

University of Texas Rio Grande Valley

ScholarWorks @ UTRGV

---

Psychological Science Faculty Publications and  
Presentations

College of Liberal Arts

---

2010

## Childhood under threat: Effect of child sexual abuse on mental health

Ruby Charak

*The University of Texas Rio Grande Valley*, [ruby.charak@utrgv.edu](mailto:ruby.charak@utrgv.edu)

Follow this and additional works at: [https://scholarworks.utrgv.edu/psy\\_fac](https://scholarworks.utrgv.edu/psy_fac)



Part of the [Child Psychology Commons](#)

---

### Recommended Citation

Charak, R. (2010). Childhood under threat: Effect of child sexual abuse on mental health. *PsyInsight*, 1 (5), 36-37.

This Article is brought to you for free and open access by the College of Liberal Arts at ScholarWorks @ UTRGV. It has been accepted for inclusion in Psychological Science Faculty Publications and Presentations by an authorized administrator of ScholarWorks @ UTRGV. For more information, please contact [justin.white@utrgv.edu](mailto:justin.white@utrgv.edu), [william.flores01@utrgv.edu](mailto:william.flores01@utrgv.edu).

Cite as: **Charak, R.** (2010). Childhood under threat: Effect of child sexual abuse on mental health. *PsyInsight, 1* (5), 36-37.

## **Childhood under Threat: Effect of Child Sexual Abuse on Mental Health**

Ruby Charak\*

*“Unlike physical abuse and neglect, sexual abuse has no connection to child rearing practices, discipline.....Rather, it constitutes a breach of trust, deception, intrusion, and exploitation of child’s innocence and status”-Finkelhor.*

*Miss X is a 13year old state level player who in the first clinical session complained that she did not wish to represent her school at a sports tournament scheduled to be held in a different town, as she wanted to concentrate on her studies. On further inquiry, she stated that she wanted to go for the games but was unhappy that their team was been accompanied by the ‘P.T. Sir’ only and she said her mother wished that the girls team be accompanied by a lady teacher.*

What is the image and thoughts that come to the mind at this juncture.....`Well, the article is on sexual abuse and Miss X seems to be reluctant to go for the tournament....and there is a mention of ‘P.T.Sir’ .....Oh My God! Do we have reference to a perpetrator here?’

*In subsequent sessions, Miss X revealed that 3 years ago, one day while on her way to school an older boy from her neighbourhood on the pretext that someone was calling her, took her to a corner and fondled with her genitals. While she managed to push him aside, later he threatened to lie about her incase she raised an alarm and convinced her that it would be she and her family who would have to face the brunt of this episode. So frightened was Miss X that till date she had not reported this to anyone, and though she managed to keep herself physically safe since then, however she feared that all men more often than not would do the same.*

It was this generalization about boys/men that made Miss X wish to skip the tournament....Miss X did go for the tournament and also won a medal.....However, it took some sessions of clinical work and of course a female teacher to accompany them for the tournament.

*“What is Child Sexual Abuse?”*

While there is no legal definition of child sexual abuse in India, the operational definition being used in most research studies here is the one given by World Health Organisation which states that sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation. To be considered ‘child abuse’, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a day-care provider), or related to the child.

*“Does it affect the well being of an individual?”*

Numerous studies have consistently demonstrated that children who have experienced maltreatment are at risk for maladaptation and psychopathology. Research also indicates that physically or sexually abused children may exhibit low self esteem, social competency deficits, and problems in interpersonal relationships. Pillai, Andrew & Patel (2009) in a study on suicidal behaviour in young

people in India reported one of the causes as physical abuse and life time experience of sexual abuse. Childhood abuse and neglect are also related to higher risk for a variety of serious health conditions like abdominal pains, gynaecological disorders, cardiac diseases, developmental disabilities, and learning disabilities (Goodwin & Stein, 2004; Marie- Claude, Tourigny, & Bouchard, 2007).

There is also mounting evidence that child maltreatment has pervasive negative effects on the life course development. The accumulated knowledge on child abuse reflects that the victims are not only more likely to experience emotional problems in early childhood, but also continuing social maladjustment and school underperformance in childhood and adolescence (Shields, Cicchetti & Ryan, 1994; Haugaard, 2004). Studies reveal that child sexual abuse can lead to aggressive tendencies (Fergusson & Lynskey, 1997), self injurious behaviour (Weilderman, Sansone, & Sansone, 1999), inappropriate sexualized behaviour (Boney-Mc Coy & Finkelhor, 1996), delinquent and criminal behaviour in adolescents (Salzinger, Rosario & Feldman, 2007; Feiring, Miller- Johnson, & Cleland, 2007). Essentially, the period of adolescence gives more opportunities to earlier effects of maltreatment to manifest. With increasing modes of thinking and abstraction, adolescents are exposed to greater variety of situations in which distortions in thought processes become apparent, and they increasingly rely on themselves for decision making (Lee & Hoaken, 2007). Such additional challenges increase the odds of substance abuse in the pubertal child who may progress from single to multiple substance (ab)use or from use of substances legalized for adults to illegal substances (Wall & Kohl, 2007). Hence, there is a range of psychopathology being demonstrated by victims of child sexual abuse and there is no one identifiable syndrome.

*“Perhaps there is only one odd stray incidence of child sexual abuse in India and hence my child is safe”*

I wish the same, however statistics depict a different picture. With a bustling population, India is home to nearly 19 % of the world’s children. of which 40% are in need of care and protection. Although research is sparing on child maltreatment in India, few that have recently been conducted too reflect upon the high incidence of child maltreatment in India. One major study conducted by the Ministry of Women and Child Development, Government of India 2007, reports alarming figures in the field of child abuse and neglect. As per this large scale study, sexual abuse was found in more than 53% of the children, with another 5% having faced sexual assault. Sadly, most children did not report the matter to anyone (Kacker, Varadan & Kumar, 2007). In the absence of strong laws, the issue of child abuse and neglect becomes all the more relevant and pertinent. In a study by Mathur, Rathor & Mathur (2009) on 200 street children in Jaipur, India it was reported that the nearly 62% of children reported to have experienced abuse in the five areas of abuse namely general abuse, health abuse, verbal abuse, physical abuse, and psychological abuse. Multi-type abuse was also reported in the street children. Again, if we take a close look at the 2007 report on Child Abuse, it states differences in prevalence of maltreatment among states in India. For example, while Assam in the north east reports highest level of presence of corporal punishment in school going children (99.56%) and sexual abuse in 57% of children, Rajasthan in the north-central reports the lowest corporal punishment at 17% and Goa in South west reports the lowest rate of sexual abuse at 2.4%. There is variance in the rate of prevalence of maltreatment across states. Hence, gauging the exposure levels of different types of trauma would help focus on the major areas of immediate concerns and help facilitate policy formulation and resource allocations for the same.

*“What leads to child sexual abuse and are all victims of child sexual abuse destined to be doomed?”*

Unravelling the complexity of casual factors of child sexual abuse can indeed be an arduous task. From the role of breakdown of value system, to the role of psychiatric disease in the perpetrator, to the role of ecological factors, the reasons associated with sequelae of child sexual abuse are many. Poor family functioning, prior abuse in childhood initiating a cycle of violence across generations, parental substance abuse, parental psychopathology, social impoverishment (though effecting moderately) are familial factors that increase the risk for child sexual abuse. While some harp over narrowly focussed prediction models, others take a multi factorial configuration. Infact, any or all factors can independently and interdependently influence child maltreatment.

Then, there are various factors associated with the severity of sexual abuse impact which facilitates clinicians and researchers to identify those individuals most in need of treatment. Characteristics like severity of acts of abuse, duration/frequency of the abuse, presence of force/violence during the abuse, relationship with perpetrator, and age at onset of abuse play a key role, however many empirical studies depict inconsistent results. On the same lines, a child's recovery from the impact of sexual abuse too varies and depends on protective factors like a supportive non-offending parent, higher familial cohesion and lower conflicts, personal competencies and coping strategies, peer support (though more salient from early adolescence onwards), and congenial school environment (Hebert, Parent, Daignault & Tourigny, 2006).

*“What can I do; I ain't a big wig anyways?”*

Ironically, in a country where sex education seems to have been openly discussed in ancient times as evident from art forms at Khajuraho temple and Ajanta caves, we today shy away in educating our children adequately. Nonetheless, these gaps are filled in by various sources available to the young like pornography, magazines, sharing of peer experiences; however accompanied with their warped projections of reality. The 'hushness' and the stigma associated with the topic often strengthen the ill-will of the perpetrator while the victimized child continues to remain silent under the burden of guilt and shame. This muteness often leads to re-victimization and the vicious circle continues. What is the solution to the problem? As denizens firstly, let us be aware of the fact that child abuse is prevalent in India and is no longer a demon found only in the west. Secondly, we need to educate our children/students about this ill using age appropriate non-intimidating ways. Thirdly, we need to collectively voice our opinion over child rights and other child protection acts to our elected body to formulate laws and executive them with utmost efficiency. Fourthly and most importantly, let us become patient and active listeners to our children's voices. They have much to say, if only we give them the space to speak.

#### Reference

Boney-Mc Coy, S., & Finkelhor, D. (1996). Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal perspective study. *Journal of Consulting and Clinical Psychology*, 64, 1406-1416.

Feiring, C., Miller-Johnson, S., & Cleland, C. M. (2007). Potential pathways from stigmatization and internalizing symptoms to delinquency in sexually abused youth. *Child Maltreatment*, 12, 220-232.

Ferguson, D. M., Lynskey, M. T. (1997). Physical punishment/maltreatment during childhood and adjustment in young adulthood. *Child abuse and Neglect*, 21, 617-30.

Goodwin, R. D., & Stein, M. B. (2004). Association between childhood trauma and physical disorders among adults in the United States. *Psychological Medicine*, 34, 509-20.

\*Author is Assistant Professor, Department of Psychology, University of Jammu, Jammu Tawi, Jammu & Kashmir, India. E mail:charakrubby@gmail.com

Haugaard, J. J. (2004). Recognizing and treating uncommon behavioural and emotional disorders in children and adolescents who have been severely maltreated: Introduction. *Child Maltreatment*, 9, 123-130.

Hebert, M., Parent, N., Daignault, I., & Tourigny, M (2006). A typological analysis of behavioural profiles of sexually abused children. *Child Maltreatment*, 11(3), 203-216.

Kacker, L., Varadan, S., & Kumar, P. (2007). *Study on Child Abuse: India 2007*. Ministry of Women and Child Development, Government of India.

Lee, V., & Hoaken, P. N. S. (2007). Cognition, emotion, and neurobiological development: Mediating the relation between maltreatment and aggression. *Child Maltreatment*, 12 (3), 281-98.

Marie- Claude, L., Tourigny, M., & Bouchard, C. (2007). Child Physical Abuse with or without other forms of maltreatment: Dysfunctionality Versus Dysnormality. *Child Maltreatment*, 12, 303-13.

Mathur, M., Rathore, P., & Mathur, M.(2009). Incidence, type and intensity of abuse in street children in India. *Child Abuse and Neglect*, 33 (12), 907-13.

Pillai, A., Andrews, T., & Patel, V. (2009). Violence, psychological distress and the risk of suicidal behaviour in young people in India, *International Journal of Epidemiology*, 38, 459-69.

Salzinger, S., Rosario, M., & Feldman, R. S. (2007). Physical abuse and adolescent violent delinquency: The mediating and moderating roles of personal relationships. *Child Maltreatment*, 12, 208-219.

Shields, A. M., Cicchetti, D., & Ryan, R. M. (1994). The development of emotional and behavioural self-regulation and social competence among maltreated school-age children. *Development and Psychopathology*, 6, 57-75.

Wall, A. E., & Kohl, P. L. (2007). Substance use in maltreated youth: Findings from the national survey of child and adolescent well- being. *Child Maltreatment*, 12, 20-30.

Wiederman, M.W., Sansone, R. A., & Sansone, L. A. (1999). Bodily self-harm and its relationship to childhood abuse among women in primary care settings. *Violence against women*, 5(2), 155-63.

---