

CHILD SEXUAL ABUSE IN INDIA: A LITERATURE REVIEW

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Introduction

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.”[1]. CSA includes an array of sexual activities like fondling, inviting a child to touch or be touched sexually, intercourse, exhibitionism, involving a child in prostitution or pornography, or online child luring by cyber-predators [2, 3].

CSA is a serious problem of considerable magnitude throughout the world. A recent systematic review of 55 studies from 24 countries found much heterogeneity in studies in terms of definition and measurement of CSA and concluded that rates of CSA ranged

from 8 to 31% for females and from 3 to 17% for males [4]. Despite similar methodological challenges, other systematic reviews which included studies conducted worldwide across hundreds of different age-cohort samples have observed alarming rates of CSA, with averages of 18–20% for females and of 8–10% for males, with the lowest rates for both girls (11.3%) and boys (4.1%) found in Asia, and highest rates found for girls in Australia (21.5%) and for boys in Africa (19.3%) [5, 6].

CSA has profound consequences for the child. It is known to interfere with growth and development [7, 8]. CSA has also been linked to numerous maladaptive health behaviors, and poor social, mental and physical health outcomes throughout the lifespan [2, 9–10]. In accordance with that, there is evidence that CSA can affect neuro-biological systems, e.g. the cortical representation of the genital somatosensory field [11]. Other common sequelae for adult survivors of CSA may include relational challenges (e.g., increased risk for domestic violence), violent behaviors, and increased risk of perpetration of CSA as adults [2, 12].

Children, under the age of 18, contribute to 37% of India's population [13] with large proportions experiencing great deprivations such as lack of access to basic education, nutrition or health care [14].

Child sexual abuse content is a permanent record of the sexual abuse of a child and it can be presented in any format, such as, an image, an audio recording, a drawing, or a story about the sexual assault of a child. The terms "child pornography", "child porn" and "kiddie porn" are used in general language as well as in legislation, lawenforcement protocols, and by the media. The term "child sexual abuse content" is however used throughout the report rather than other terms except in the original 7 text of legislation quoted because it reflects more accurately the nature of the content. In addition, "child sexual abuse content" discussed in this report only refers to online child sexual abuse content but not those in an offline environment.[15]

Sexual abuse through social networking sites has become increasingly concerning in recent years, with the Internet offering opportunities for sex offenders to engage in online

grooming behaviour. The aim of this chapter is to offer a critical overview of the nature of online sexual abuse: it explores some of the online risks children face online including the problem of sexual solicitation. It also presents the types of online groomers that have been identified in the latest studies and the classification of child abuse images, seen as part of the abuse process. It suggests that on the one hand, more needs to be done in ensuring that children are fully aware of the online risks; on the other hand, governments worldwide need to direct more resources to ensure that high-quality training and support is available to frontline police officers to help tackle child sex offences, especially online.[16]

CSA is associated with adverse psychosocial outcomes such as depression, posttraumatic stress disorder, antisocial and suicidal behaviors, eating disorders, alcohol and substance abuse, postpartum depression and parenting difficulties, sexual revictimization, and sexual dysfunction. A recent meta-analysis found CSA was also associated with higher rates of physical health conditions, including gastrointestinal, gynecological, and cardiovascular problems and obesity. A longitudinal analysis of the association between childhood sexual abuse and educational achievement found a linear relationship between increasing severity of CSA and poorer educational achievement, however the relationship was confounded by sociodemographic characteristics (e.g., lower maternal age and qualifications) and family functioning variables (e.g., interparental violence) known to be associated with child maltreatment. These consequences are far reaching into families and communities, with significant costs for institutions in terms of primary and rehabilitative health care, education and welfare assistance, child protection, and justice system costs. The time of greatest vulnerability for CSA appears to be during the prepubescent and early pubescent periods, for example, in the United States, between 7 and 12 years of age, in Ireland 5–12 years, and in China 4–15 years.[17]

Conclusion

CSA is a dark reality that is highly prevalent in India and adversely impacts health. Our literature review underscores the need for the development of a standardized definition of CSA and a validated tool for accurate measurement of CSA across India. Moreover,

additional in-depth studies of CSA among the general and specific populations like commercial sex workers and MSMs are needed to develop effective ecological models for prevention and treatment of CSA that are sensitive to the diversity of vulnerabilities of children and adolescents in the Indian context. Furthermore, there is definitely a great need for more research concerning the perpetrators of child sexual abuse, including gathering more knowledge about paedophilia in India, in order to enhance primary preventive strategies.

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