adult or child,
- Excessive fear of specific places, men or women,
- Fearful or startled response to touching,
- Recurrent physical complaints without physiological basis,

Behavioural Indicators

- Tendency to self harm,
- Wearing many layers of clothing regardless of the weather,
- Recurrent nightmares or disturbed sleep patterns and fear of the dark,
- Regression to more infantile behaviour like bed-wetting, thumb-sucking or excessive crying,
- Poor peer relationships,

Disclosure

- “**Disclosure**” refers to **when a child opens up and says** that he or she has been sexually abused.
- A child’s capacity to disclose is impacted by several factors, including the child’s **age**, sense of **safety**, available **resources** and other factors relevant to the particular context.
- Disclosure can be **direct**, i.e. when the child tells someone about the abuse; or **indirect**, when the abuse is discovered as a result of the child becoming pregnant or contracting a Sexually Transmitted Infection.

Why a child **may not disclose abuse**

- He/she is **embarrassed**
- The child blames himself/ herself and thinks the abuse is **their fault**
- He/ she **does not know** if what is happening to them is normal or not
- The abuser is a **known person** and the child does not want to get them in trouble
- The abuser told the child to keep **it a secret**
- The child is afraid that **no one will believe** him/ her
- The abuser **bribes** or **threatens** the child
- He/ she thinks **you already know**
- The child is **very young** and is **not aware** that he/she is experiencing sexual abuse

Myths & Misconceptions

- The abuser is usually a **stranger**
- Incest, i.e, sexual abuse by a person related to the child is not common amongst **well educated** or **well off** people
- Sexual abuse never happened & the child is making it up or **exaggerating**
- **No damage** is done by the abuse unless the child is visibly physically harmed

Myths & Misconceptions

- Many children do not reveal sexual abuse because they are **enjoying** it
- He **looks normal** and **acts normal**, so he can't be a child molester
- Child molesters molest **indiscriminately**
- A child says that they have been sexually assaulted and then later says that it didn't really happen. This clearly means that they are **lying**

Myths & Misconceptions

- The victim is always a **girl**
- Children are abused because their parents have **neglectful style of parenting** and fail to supervise their child properly
- Sexual abuse victims are '**damaged goods**' and their lives are ruined forever

To conclude.....

Child Sexual Abuse

- Complex issue
- Concerted & Committed care
- Multidisciplinary approach