

Child Sexual Abuse (CSA)

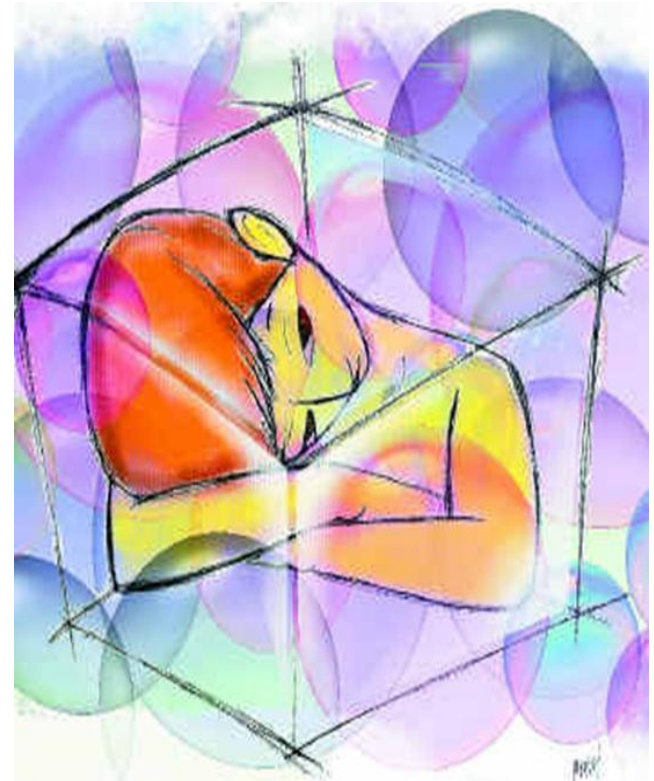


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OUTLINE

- ❑ Definition
- ❑ Incidence & prevalence of CSA
- ❑ POCSO act, 2012
- ❑ Four-factor model of CSA
- ❑ Outcome of CSA
- ❑ Evaluation of a child with h/o CSA
- ❑ Therapy



Definition of Child Sexual Abuse (WHO)

“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. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a **relationship of responsibility, trust or power**, the activity being intended to gratify or satisfy the needs of the other person”

Abuse in children Vs. adults

- ❑ Traumatized during the **most critical period** of their lives
- ❑ Children find it **difficult to comprehend** the act of abuse by the person in trust
- ❑ **Inexperienced** in handling major anxieties
- ❑ Difficulty in **disclosing and seeking help**

Detection of CSA

▣ Obvious CSA :

- 1) Disclosure by child
 - 2) Pregnancy
 - 3) Sexually Transmitted Infections
- Genital injuries

▣ Suspicion of CSA

- 1) sexualised behaviours
- 2) symptoms of depression, PTSD
- 3) Sudden change of behaviour
- 4) School refusal

TYPES OF CSA

- ❑ 4 major types
 - Non-contact
 - Genital touching
 - Attempted oral and/or vaginal and/or anal penetration
 - Oral and/or Vaginal and/or anal penetration
- ❑ Types 2 ,3 and 4 – “High impact CSA”

METHODS OF ASSESSING RATES OF CSA

- ❑ **Incidence studies** - give “above the surface” data
 - Measure the number of new cases occurring during a 1-year period
 - Utilize official data collected by police, child protective services

“Below the surface data” -

- ❑ **Retrospective prevalence** studies - interviewing adults for h/o CSA in childhood
- ❑ **Retrospective incidence** studies – interviewing children and adolescents about h/o CSA in the past 1-year

“Above the surface” Vs. “Below the surface” rates of CSA

- ▣ Studies from USA

Above the surface – 2.1-4.5 /1000

Below the surface – 82/1000

**IT IS LIKELY THAT AT LEAST 95%
OF CSA IS NOT REPORTED TO AUTHORITIES.**

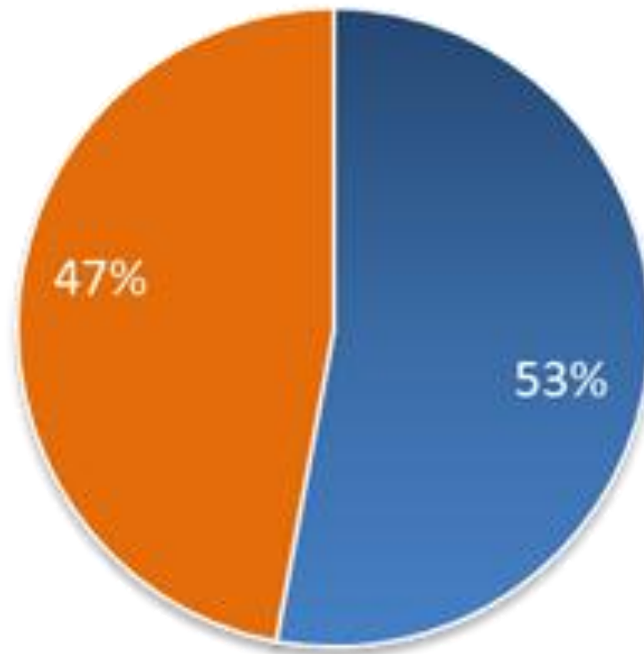
Magnitude of the problem – Global Scenario

Meta-analysis of **217 studies between 1980 -2008**
- A total of **9,911,748 children (Stolteborgh et al,2011)**

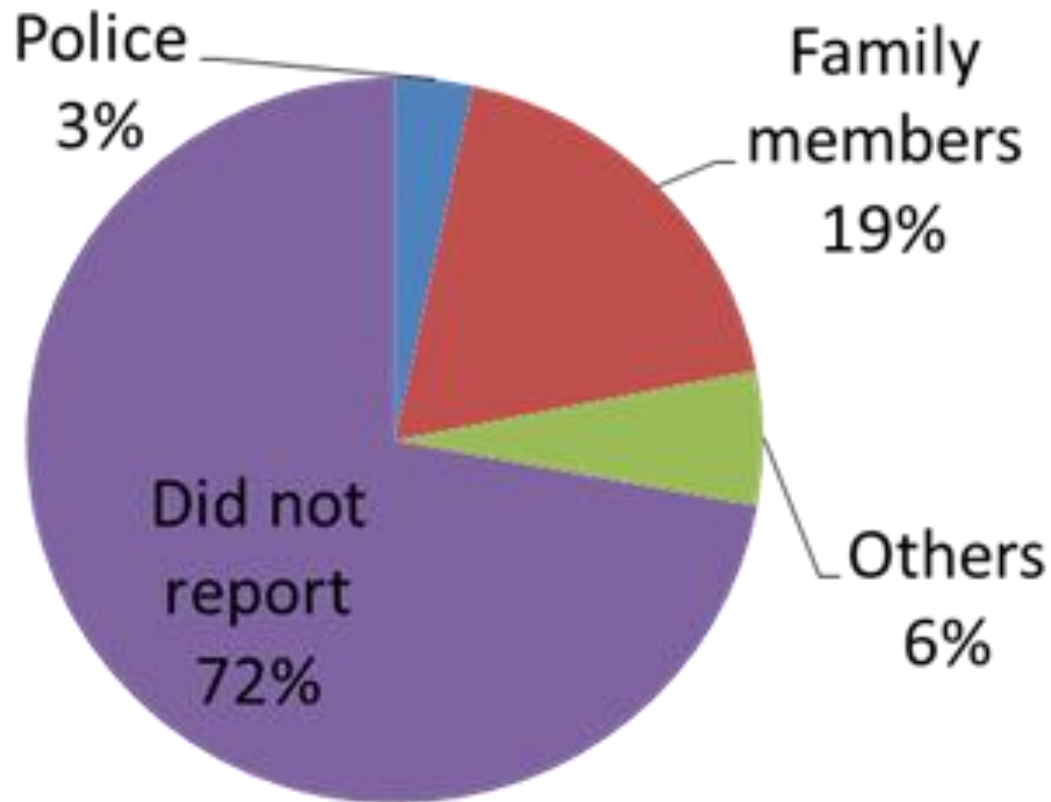
- **Self-report** studies : 127/1000
- **Informant** studies : 4/1000
- Self-report in **Girls Vs. Boys** : 180 Vs. 76 per 1000
- Rates in **Asia** : 113/1000 in girls; 43/1000 in boys
- Highest rate in **girls** : 215/1000 (**Australia**)
- Highest rate in **boys** : 193/1000 (**Africa**)

INCIDENCE of CSA (DWCD, GoI study; 2007) — INDIAN SCENARIO

■ Boys ■ Girls



Disclosure of CSA (Study on CSA by DWCD, GoI, PRAYAS & UNICEF, 2007)



The Protection of Children from Sexual Offences Act, 2012

- ❑ **Comprehensive law** to provide for the protection of children from CSA
- ❑ Defines a child as any person **below eighteen years** of age
- ❑ Defines **different forms of sexual abuse**, including penetrative and non-penetrative assault, as well as sexual harassment and pornography
- ❑ **Child-friendly** investigation and court procedures

Aggravated Sexual Assault

- ❑ Assault by hostel **staff**, police, hospital staff, observation home staff etc.
- ❑ Inflicting **grievous** hurt
- ❑ Inflicting child with **HIV** infection
- ❑ **Gang** sexual assault
- ❑ Child **below 12** years
- ❑ **Intrafamilial** abuse
- ❑ Causes **mental illness**
- ❑ Child becomes **pregnant**
- ❑ Assault on child with **disability**
- ❑ **Multiple** sexual assaults

Punishments for Offences

Sexual Harassment (Sec. II)	Imprisonment upto 3 years and also liable to fine.
Sexual Assault (Sec. 7)	Not less than 3 years but may extended to 5 years and also liable to fine.
Penetrative Sexual Assault (Sec. 3)	Not less than 7 years, may extend to imprisonment for life and also liable to fine.
Aggravated Sexual Assault (Sec. 9)	Not less than 5 years, may extend to 7 years and also liable to fine.
Aggravated Penetrative Sexual Assault (Sec. 5)	Rigorous imprisonment for not less than 10 years, may extend to imprisonment for life, also liable to fine.

POCSO act, 2012 (contd.)

- ❑ Using a child for pornographic purposes [Section 14 (I)]:
Up to 5 years and fine
- ❑ Using a child for pornographic purposes after having been convicted previously for same offence [Section 14 (I)]:
Up to 7 years and fine
- ❑ Storing, for commercial purpose, any pornographic material in any form involving a child (Section 15): Up to 3 years or fine or both
- ❑ Attempting to commit any offence under this Act (Section 18):
One half of the longest term of imprisonment provided for that offence with fine and may extend to one half of the imprisonment for life

Reporting of offences

- ❑ Punishments for **attempt** to commit and also for **abetment**
- ❑ Punishment for **failure to report** and also for **false reporting**
- ❑ Child < 16 yrs not punishable for false reporting
- ❑ **Mandatory reporting** to CWC and SJPU/Local police

Medical examination of child

- ❑ Even if FIR is not filed
- ❑ Presence of parent or lady authorised by head of the hospital
- ❑ Female children to be examined by lady doctor
- ❑ Within 24 hours from the time of receiving information about an offence
- ❑ Collecting samples for forensic investigation
- ❑ Post-exposure HIV prophylaxis

Four-Factor Traumagenics Model (Finkelhor)

- ❑ CSA alters a child's **cognitive and emotional orientation** to the world
- ❑ distorting their **self-concept and affective capacities**
- ❑ **4 factors:**
 - Traumatic sexualization
 - Betrayal
 - Powerlessness
 - Stigmatization.

Traumatic Sexualization

- ❑ Child **rewarded** for sexual behaviour inappropriate to developmental level
- ❑ Offender exchanges **attention and affection for sex**
- ❑ Sexual parts of child **fetishised**
- ❑ Offender transmits **misconceptions** about sexual behaviour and sexual morality
- ❑ **Conditioning** of sexual activity with negative emotions and memories

Stigmatization

- ❑ Offender **blames, denigrates** victim
- ❑ Offender and others **pressure** child **for secrecy**
- ❑ Child infers attitudes of **shame** about activities
- ❑ Others have shocked reaction to disclosure
- ❑ Others blame child for events
- ❑ Victim is stereotyped as **damaged** goods

Betrayal

- ❑ Trust and vulnerability manipulated
- ❑ Violation of expectation that others will provide care and protection
- ❑ Child's well-being disregarded
- ❑ Lack of support and protection from parent(s)

Powerlessness

- ❑ Body territory invaded **against the child's wishes**
- ❑ Vulnerability to invasion continues over time
- ❑ Offender uses **force or trickery** to involve child
- ❑ Child feels **unable to protect self** and halt abuse
- ❑ Repeated experience of fear
- ❑ Child is unable to make others believe

Dimensions of aftereffects of CSA (Seshadri et al,2004)

- ❑ **Role task performance:** effects in terms of refusal to attend school
- ❑ **Psychological effects** such as bed wetting, sleep and appetite disturbances
- ❑ **Physical symptoms** such as aches and pains and not feeling well
- ❑ **Emotional reactions** that is fear, anxiety, depression, suicidal thoughts and anger outbursts
- ❑ **Behavioural manifestations** that are avoidance, withdrawal, sexualized behaviour or distinct psychiatric disorder
- ❑ **Self perceptions** like negative self evaluation, poor self esteem or feeling dirty and damaged
- ❑ **Interpersonal problems** like conflicts, lack of trust, being either people pleasing, hostile and socially withdrawn.

Outcomes of CSA

- ❑ Range of Outcomes possible
- ❑ **3 basic categories of outcomes:**
 - Psychiatric disorders
 - Dysfunctional behaviours
 - Neurobiological dysregulation

'Asymptomatic' survivors – 10-28%

Psychiatric disorders

- ❑ Major Depression
- ❑ Post-traumatic Stress Disorder (PTSD)
- ❑ Borderline Personality Disorder
- ❑ Dissociative Identity Disorder
- ❑ Eating disorders
- ❑ Somatization disorder

Dysfunctional behaviours

- ❑ Sexualised behaviours
- ❑ Conduct problems –aggression, bullying etc.
- ❑ High-risk sexual behaviours – risk for HIV
- ❑ Poor affect regulation
- ❑ Poor impulse control
- ❑ Impaired sense of self
- ❑ Socialization problems
- ❑ Cognitive distortions – self-blame, helplessness, hopelessness, low self-esteem etc.
- ❑ Suicidal behaviours

Neurobiological sequelae

- ❑ Hypothalamo-pituitary – adrenal (HPA) axis dysregulation
- ❑ Brain grey matter and white matter changes – Hippocampus, Corpus Callosum

What leads to these Outcomes ?

- ❑ **NO SIMPLE CAUSE AND EFFECT MODEL**
 - **Heterogeneity** of CSA experience
 - **Complexity** of confounding variables
 - Host of **moderating and mediating biological and environmental** variables

Adults who were abused as children...

- ❑ High rates of **Depression and Anxiety** disorders
- ❑ Adapt **punitive parenting** style with children
- ❑ More likely to remain single
- ❑ If married, are more likely to **divorce or separate**
- ❑ **Fewer friends**
- ❑ Less **interpersonal trust**
- ❑ Likely **sexual revictimization**
- ❑ **Less satisfaction** in their relationships,
- ❑ More maladaptive interpersonal patterns,
- ❑ Greater discomfort, isolation, and **interpersonal sensitivity**
- ❑ Risk for **Gastrointestinal, Reproductive, Pain and Cardiopulmonary** health problems

Factors that negatively impact long-term outcome of CSA

- ❑ An **early age** at first abuse episode
- ❑ The number of abusive episodes
- ❑ **Longer duration** of abuse
- ❑ The presence of **coercion** during abuse
- ❑ Use of **force or threat** of force
- ❑ More than one perpetrator
- ❑ **Parental mental illness**, criminal activity, and substance use
- ❑ Level of marginalization
- ❑ Abuse perpetrated by a **father or father figure**

Protective Factors

- ❑ Resiliency
- ❑ Blame placed on the offender rather than child
- ❑ Social support
- ❑ Early intervention

What promotes Resilience ?

- ❑ **Support** from their parents
- ❑ Not experienced prior abuse
- ❑ Less reliance on avoidant coping strategies
- ❑ Higher **emotional self-control**
- ❑ Interpersonal **trust** and feelings of **empowerment**
- ❑ Less personal attributions of **blame and stigmatization**
- ❑ High **family functioning**
- ❑ **Secure attachment** relationships

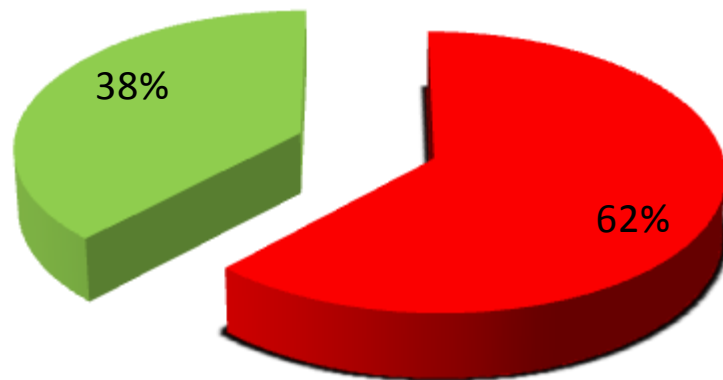
CSA in males

- ❑ Sexual abuse of boys is **far more common** than generally believed
- ❑ Perpetrator of **same sex**
- ❑ Greater violence and physical harm
- ❑ **Multiple** perpetrators
- ❑ **Less disclosure**
- ❑ **Longer time to disclosure**

Recent NIMHANS study findings (Dr. Sowmya DM thesis)

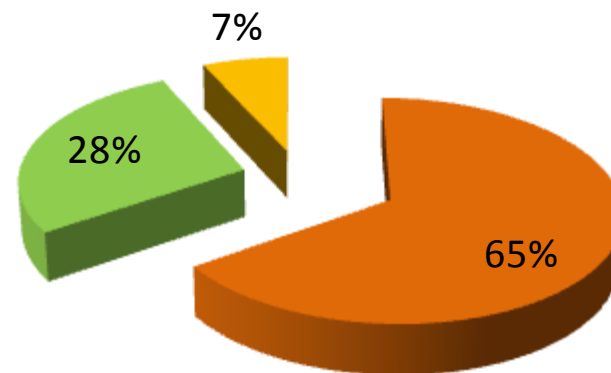
% of children with h/o CSA

■ Referred by CWC ■ Came for psy.evaln.



Type of CSA

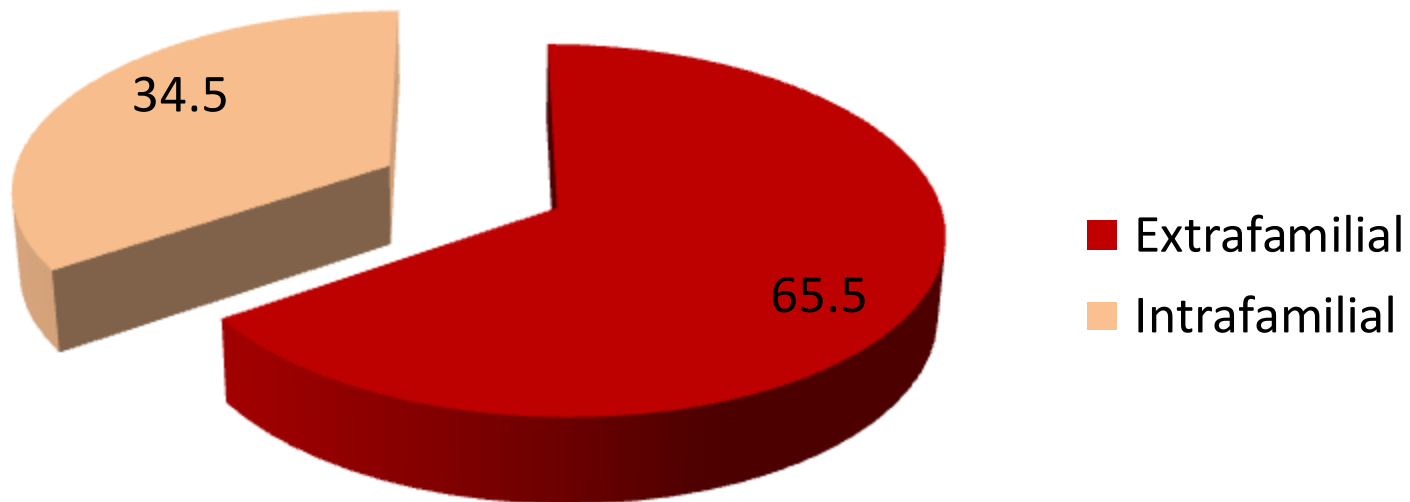
■ Contact Penetrative
■ Contact Non-penetrative
■ Non-contact



Recent NIMHANS study findings

(Dr. Sowmya DM thesis) –Contd.

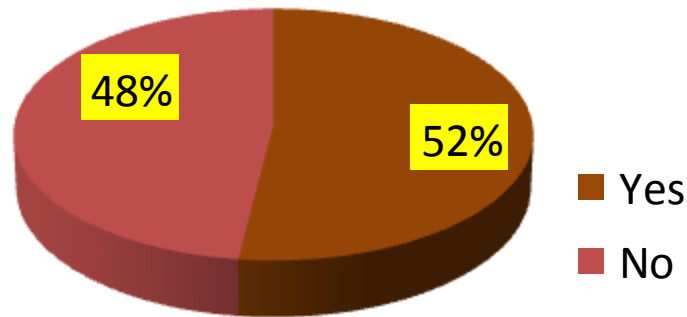
Perpetrator (%)



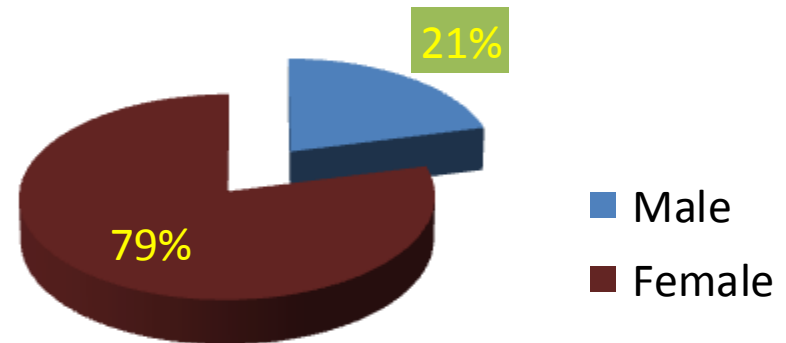
Recent NIMHANS study findings

(Dr. Sowmya DM thesis) –Contd.

Disclosure by child to family



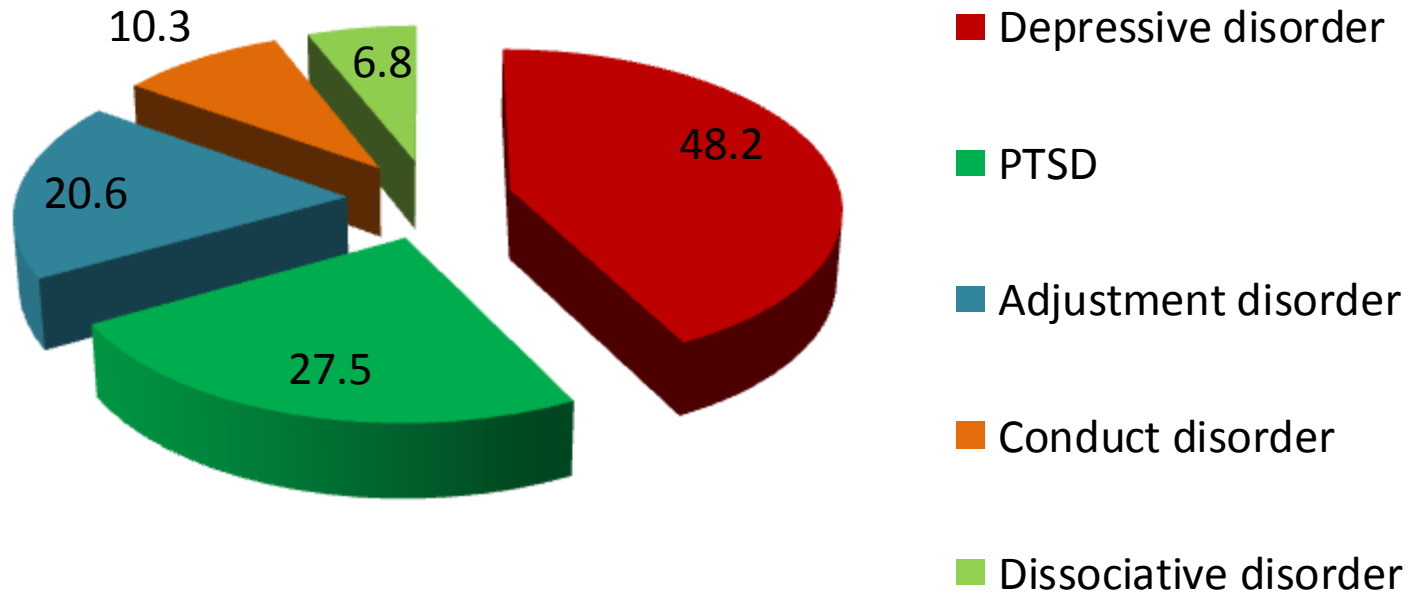
Gender of the victim



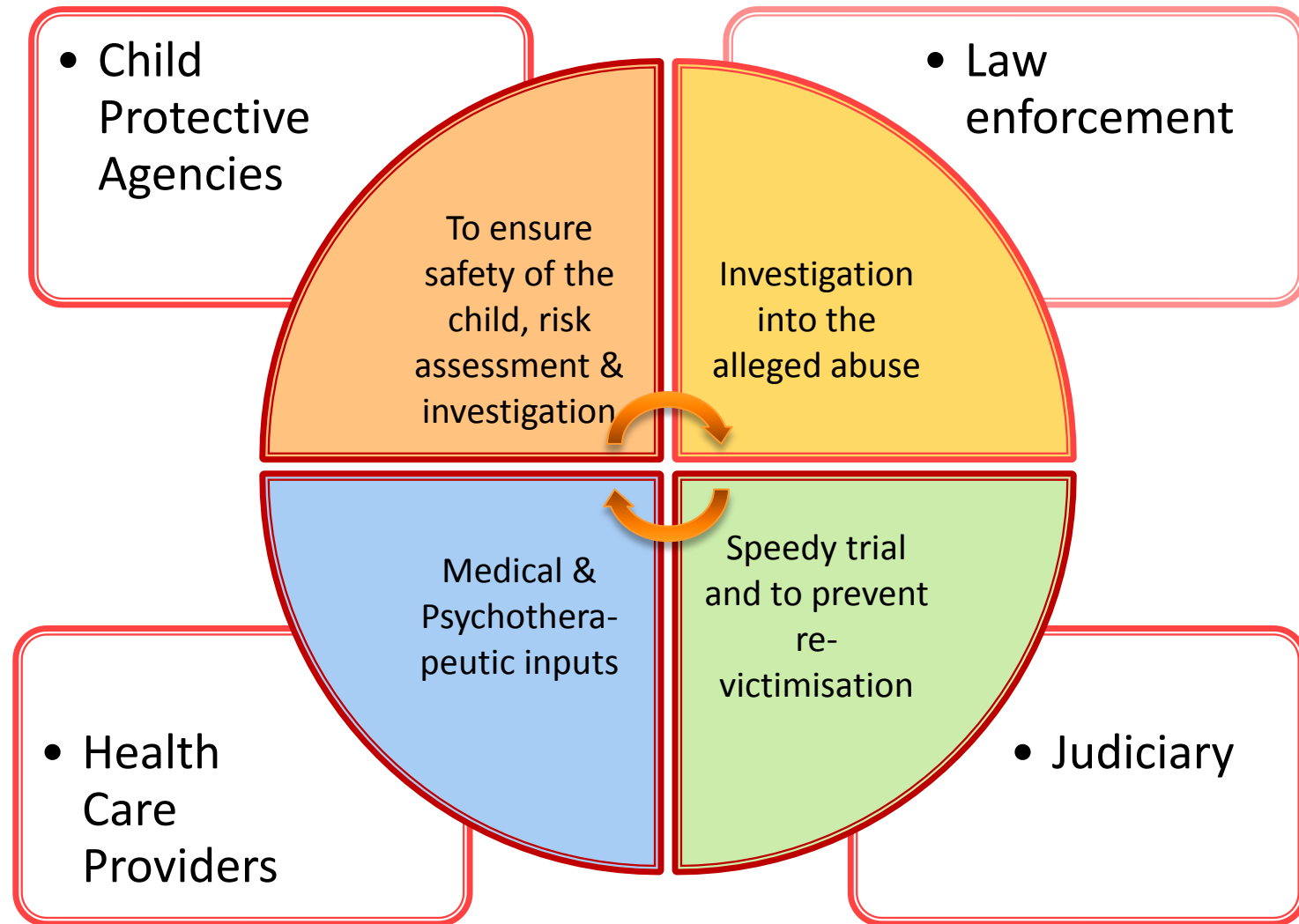
Recent NIMHANS study findings

(Dr. Sowmya DM thesis) –Contd.

Psychiatric morbidity (%)



ROLES OF MULTIDISCIPLINARY TEAM



Mental health help-seeking patterns

- ❑ Referral by Paediatrician / Teacher
- ❑ Referral by CWC
- ❑ Referral by SJPU/Police
- ❑ Referral by NGO
- ❑ Brought by parent for psychological/behavioural symptoms
- ❑ Brought by parent after child's disclosure
- ❑ Alleged CSA in marital discord, ongoing divorce or child custody cases

Child Interview - Principles

- ❑ All children should be approached with extreme **sensitivity**
- ❑ Establish a **neutral environment** and rapport with the child
- ❑ Always identify yourself as a **helping** person
- ❑ Make the child **comfortable** with the interview setting
- ❑ Respect the child's **personal space**
- ❑ **Do not suggest** feelings or responses to the child
- ❑ Do not make **false promises**
- ❑ Establish **ground rules** for the interview
- ❑ Always begin with **open-ended** questions
- ❑ Allow the child to use **free narrative**
- ❑ Assure the child that it is **not his/her fault** that he was sexually assaulted

Child Interview

- ❑ **Rapport building**
 - Introduction
 - Understanding Who/Where/What/When/How
 - Understanding Truth Vs Lie
- ❑ **Free narrative**
 - Allow child to freely narrate his/her version
- ❑ **Questioning**
 - Who/Where/What/When/How Q's
- ❑ **Closure**

IMPROPER INTERVIEWING

- ❑ **Suggestiveness**
- ❑ **Influence**
 - Inducing social conformity
 - Eliciting obedience to authority
 - Inducing stereotypes
- ❑ **Reinforcement**
 - Praising the child for making allegations
 - Implying that the child can demonstrate helpfulness or intelligence
 - Criticizing the child's statements
 - Giving tangible rewards
 - Limiting child's mobility

IMPROPER INTERVIEWING (Contd.)

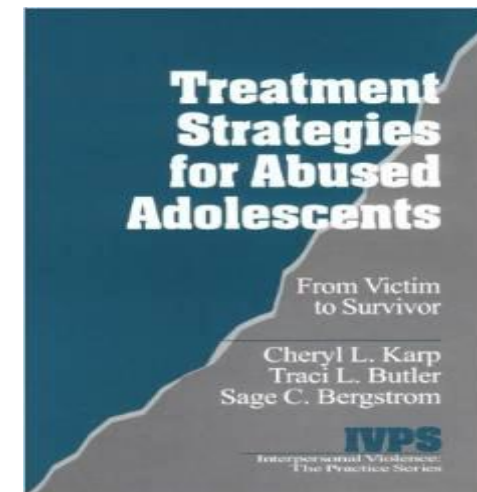
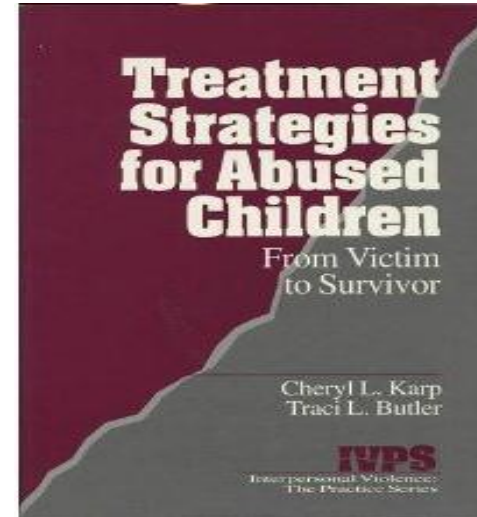
- ❑ **Removal from direct experience**
 - Inviting the child to **speculate** about what might have happened, rather than to describe what the child actually observed;
- ❑ Encouraging the child to **pretend** or engage in imaginative play as part of the investigative interview; and
- ❑ Interviewing the child using **puppets**

THERAPY – ISSUES TO BE ADDRESSED

- ❑ Feeling like “damaged goods”
- ❑ Guilt
- ❑ Fear
- ❑ Depression
- ❑ Low self-esteem, leading to poor social skills
- ❑ Repressed anger and hostility
- ❑ Difficulty trusting
- ❑ Blurred generational boundaries and role confusion
- ❑ Pseudomaturity, masking the failure to have completed certain developmental tasks
- ❑ Control and mastery over self

THERAPY – WORKBOOK APPROACH

- ❑ PHASE 1 : Establishing **rapport**
- ❑ PHASE 2 : **Exploration** of trauma
- ❑ PHASE 3 : **Repairing** the sense of self
- ❑ PHASE 4: Becoming **future oriented**



Take Home Messages ...

- ❑ CSA covers a **broad range** of sexual activities
- ❑ **POCSO** act – a **comprehensive law**
- ❑ **Range of negative consequences**
- ❑ **Male victims** are **less likely to disclose** their abuse
- ❑ **Not all** victims experience these difficulties
- ❑ Outcomes are determined by a **complex interplay of factors**
- ❑ **Workbook approach** for therapy

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- ❑ **Seshadri, S. P. (2004).** Short term and long terms effects of child abuse. In: managing child abuse: A handbook for medical practitioners. World Health Organization. New Delhi.

A scenic landscape featuring a snow-capped mountain peak in the background, a dense forest of evergreen trees in the middle ground, and a calm lake in the foreground. The lake reflects the mountain and the forest. In the immediate foreground, there are various wildflowers, including purple and white ones. The sky is a clear, light blue.

Thank you