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Editorial

The conceptual framework for prevention of child sexual abuse

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Child sexual abuse (CSA) is a global problem having legal, social, medical and psychological implications. [1] World Health Organization (WHO) define 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.*” It includes a range of activities like “intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography.” [2]

Prevalence

Globally 7.9% of men and 19.7% of women have experienced sexual abuse before the age of 18. [3] India is home to the highest number of children and CSA victims in the world. For every 155th minute a child, less than 16 years is raped, every second child is being exposed to one or the other form of sexual abuse and one in every 10 children sexually abused at any point of time. [4]

CSA is prevalent in India due to poverty, illiteracy, overcrowding, and unhygienic living conditions, lack of enforcement of child labor laws, etc. [5] In India 4–41% of the girls and 10–

55% of the boys in school and college samples have experienced some form of CSA (contact, non-contact, forced). [6] United Nations International Children Education Fund (UNICEF) survey in India (2005 to 2013) reported sexual violence in 10% girls in 10–14 years of age group and in 30% girls in 15–19 years of age group. [7] A study by the Ministry of women and child development of India reported an extreme form of CSA in 20% of children and more than 50% were boys. [4] CSA occurs in various spaces including the home, neighborhood, schools, and shelter homes, etc. and it's more common in children with disabilities like deafness, blindness, and mental retardation. [7]

In India, the legislative framework for child protection is evolving and some attention has been paid toward the issues related to the prevention of CSA, but these need to be implemented effectively at the ground level. In India, still, we don't have any evidence-based preventive program towards the prevention of child sexual abuse.

Impact of CSA

CSA has a psychological, physical, behavioral, and interpersonal impact. It can damage the child's self-concept, sense of trust, and perception of the world. Childhood mental disorders like conduct problems, mood, and anxiety disorders are significantly more common in children with sexual abuse and the risk is higher in boys than girls. [4,8]

In majority, the perpetrator is known to the child as relatives, neighbors, stepparents, or other highly trusted people. [4] Usually there is the communication gap between parents and children about this issue, shame and fear that does not allow a victim to report a case. Parents and caregivers are often reluctant to report CSA because of stigma and discrimination, fear of legal procedures and thus it is often under-reported. The key lies in prevention and equipping children and society with the necessary tools to prevent an act that is harmful, deep-rooted and has long

term effects on the psyche of a child. There is a need for effective preventive measures at the individual, familial and societal levels. The current article provides an overview of preventive strategies for child sexual abuse.

Prevention of CSA

Preventive strategies are myriad and require multiple stakeholders for effective implementation. Prevention becomes all the more complex because abuse is inherently a taboo subject. The US Center for Disease Control and Prevention proposed the Public Health Model for the prevention of violence, understands prevention as a reduction of risk factors and an increase in protective factors to prevent sexual violence. [9] The Model spells out the following four levels: defining the problem, identifying risk factors and protective factors, development and testing of prevention strategies, and assuring widespread adoption of these strategies. [9]

Prevention Approaches

A) Primary prevention

It refers to a measure that is taken to reduce sexual violence from the outset, for instance through workshops with minors. Its focus is on the underlying causes of abuse and bolsters protective factors. It can be undertaken at the individual, societal and community levels. The social-ecological model by Bronfenbrenner describes the association of different aspects of social life and the interactions between individuals and their environment. [9]

Individual-level influences

This level aims at children who are potential victims, or adults at risk of committing abuse, or to parents. e.g. substance use, impulsive or antisocial tendencies, family violence, history of child abuse, etc.

Personal safety skills

Teaching children personal safety skills, develop their ability to recognize potentially harmful situations, strategies to get out of these situations and encourage them to disclose abuse to a trusted adult. Communicate to the child about prevention messages frequently, day to day conversations at an early age (as three) e.g. teaching about “good” and “bad” touch, to improve their adeptness of resisting and report inappropriate touch requests. [10,11] Telling them that all body parts are good and respectful. No one has the right to play with any private body part and to inform a trusted adult if one displays their private parts or show pictures of the same.

Life skills education and training on sexuality and relationship issues

Life skills education and training i.e. sexuality education includes discussions of physiology, especially on parts that pertain to health and safety, with emphasis on the socio-emotional component of sexuality. This includes an understanding emotions such as attraction and love, of relationship contexts, for instance, based on which recognition of abuse and coercion take place; and the learning of skills such as assertiveness and refusal (saying “No” to sexual overtures if desired) and problem-solving skills (coping with peer pressure that compels an adolescent to experiment with sexual acts). The National Institute of Mental Health and Neurosciences CSA and Personal Safety activity books including the adolescent life skills series on gender, sexuality, and relationships may be used for preventive-promotive and curative purposes. These activity books have been developed using what is called a “window approach”, to provide a framework for understanding abuse and sexual decision-making (in the case of adolescents). [12]

Interpersonal relationship-level influences

There is a need to increase parental awareness about preventive strategies and supervision with emphasis on choosing assemblage rather than “one child/one adult” situations for children. In the

case of private mentoring programs, their policies like leaving doors open during lessons, allowing parents to observe or drop in at such places should be enquired into. Further, parents must be explained about the subtle warning signs of probable CSA such as:

- Inexplicable physical injuries or sudden behavior changes e.g. complaints of pain upon urination/defecation, abrasions, bleeding, or infection of genitals or anus or mouth and sexually transmitted infections, teenage pregnancy.
- Mood changes when left with a certain person: self-harm behavior, change in biological function like sleeping disturbance or nightmares, change in appetite
- Unexpectedly using new words for private body parts which were not learned at home
- Mimicking adult sensual behavior
- Promiscuity act with toys/dolls or other children

Community-level influences

This level focused on community and social environmental factors.

At school/institutional level

- Maintain a standard and uniform child right based child protection policy
- Education and implementation of internet safety protocols in schools
- Training/group sessions along with parents, local police and school/institution personnel
- The therapeutic intervention like expert counseling services, who would also cover the needs of special/disabled children, with confidentiality

Residential Facilities & Infrastructure

- At least one round the clock curator for each girls' hostel (must be a female warden)

- Preference must be given for employing female staff including cleaning persons, administrative staff, etc. in the female hostel
- Strict supervision of hostels about visitors' timings.
- Residential facilities which, include bathrooms shall be provided separately for both gender and at a suitable distance.
- CCTV cameras must be installed at appropriate public spaces within the premises
- Dormitories must be divided by age
- Child and women helpline and numbers of the local police must be prominently displayed next to the phone inside dormitories

Awareness and Education

- Standard training modules on age-appropriate sexual behavior and gender education
- "Safety Rules" should be taught to children e.g., moving in groups, alerting school personnel to report immediately in any threaten or unsafe situations at school premises.

Transport

- School's child protection policies about reporting of offenses must be prominently displayed (in Hindi & English) inside the bus with child helpline number (1098)
- At least one female guard should be present on the bus until the last child is dropped home, irrespective of whether the child is male or female

Societal-level influences

Policymakers, community leaders, religious/ spiritual heads, media must be actively involved. Neighborhood watch teams can be sensitized to keep a vigilant eye on any stranger's predatory behavior in the locality or inform the resident's welfare association about.

Role of media

- Increasing awareness through media campaign with perspective for appealing to the public
- Audio-visual products on education about CSA prevention in primary school and at home.
- Media coverage of events leading to the social sensibility of CSA

B] Secondary prevention/early intervention

It includes measures used in high-risk situations, for example to put a stop on abuse that is emerging or in progress. This intervention takes place promptly after a sexual assault. This aims to prevent short-term, negative impact on survivors of abuse. Efforts must be made to reduce the stigma associated with CSA. Survivors should have access to services such as advocacy, health care, and legal support. Awareness about availing services through helplines should be promoted

C] Tertiary prevention

It aims at mitigating the consequences of abuse and minimizing secondary consequences. It involves preventing further harm to a person already involved in an incident of sexual abuse. Additionally, this level comprises relevant therapies and measures to prevent a relapse to strengthen the psychological and physical health of victims. [13] The most common types of tertiary prevention in CSA are working with survivors to prevent long-standing adverse effects and working with perpetrators to prevent them from reoffending. [14]

National Legislations and Policies

The high prevalence of CSA in India calls for a multi-faceted ecological approach that includes strategies for impacting policies, laws, and sociocultural norms of patriarchy and gender

inequality that surround CSA. There may be potential value in primary prevention approaches.
[6]

Role of Government

In 1992, India accented the obligations of the UN Convention on the Rights of the Child (CRC). The National Commission for Protection of Child Rights (NCPCR) was organized in 2007 for the interrogation. [13]

The legislative framework for children's rights is being reinforced with the constitution of new laws and modification to existing laws. These include-

- The Protection of Children from Sexual Offences (POCSO) Act, 2012,
- Right to Free and Compulsory Education Act (2009)
- Prohibition of Child Marriage Act (2006)
- The Commissions for Protection of Child Rights Act (2005)
- Juvenile Justice (Care and Protection of Children) Act 2000
- Right to Information Act (RTI) 2005
- Goa Children's Act 2005
- The Information and Technology (Amendment) Act 2008.
- The Child labor (Prohibition & Regulation) Act, 1986

Guidelines

The Delhi Commission for Protection of Child Rights (DCPCR), National Capital Territory of Delhi has released the Guidelines for the Prevention of Child Abuse. DCPCR guidelines emphasize on a *zero-tolerance policy* for child abuse in any form. A set of procedures, and processes for schools, residential facilities and other institutions has been laid down. This

initiative underscores the need for wider and collaborative efforts across India and aimed at building and strengthening the preventive framework for child abuse, including CSA. [15] Similar guidelines can be made and readily implemented with force in other parts of the country also.

Role of Nongovernment Organizations (NGOs)

India has multiple active non-governmental bodies, networks, community-based associations, civic forums, and peoples' campaigns. In the recent few years, these NGOs have greatly enhanced their work in the field of child welfare and protection creating models of prevention, intervention, and rehabilitation. Programs like Yuva Mitra (friend of the youth), Nani Kali (for the girl child) incorporated multiple components like information dissemination to young people and universal educational programs that could be delivered in schools and aimed at potential victims of all genders, parents, professionals, and the general public about CSA. [16]

Tele helpline model

“Childline 1098 night and day service” is free and emergency phone service for children for available 24 hours. They respond to emergency needs of children and link them to services for their long-term care and rehabilitation. This provides a platform for connecting the victims to services of the Ministry of Women & Child Development, Government of India and NGOs.

Impact of Laws and Policies

As per the NCRB of India- The POCSO Act, 2012 has resulted in increased reporting of CSA. [6] However, the issues related to mandatory reporting of the CSA incidents, lack of clarity of legislation among professionals (medical officers and police), and lack of professional support for victims of CSA create potential problems for implementation. The socio-cultural beliefs and

practices often do not acknowledge that children are individuals with their rights and often neglect the sexual and other forms of abuse that the child may report. Another major concern in India is the lack of monitoring of various juvenile residential institutes. Besides, the majority of the healthcare professionals are not trained to examine and manage cases of CSA. [4,6] Despite all above some issues such as availability and affordability, awareness about resources, psychological factors such as confidentiality, fear of social and legal consequences, personal shame or confusion about the problem are still some of the lacunae in implementing preventive strategies. [17,18]

To conclude, child sexual abuse is a significant challenge in India with increasing incidence and negative consequences. Prevention of CSA requires changes at the family, community, state, and national levels. Further, there needs to be a widespread campaign to educate children and youth, as well as parents and other caregivers, about the nature and prevention of sexual abuse. [19] There are practical difficulties in reviewing the efficacy or effectiveness, of prevention programs. It is important to devise and implement culturally sensitive and evidence-based prevention programs from individuals to families, society, and institutes.

Media, policymakers, and NGOs play an important role in it. Also, law enforcement (like POCSO which is directed towards prevention of child sexual abuse) and the courts must work together in enforcing laws that protect children from all forms of abuse and punish perpetrators. Government organizations and NGO's need to play a larger role in interventions and the prevention of CSA.

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