

Child Sexual Abuse : an endemic hidden mental health problem in India

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Child sexual abuse (CSA) is one of the most understudied yet highly prevalent public mental health problem in India. Child sexual abuse is one of the few problems that has been reported in almost all countries worldwide ranging from the USA and UK to Ecuador and Bosnia [1]. One of the common reasons for its neglect is the stigma associated with CSA and gaps in reporting across nations [2]. CSA has been seen across all ages ranging from as low as 1 year to upto the age of 16 [3]. It is seen across all socioeconomic strata and in both sexes with a slightly higher preponderance for girls [4]. In India, however the problem has been equally reported in both boys and girls. Everyday the newspaper is strewn with reports of a new case of CSA that has occurred. There is a lot that mental health professionals can do to help such cases but rarely do they come for treatment as there is a lot of stigma and shame involved.

One of the early studies on CSA in India reported by a non governmental organization (NGO) based setting in Chennai stated that 76% of the participants reported having experienced CSA in their lifetime [5]. A cohort based studies in a school in the same metropolis in 2005 reported that out of the 2211 school going children, 48% boys and 39% girls had faced some form of CSA while 15% of the participants across both sexes faced severe abuse [6]. A report of the Ministry of Women and Child Welfare reported in 2007 that 57.3% boys and 42.7% girls experience some form of child abuse that includes CSA – this includes physical abuse, sexual abuse, neglect, verbal abuse, emotional abuse and two or more types together. This report thus indicated that more than half of the boys in India and nearly half the girls aged 5-12 years had experienced at least once if not multiple episodes of some form of abuse in their lifetime. Of these 40% children are between the ages of 5-12 years and 21% are exposed to severe abuse and even experience rape [7]. The figures are shocking to say the least. They should make us as mental health professionals how vulnerable our children are. It has been estimated that in India 1 in 10 children experience some form of CSA and 7000-7500 rapes in children occur annually [8].

CSA is not a single episode phenomenon but is rather multifaceted and episodic in nature. It is important for community mental health experts to note that unlike communicable diseases, where one may experience one episode or attack of an illness, in CSA a child may experience multiple episodes of CSA over months and years till the problem is detected or revealed or rather discovered. The psychological burden caused by CSA is thus much more when compared to many other psychiatric diseases. In fact statistics from around the globe state that CSA accounts for about 1% of the global burden of disease in children [9]. Another factor noteworthy in the community mental health is an under-reporting of the problem often when the perpetrator may be

someone known to the child or may be a family member [10]. In this case the child may have to continue to live with the perpetrator even after the discovery of the abuse and may thus be afraid to reveal any facts about the abuse due to worry of dire consequences. In fact when encountering CSA, in 70-85% cases the perpetrator is known to the victim [11]. No relation has been spared when it comes to being a perpetrator in child sexual abuse. It is often a misconception that only men are abusers and women do not abuse as they are mothers. But female child sexual abusers have been reported in literature as well [12].

Most studies on CSA from different states and more so diverse cultural backgrounds in India and globally show a varied prevalence. This is due to the fact that different definitions of CSA used in the studies may vary in rigorousness of the definition, types of abuse encompassed under CSA, the narrowness or broadness of the spectrum used to describe CSA and the quality of data obtained as a result including the setting in which the study was done i.e. whether community based or school based [13]. Another mental health epidemiological concern with CSA is that it is not a problem that resolves within months but rather has long term sequelae that last a lifetime. Around 30-60% of children that experience CSA suffer from mental health related problems and psychiatric illness in their lifetimes [13]. This adds to the burden of CSA as a public health and the cumulative global burden of disease with CSA goes up 25% when added with the burden encountered as a result of its long term problems [14]. In many areas in India, there is a lack of awareness of the problem itself. The problem is rising and stricter laws with the latest Prevention of Child Sexual Offences (POCSO) Act [15] does not seem to be curbing the problem.

Mental health epidemiological studies in India are usually focusing more on psychiatric disorders and are circumscribed to small populations in rural and urban areas. There is a dire need for epidemiologists and public health professionals to examine the problem of CSA from both an epidemiological, primary prevention and primordial prevention perspective. The need to educate the masses is the need of the hour and interventions need to be school based, home based, family based and community based [16]. India has around 20% of the world's children and by 2025 shall be having the largest young population in the world. It is time that we wake up to the problem of CSA and meet it head on. The future of nation is in the hands of its children and it is time that we as public health professionals take steps to ensure the safety and security of our younger generation.

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