Overview & Medical Evaluation of Child Sexual Abuse

Background

A child is defined as any person under the age of 18yrs. Children constitute 42% of India's population, a whopping 440 million. India also has the dubious distiction of having the largest number of malnourished, abused and out-of-school children in the world.

The **Study on Child Abuse, India 2007** was conducted by Prayas Institute of Juvenile Justice with UNICEF and Ministry of Women and Child Development, GOI, across 13 states of India with 12,447 child respondents from different socio-economic strata and nearly 2342 young adults and 2349 adults in both rural and urban areas. It looked at different forms of child abuse: Physical Abuse, Sexual Abuse, Emotional Abuse and Girl Child Neglect in five groups, namely, children in a family environment, children in school, children at work, children on the street and children in institutions.

The aim of the study was to develop a comprehensive understanding of the phenomenon of child abuse, with an objective of formulating appropriate policies and programs to effectively tackle child abuse in India.

Findings of Prayas Study, 2007:

Physical abuse: 69% of children are physically abused, 54.7% are boys
88% were physically abused by their own parents
65% of school-going children underwent corporal punishment

Emotional abuse: Every second child faced emotional abuse
Parents were the abusers in more than 83% of such cases

Sexual assault: 53.22% of children faced one or more forms of child sexual abuse
5.69% were severely sexually assaulted
In most cases the abusers were known to their victims.

Gender bias and girl child neglect:: 48.4% of girls wished that they were boys because of the discriminating behavior of their parents towards them. Girls were neglected by most parents and the boy child in the same family enjoyed special rights.

The report of this largest empirical study on child abuse in India was released on 9 April 2007 complementing the report of the UN Secretary General's Global Study on Violence against Children 2006

To understand why children are abused and why society is reluctant to address this issue, it is necessary to learn about the interplay between social structures, cultural traditions and familial hierarchies. This will help us to better identify and manage the risk factors as well as support positive outcomes in children who have been abused

The dynamics of child sexual abuse

- Child abuse, physical, emotional or sexual, is a universal problem that occurs across gender, caste, religious, ethnic, occupational and socio-economic groups.
- Children, as individuals with their own rights, have traditionally been placed lowest in the power hierarchy of society. The child's needs are secondary to that of the adult
- Childhood sexual abuse is a complex life experience, not just a diagnosis or a disorder. It is combined physical and emotional abuse. The private nature of the crime, fear of ostracism and the difficulties that children experience in recounting what they have gone through prevents the crime from being reported.
- Indian society is built on a complex structure of economic, religious, linguistic and caste hierarchies which are inherently gender-biased. There are stringent restrictions on the behavior of girls both said and unsaid, stemming from a patriarchal mind set. Hence the sexual abuse of girl children is deliberately hidden while that of boy children goes unacknowledged and untreated.

Child victimization can be a function of various risk factors occurring at different levels. These risk factors may range from the individual level to relationships surrounding the child, and community and society influences. Child abuse problem may initially be brought about by just a single risk factor but is later aggravated by the other factors from any of the different levels.

Society:

a. Social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality

b. Social norms that promote or glorify violence towards others, as depicted in the media, in popular music and in video games

c. Cultural norms that demand rigid gender roles for males and females, reinforcing gender biases

d. Social norms that diminish the status of the child in parent-child relationships

e. The existence of child labor

f. The existence of child pornography and child prostitution



Community:

a. Tolerance of violence, esp at home and in schools

b Lack of services to support families and institutions and to meet specialized needs

c. Poor school facilities resulting in children out of school

d. High levels of unemployment

e.Transient neighborhoods eg migrant labour

f.The easy availability of alcohol and drugs

g. Inadequate policies and programmes within institutions that make the occurrence of child maltreatment more likely



Family:

a. Lack of parent-child attachment and failure to bond

b. Physical, developmental, or mental health problems of a family member

c. Family breakdown

d. Domestic violence

e. Gender roles, that are disrespectful of one or more persons in the household

f. Being isolated in the community

g. Lack of a support network to assist with stressful or difficult situations in a relationship

h. Breakdown of support in childrearing from the extended family

i. Discrimination against the family because of ethnicity, religion, sexual orientation, disability or lifestyle

j. Involvement in criminal or violent activities in the community



Child:

a. Was an unwanted baby
b. failed to fulfill the parents' expectations, for instance, of its sex, appearance,or congenital anomalies
c. Is an infant with high needs – one, for instance, who was born prematurely, cries constantly, is mentally or physically disabled, or has a chronic illness
d. Demonstrates personality or temperament traits that are perceived by the parent as problematic- such as hyperactivity or impulsivity
e. Has a sibling or siblings – possibly close in age- who are demanding of parental attention
f. Is a child that either exhibits or is exposed to dangerous behavior problems – such as intimate partner violence, criminal behavior, self abusive behavior, abuse towards animals, or persistent aggression with peers

Effects of child abuse:

Short term effects on child:

Emotional issues like guilt, self blame, depressions, mood swings,

Behavioural issues like nightmares, regressive behavior like bed-wetting and clinginess to parents, drop in academic performance, aggression, anger, Post-traumatic stress disorder, etc.

Physical issues like pregnancy, sexually transmitted diseases, chronic UTI or bowel disorders

Long term effects on child:

The long term effects of child abuse could be low self-esteem, poor coping skills, poor school performance, learning disorders, school dropout, borderline / multiple personality, running away, risky sexual behavior, substance abuse, prostitution, crime & violence, lack of boundaries in relationships, partner violence, unfulfilled personal relationships, lack of trust, self harm / suicide attempts, and in some extreme cases brain damage/dysfunction.

Warning: Very often, a child who has been abused once, and has not received support and counseling, is at very high risk of repeated abuse at the hand of various perpetrators through childhood and sometimes right through life.

Effect on the family:

The family of an abused child faces several issues. Initial disbelief and a sense of betrayal especially if the abuser is a family member; dealing with the recovery & rehabilitation of the child as support systems in our country are very poor, particularly in rural areas; ostracization by family, neighbors and society at large. Very often the family is forced to re-locate and start their lives almost completely afresh. There have been instances where husband & wife have not been able to cope with the stress related to the abuse of their child and have then separated or divorced.

Why children do not tell:

- Ignorance
- Confusion
- Fear of being disbelieved
- Fear of being blamed
- Fear of breaking up the family
- Fear of the abuser due to threats and emotional manipulation
- Fear of social stigmatisation

Presentation of Child Sexual Abuse: Iceberg Phenomenon

by Dr Shekhar Seshadri, Professor of Adolescent and Child Psychiatry, NIMHANS

Obvious abuse:

Disclosure *by the child*

Detection *- pregnancy, child suffering from STIs, child having genital injuries*

Suspicious of abuse:

Sexualized behaviour, clear hints given by the child,

Symptoms like depression, post traumatic stress disorder

Sudden unexplained change in behaviour - school refusal, people avoidance
Symptom patterns - sudden onset of bed wetting, aches and pains, general ill health

No reason to suspect abuse:

*Children who **do not** report, hint or decompensate - because they are resilient, have been threatened, manipulated etc.*

Principles of Medical evaluation

Doctor's responsibility:

1. Diagnostic: Early detection of abuse
2. Prognostic: Assessment of health of child who has been abused
3. Therapeutic: Physical & psychological treatment
4. Medicolegal: Accurate documentation
   Evidence collection for legal purpose
   Medical certificate writing: comprehensive and accurate
5. As a role model: emotional support, defining boundaries, personal safety messages

What you can do as a medical professional:.

- The child is the expert. Listen to the child. Respect the child's needs
- Never blame the child.The abuser is the only person who could have stopped the abuse
- Do not tell the child to 'forget the abuse' or 'forgive the abuser'.It is important to go at the same pace as the child.

- Avoid judgemental language
- Avoid shock, horror or embarassment in your reactions. Remain calm and empathetic while interviewing and examining the child
- Maintain personal boundaries: do not force the child to undergo examination

Check list for medical personnel

Step 1: Introduction and consent

Introduced self and function of interview

Assessed child's comfort and emotional state

Took verbal consent from child and guardian

Step 2: Rapport building and developmental assessment

Basic general information: Name, age and gender of child

Name, address, relationship of caregiver who brought the child

Names of parents and addresses

Names of siblings and their ages

Developmental questions: Assessed communication and language of child

Assessed competence of child

Family contextual history

Step 3: Anatomy identification:

Establishing a common language

Naming body parts, by using anatomical diagrams if needed

Step 4: Information gathering (as far as possible in the child's own words)

Details of time or time frame of the incident

Details of physical surroundings at the time of the abuse

Details of alleged perpetrator- name, nickname, age, gender, relationship to patient, history of alcohol or drug abuse, previous history of similar act

Details of the act as disclosed by the patient

Description of the act

Genital acts/ Non-genital acts

Use of force/threats/weapons

Use of photographs/ camera/ pictures/ videotapes

Use of alcohol or drugs

Details of post-abuse activity: washing, bathing, using the toilet, changing clothes

Step 5: Explaining the process of medical examination to the child to prepare the child for it

Step 6: Closing the interview

Messages regarding personal safety and exploring safety options

Messages regarding reporting future experiences

Asking the child if there are any questions which need to be answered

Respect and acknowledgement for the child

Step 7: Talking to parents or guardians of child regarding processes and protocols

Need for medical treatment if any: emergency contraception, STI testing and treatment, antibiotic medication

Medical professionals as part of a MultiDisciplinary Team (MDT approach) in handling a case of sexual abuse

1. Respecting the time, work constraints and abilities of other stakeholders
2. Working with police in ensuring a minimally traumatic experience for the child
3. Discussing the need for counseling with child, caretakers and counselors
4. Assisting in risk assessment of child and further steps
5. Ensuring followup for medical treatment

Important messages to convey to the child:

- I believe you and respect you
- It's not your fault, no matter what the abuser said or did
- I appreciate your courage in speaking about it
- An abuser abuses many children. Because you have spoken out we can protect other children from this abuser
- Thank you for speaking to me
- Together, we will get you the help you need
- If anyone tries to trouble you in a similar manner again, please do tell someone about it.