Child Sexual Abuse in India: Current Issues and Research

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Sexual Abuse of Children and Youth in India
An Anthropological Perspective

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ABSTRACT

Child sexual abuse (CSA) is a serious and pervasive social malady in India as it is in many areas of the world today. CSA can contribute to abnormal and arrested development, and a wide array of psychological and emotional disorders, that some children and adolescents may experience for a lifetime. In India as in other countries, intra-familial sexual abuse often goes unreported. When this occurs and children are not given the protective and therapeutic assistance they need, they are left to suffer and struggle on their own. This article discussesthe nature and incidence of child abuse and neglect in India from an anthropological perspective, with an emphasis on the sexual abuse of children and youth. Current research findings pertaining to CSA in India are presented, and the socio-cultural and familial factors that put children and youth at risk for CSA are examined. The importance of neighborhood and community investment and involvement in the prevention of CSA is alsohighlighted.

Child sexual abuse (CSA) in India is a widespreadphenomenon that occurs both within and beyond the family system (Carson, Foster, andTripathi, 2013). The potential negative effects of CSA on children are many and may continue throughout the lifespan (Deb 2006, 2009; Deb and Mukherjee, 2009; Kacker and Kumar, 2008; Priyabadini 2007). Research has documented that child sexual abuse (CSA) may interfere with human growth and development (Cicchetti and Toth, 2006; Foster, 2011; Goodman, Quas and Ogle, 2010) and place children at risk for a wide array of mental and emotional disorders. These disorders may includeanxiety (e.g., panic disorder, OCD and PTSD), depression, anger, cognitive distortions, posttraumatic stress, dissociation, identity disturbance, affect dysregulation, interpersonal problems, substance abuse, self-mutilation, bulimia, unsafe or dysfunctional sexual behavior, somatization, aggression, suicidality, and personality disorders (Briere and Lanktree, 2008; Deb and Mukherjee, 2009, 2011; Foster and Carson, 2013; Goodyear-Brown, 2011; Priyabadini, 2007; Tomlinson, 2008). Some common consequences for adult survivors of CSA include: mental health problems (e.g. depression, anxiety, substance abuse, posttraumatic stress), relational challenges (e.g.,

sexual health, intimacy, and increased risk for sexual assault and domestic violence), and spiritual concerns (e.g., shattered assumptions about life, people, and self, and changing belief systems following the trauma) (Chawla, 2004; Davidson, Shannon, Mulholland and Campbell, 2009; Deb and Sen, 2005). However, research has shown that some adult survivors of CSA are able to overcome the effects of their abuse and demonstrate resiliency and posttraumatic growth (Wright, Crawford and Sebastian, 2007).

This paper explores the nature and incidence of child sexual abuse (CSA) in India from an anthropological perspectiveand summarizes the research findings on CSA to date. Community based and socio-cultural factors that place children, youth and families at risk for sexual abuse are carefully examined from within the framework of the anthropological literature. Finally, the importance of social supports for children and families, along with capacity building and community efficacy, are strongly emphasized.

Definition of Key Terms

Child sexual abuse (CSA) is defined by the Keeping Children and Families Safe Act of 2003 and involves : (a) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or (b) the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

Child sexual exploitation includes ownership, production, and supply of sexually explicit images of children; using the Internet to lure children into sexual acts; prostitution of children; and child molestation.

Trauma is an individual's response to a devastating event or series of events and has been described as "the realization of one's worst fears, the experiences that every human being would never want to have" (Klempner, 2000: 77).

Sexual Assault includes any attempted or competed sexual acts with a child or adult who is coerced or forced to engage against their volition. This includes forcible sex offenses such as rape and sodomy.

Prevalence of Child Sexual Abuse in India

Children under the age of 18 contribute to 44.4% of India's current population, half of which are not provided with basic education, nutrition, and health (Indian National Family Health Survey 2005-2006). Furthermore, India's vast population of children is susceptible to various forms of child maltreatment (Carson et al., 2013; Chawla, 2004;

Deb, 2005, 2009; Priyabadini, 2007). Specifically, the problem of child sexual abuse (CSA) extends into India's early history and is considered a deep-rooted societal concern (Deb, 2002, 2009; Deb and Mukherjee, 2009; Iravani, 2011). The heightened public awareness of child sex trafficking has become an important human rights issue for policy makers.

Although CSA is a major concern in India, there is an inadequate amount of research that has specially examined CSA in Indian children and the relevant cultural factors. The few existing studies indicate crimes against children in India (as in other parts of the world), are vastly underreported. Current estimates assert that between 18% and 50% of the country's children have experienced some form of CSA (Chatterjee et al., 2006; Chawla, 2004; Deb, 2006, 2009; Deb and Mukherjee, 2009; Deb and Walsh, 2012). Girls report higher incidences of CSA; whereas, boys report more physical and psychological abuse (Deb and Walsh, 2012). In one study that utilized in-depth interviews, 30% of men and 40% of women reported childhood sexual molestation which included genital contact (Iravani, 2011). Half of the perpetrators were family members, and in 80% of the cases other family members had knowledge of the abuse. Iravani (2011: 151) concluded that:

> These experiences of seduction are not just pieced together from fragmentary memories, but are remembered in detail, are usually for an extended period of time and have been confirmed by follow-up reliability studies in 83% of the cases, so they are unlikely to have been fantasies. The seductions occurred at much earlier ages than had been previously assumed, with 81% occurring before puberty and an astonishing 42% under age 7.

Thestatistics above are conservative as many children do not disclose their abuse (Deb, 2005, 2009, 2011; Deb and Mukherjee, 2009), and those who do may not be protected or believed. Thus, there is general agreement that child maltreatment, including CSA, is much more widespread than what is commonly reported or recognized (Chawla, 2004; Deb and Mukherjee, 2009).

Child Maltreatment and Child Sexual Abuse from an Anthropological Perspective : Implications for India

Scientific interest in child abuse and neglect (CAN) in an international context dates back at least 50 years to the early work of C. Henry Kempe (see Krugmanand Korbin 2013). Kempe was one of the first physicians and researchers to call attention to child sexual abuse (CSA) as a serious medical, developmental, and social problem. In addition, he was a pioneer in emphasizing the importance of investigating CAN from a cross-cultural and international perspective (Kempe, 2013). The issue of CSA was emphasizedin his famous 1977 C. Anderson Aldrich Lecture, "Sexual Abuse: Another Hidden Pediatric

Problem" (Kempe, 2013). Since that time interest in CSA both practically and scientifically has expanded exponentially (see e.g. Krugman, 2013; Mrazek, 2013), including the investigation of CSA from an anthropological perspective (Jones, 2013; Korbin, 1987, 2013; Oates, 2013). Korbin and Krugman'sHandbook of Child Maltreatment (Korbin and Krugman, 2013) further examines the issue of CAN (including child sexual abuse) from a broader international and cross-cultural human development viewpoint, with its goal to assess what remains to be known to make progress in helping abused children, their families, and their communities. As Korbin (2002, 2013) reminds us, efforts continue to need to be made to 'unpack' culture in relation to CAN in general and CSA in particular, to promote understanding culture in context, and to enhance research on child maltreatment and culture.

Although the anthropological research on CAN and CSA is diverse, there are several major themes which stand out in the literature in relation to the maltreatment of children in general and the sexual abuse of children in particular. These include the following: (1) Cross-cultural variability in child rearing beliefs and behaviors, and the roles and values attributed to children in various cultures; (2) The higher incidence of CAN and CSA in disadvantaged neighborhoods and communities; (3) The differences in incest taboos cross-culturally, and non-volitional sexual practices in various cultures; and (4) Child sexual abuse as associated with various forms of violence within and across cultures. Each of these themes is discussed as follows.

Child Rearing Beliefs and Behaviors

Variance in what parents and caregivers in various cultures believe about children and how they rear them suggests an absence of universal standards for optimal child care, as well as specific criteria for different kinds of child abuse and neglect. According to Korbin (1987, 1991), culturally appropriate definitions of child maltreatment can be conceptualized across three levels: Cultural differences in rearing practices and beliefs; idiosyncratic departure from a continuum of acceptable behavior; and societal harm to children. Korbin notes that the maltreatment of children is generally less likely in cultures in which children are highly valued for economic utility, for perpetuating family lines and the cultural heritage, and as sources of emotional satisfaction. Given these criteria, India should have a low rate of child abuse and neglect; however, as described earlier this does not seem to be the case, including with regard to child sexual abuse. This may be in part because of certain socio-cultural factors (i.e. poverty; multiple care-giving of children; blurred family roles and boundaries across generations; social isolation; etc.) that mediate or perhaps override the potentially protective influences of placing a high value on children. Moreover, even viewing children as sources of emotional satisfaction can be a double-edged sword. If, for example, parents look to their children to meet emotional needs that children cannot or should not meet, healthy care-giving behavior

can quickly become unhealthy and even exploitative and abusive.

In addition, the child-rearing practices of parents and other caregivers may be related to CAN in that, for example, indifferent parents may be more likely to neglect their child's basic physical and emotional needs, and those who are more authoritarian oriented are more likely to view children as their property rather than as youthful beings in need of parents' love, care and protection. Moreover, indulgent parents may not provide the boundaries and protection that children need both within and beyond the family system. As Yamuna (2006) and Choudhury and Chowdhury (2007) note, all of these parenting styles, as opposed to a more authoritative style (firmness and follow through of discipline balanced with choice and flexibility), place children at greater risk, including for various forms of abuse and neglect.

Finally, it is important to remember that many child-rearing practices in the West would be viewed as abusive from the vantage point of other cultures (Korbin, 1987, 2003); for example, spanking and other forms of physical punishment as accepted forms of discipline. Culturally oriented beliefs about children's value, purpose, and role (e.g., in needs versus rights based cultures), as well as what is 'best for them', may help set the conditions for various forms of CAN. When children are seen as the property of parents and perhaps inferior to adults, greater vulnerability may be created for all types of abuse, including child sexual abuse. Of course, at the same time family and social networks can mitigate the potential for maltreatment of vulnerable, undervalued and disvalued children.

Child Abuse and Neglect in Disadvantaged Neighborhoods and Communities

Coulton, Crampton, Irwin, Spilsbury and Korbin (2007) reviewed the literature on the relationships between neighborhoods and child maltreatment Methodologically, these investigators conducted a search of electronic databases and a survey of experts yielded a list of 25 studies on the influence of geographically defined neighborhoods on child maltreatment. According to these investigators, numerous studies demonstrate that child maltreatment cases are concentrated in disadvantaged areas, and that a number of socio-economic characteristics of neighborhoods have been shown to correlate with child maltreatment rates as measured by official reports to child protective service agencies. However, across cultures the issue here may be one of reported cases rather than actual incidences of various forms of CAN, including CSA. Poor and low income families are more likely to be known by social/human service agencies (including child protective services) for reasons linked to economic disadvantage, low quality living conditions and schools, crime, and child neglect. Therefore, Coulton et al., (2007) emphasize that the processes which link neighborhood conditions to either maltreatment reports or parenting behaviors are not yet confirmed by the research literature. In

addition, selection bias, neighborhood definitions and spatial influences are largely uncontrolled in the existing research. Therefore, whereas incidences of physical abuse and neglect of children may lean in favor of economically disadvantaged neighborhoods and communities, whether child sexual abuse rates are actually higher in disadvantaged neighborhoods and communities has not been established. The preponderance of literature on CSA internationally suggests that this phenomenon is partial to no socio-economic boundaries (Goodyear-Brown, 2011). On the other hand, emotionally less connected and more socially isolated families of any socio-economic level in communities place children at greater risk for a variety of social ills, including various forms of child abuse and neglect that may also involve CSA. Family secrets are easier to maintain within socially isolated families, and as will be seen, this is one factor in India that may place children at higher risk for CSA (Baradha, 2006; Choudhury, 2006).

In addition to social and economic disadvantage that may be involved in CAN, other major factors may include family disruption, substance abuse and stress; lack of moral and family values, and individual pathology (Korbin, Coulton, Lindstrom-Ufuti, and Spilsbury 2000). Children in modern day Indian families may be at greater risk for CAN because of rapid increases in family and inter-generational conflict, upward mobility of an educated middle class which often separates families geographically,and a gradual loosing of extended family ties (Patnaik, 2007; Priyabadini, 2007). Children also become more vulnerable as incidences of substance abuse and other types of addictions, adolescent and adult mental illness, and childhood behavior disorders become more prevalent (Baradha, 2006; Chowdhury and Patnaik, 2007; Carson, Jain and Ramirez 2009).

There is also empirical evidence in the anthropological literature on CAN that there is a strong association between social isolation and child maltreatment. For example, in a cross-cultural study of both abusive and non-abusive Spanish and Columbian families, differences between both cultures were found in the pattern of community social support for the non-abusive groups (Gracia and Musitu, 2003); however, the relationships between community social support and child maltreatment were similar cross-culturally. The results indicated that in both cultures abusive parents showed lower levels of community integration, participation in community social activities, and use of formal and informal organizations than the parents that provided adequate care. According to these investigators, these findings largely support the literature that has repeatedly reported a link between social isolation and child maltreatment. Given the potentially strong relationship between the social isolation of families and their ability to keep family secrets that may involve incest and other forms of child sexual abuse, social isolation and emotional disconnectedness from others remain key factors. As Coulton et al., (2007) remind us, neighborhood-based strategies to prevent and reduce child maltreatment

will be enhanced by research that provides a better understanding of how neighborhood conditions, including isolation, act as stressors or supports for families at risk of child maltreatment.

Cross-Cultural Variations in Incest Practices and Taboos

The study of incest prohibitions, in contrast to the study of incest as practice, have a long and varied history in anthropology (La Fontaine, 1991; Montgomery, 2008). As the vast literature on incest taboos attests, incest is a culturally defined phenomenon that commonly encompasses the biological definition of 'in-breeding' where infractions invoke and produce a wide variety of individual and social reactions. However, these reactions do not necessarily correspond closely to the closeness of relationship between the parties involved in an incestuous interchange. Historically, evaluations of the impact of incest on children in various cultures has been generally downplayed by anthropologists, in comparison with much of the Western popular imaginary of incest that has portrayed its more horrific and damaging influences on human development. It is not surprising then that the extreme cultural variations in incestuous behaviors and practices worldwide, and reactions to these practices within and across cultures, has made it difficult to construct a universal definition of incest and reach an agreement about its universal salience (Turner and Maryanski 2005). Even in the West, neither popularly or legally is there any unanimity about what constitutes 'incest'. Although it is likely that Western notions most closely approximate the biological definition of in-breeding and the exchange of bodily fluids; i.e., sexual intercourse between fertile, sexually mature individuals (Montgomery 2008; Turner and Matryanski 2005), incest in the West is generally viewed in a much broader way than simply intercourse. It also includes any violation or exploitation of a child in a sexual manner by a person in a position of power or authority within the greater family system. However, from an anthropological perspective, some might argue that it is ethnocentric to suppose that familial incest or 'in-breeding', which is commonly subsumed within much broader categories of prohibition, is or should be regarded as more reprehensible than other kinds of sexual behavior that involves children and youth, let alone with disgust, horror or even shame. On the other hand, any violation of child's rights and personal boundaries may result in a visceral reaction by others, regardless of the cultural milieu in which such perceived violations take place.

A careful examination of the anthropological literature on incest leads us to three tentative conclusions about incest and incest taboos. First, incest taboos are no longer viewed as universal, nor have they been for many decades. Second, laws in both the East and West relating to incest are varied and remarkably recent in some countries, including India. Finally, there is the issue of cultural aversion versus taboo. The distinction between these concepts is not always clear in actual practice. For example, in some cultures children

and parents sleeping in the same bed and even cuddling but with no clothes on would be seen as perfectly acceptable, whereas in other cultures it would be viewed as reprehensible. Anthropological investigation cross-culturally, as a whole, generally supports the absence of sexual and erotic feelings between persons living very closely together from childhood (typically close relatives) unless mediating factors come into play (deep unmet emotional needs in adult relationships; disability of a spouse; unresolved childhood trauma on the part of the adult caregiver or relative; etc.). Hence, their aversion to sexual relations with one another displays itself in custom and in law as a prohibition of intercourse between near kin (Montgomery, 2008; Turner and Matryanski, 2005).

In addition, for sociobiologists and some physical anthropologists, incest avoidance is mainly concerned with mating and the evolutionary benefits of heterozygosity in a population's gene pool. This is because inbreeding has the effect of reducing heterozygosity. Therefore, the more heterozygous individuals a population has for the greater number of genes, the more adaptive potential that population has (Leavitt, 2005). However, other factors may come into play. Attachment may or may not inhibit sexual arousal between a parent and a child depending on whether it was disrupted or not, and also on the quality and duration of the contact between the two parties (Diamond, Blatt and Lichtenberg, 2007). Indeed, human emotions are deep and powerful, and as such are not always clearly distinguished from erotic feelings and impulses - even within family systems. Depending on both inertia and opportunity, these needs and drives can sometimes trump any family or culturally based sexual prohibitions that may exist. In the West, children and youth in step or blended families are particularly vulnerable because any incest taboos that may exist are weakened (Sheinberg and Fraenkel, 2000). As more families in India marry, divorce, remarry, and create new reconstituted family systems, children and youth may also become more vulnerable to sexual abuse on the part of an adult or older step sibling (Baradha, 2007; Vijayanthimala, 2007).

Finally, there is the issue of cultural relativism and incest. As Montgomery (2008) notes, it is critical to analyze and understand child sexual abuse (CSA) within it specific local, cultural and historical context, as well as view it in the broader hierarchical structures and social values of the wider society. She concludes:

> Both anthropological and historical approaches to child sexual abuse must refrain from projecting social concerns and anxieties onto others, whether or not they are separated from time or geography..... However, such an understanding must come with the proviso that cultural or historical relativism should not be used as a cover for condoning abusive practices, which would have been generally condemned within their own time and context. All societies have ideas about what constitutes abuse and maltreatment of children,

and such practices are usually roundly condemned. The role of anthropology in such a discussion is to look more broadly at the issue of sexual cultures, the beliefs surrounding sex, its dangers and pleasures, and the acts and practices that deviate from accepted norms..... It is only by understanding all of these aspects of sexual cultures that questions of deviancy and abuse can be properly discussed. It would be naive to assume that child sexual abuse does not occur in most societies, but it is extremely important to distinguish between what might appear to a westerner as an 'exotic' sexual practice and one that is truly abusive to the child (Montgomery, 2008: 319-320).

In conclusion, child sexual abuse is one of several major types of non-volitional sexual behavior. Like rape, forced sex, sex trafficking, and violence against people with nonconventional sexual identities, CSA involves behaviors that violate a person's right to choose when and with whom to have sex and what sexual behaviors to engage in (Kalmuss, 2004). Children are typically manipulated and taken advantage of in cases of CSA apart from their own choice and volition -- often by people they know and trust. This only serves to accentuate the effects of betrayal trauma. Moreover, according to Korbin (2002), what constitutes child sexual abuse (CSA) from accepted cultural practices in the vast majority of cultures around the world is the issue of secrecy and shame, as well as the potentially damaging effects of such sexual practices on children and youth. In this regard, children in countries like India that are characterized by underlying currents of shaming and blaming the victim, as well as family secrecy and protection of the family's good name, may be particularly vulnerable to various forms of intra-familial sexual abuse and exploitation. Further, changes in extended family relationships, coupled with a changing moral landscape due to influences such as theInternet, mass media, and even movies and television, may help to create family and social environments in which children become more vulnerable to all types of exploitation, including sexual abuse.

Child Sexual Abuse as Associated with Various Forms of Violence within Cultures

A close examination of the cross-cultural and anthropological literature on child sexual abuse (CSA) reveals several findings (or tentative conclusions). First, CSA has been conceptualized by some anthropologists (e.g., Korbin, 2003a) as one of many forms of violence against children - both from adults and children and youth themselves. According to Korbin, the root of much violence toward children in various cultures around the world is poverty and inequality; however, not all poor families abuse or neglect their children. Korbin notes that children's own voices and perspectives have been largely absent from the anthropological literature on childhood and violence, and that this is a serious omission. She asserts that various forms violence toward children, including CSA, vary within and across cultural contexts and can therefore be categorized by setting, perpetrator, type and severity, age and gender, and cultural context.

Second,Korbin (2003a) indicates that although cultural relativism has been a hallmark of anthropology, confrontations with issues of human rights worldwide have precipitated a reexamination of the basic tenets of an unquestioned adherence to cultural relativism. Certain forms of violence toward children, including CSA, are no longer be seen as healthy for children, which then leaves the door open for an ongoing discussion of the protection of children from harm in all societies of the world.

Third, Korbin (2003a) raises the issue of what, exactly, should be included under the rubric of child maltreatment. To address this issue, Korbin offers three levels of consideration that may help organize our thinking about child maltreatment across cultures (Korbin, 1987, 1991, 2002). Cultural-level acts, practices, and rites or rituals may be differentially viewed as abusive or neglectful by other societies, but not by the culture in question. Another level encompasses societal definitions of various forms of child abuse and neglect, as well as the structural violence of poverty, inadequate health care, and the lack of educational and employment opportunities. A final level involves an idiosyncratic departure from cultural standards that results in harm to a child or compromises his or her well-being. These conditions have been implicated as contributing in a powerful way to the incidence of individually perpetrated child maltreatment, including sexual abuse.

Historically, the field of anthropology has been ambivalent about culturally sanctioned practices that may cause children pain, suffering, or harm. Anthropologists have gone to great lengths to explain how such cultural rites and practices, even though they are physically painful and emotionally frightening, do not fall under the rubric of 'abuse' in that they are collective expressions of cultural values (Korbin, 1987, 2003a). No matter how painful and terrifying, both the adults who perform and perpetuate these rites, and the children who are subjected to them,tend to view these rituals as having positive long-term benefits. Although the child's view of his or her experience and treatment has long been recognized as an important consideration in differentiating cultural practices from idiosyncratic abuse (Korbin, 1987; Oates, 2013), what complicates the issue of sexual abuse is that children may not always perceive or experience the sexual act of an older sibling or adult as abusive or harmful at the time of its occurrence.

However, with time the reactions of others, and the trauma resulting from the violation of sacred boundaries and broken trust, may have a severe and long-lasting impact on the child well into adulthood. Further, not all children necessarily view such rites in the same way as do adults or for their own good (Korbin, 1987, 1997). As Edgerton (1992) noted over 20 years ago, anthropology has increasingly come to grips with the possibility that cultural relativity falls short in its efforts to reconcile painful acts with an understanding of other cultures. No longer can cultural relativism be used to justify behaviors in cultures that systematically use pain, fear, and deception to dominate boys and subordinate, demean, and oppress girls and women (Edgerton, 1992). Just as abusive

parents use their own upbringing as justification for their own violent behavior against their children, so too can parents rely on culture as a justification for doing physical, mental or emotional harm to their child. With regard to sexual abuse and other forms of child maltreatment, parents or other perpetrators may simply misrepresent their own culture, whether consciously or unconsciously (Korbin, 1987, 1997).

Fourth, with regard to the idiosyncratic occurrence of child maltreatment, Korbin (1987, 1997) asks whether it is possible to determine which children are at risk. In some cultures of the world the cross-cultural record suggests that girls, later-born children, and second children of the same gender are more likely to be victims of child abuse or neglect -- especially females in societies with a strong preference for sons. Such would be the case for India with regard to girls and women (Patnaik, 2007; Priyabadini, 2007), and perhaps later born children as well. It is also important to remember that children and youth are different in the extent to which events are experienced as traumatic (Baradha, 2006), and often it is one child in the family who is targeted for sexual abuse (Clancy, 2010; Priyabadini, 2007). Pervasive violence or inappropriate behavior in families of any kind may also easily take on a sense of normality. In addition, children's perceptions of risk and harm are often different from those of adults. As La Fontaine so insightfully suggests, "Children may be perceived by adults as reluctant to talk when often their silence may be a manifestation of their despair at the absence of any solution to their problems" (LaFontaine, 1991: 31). As Korbin (2003a) reminds us, violence is a daily reality for too many of the world's children. She asserts that anthropology is in a unique position to take a stand to fulfill the United Nation's commitment to offer provision, protection, and participation for all of the world's children.

Finally, along with categories of children at increased risk (Korbin, 1987), there is also a need to consider resilience and protective factors (Korbin, 2003a). Although sanctions against abuse do not protect all children, strong and protective social networks, including highly aware and involved parents and family members, may help to buffer children against the various forms of harm and exploitation. Moreover, when child care tasks are shared in an family environment that is open and yet has healthy internal and external boundaries, the risk of child sexual abuse and other forms of maltreatment may be substantially decreased.

OVERVIEW OF CHILD SEXUAL ABUSE IN INDIA

Socio-Cultural and Family Factors Involved in Child Sexual Abuse

There are numerous, large-scale obstacles to addressing child abuse and neglect (CAN) in India. Poverty is a major factor which impedes families' ability to provide adequate shelter, medical care, and nutrition for their children, which at times results in child abandonment. Poverty also negatively influences access to education which results in

low literacy rates. Incidents of CAN, including CSA, are often underreported, which is in part due to the fact that most child maltreatment is committed by family members (Deb, 2005; Deb and Mukherjee, 2009; Virani, 2000). Another factor related to low reported rates of CAN is due to cultural beliefs related to parental rights. The beliefs that children do not have rights and are their parents' personal property are prevalent (Deb, 2009; Deb and Mukherjee, 2009; Segal, 1995). Moreover, children may be blamed for "causing" their parents to abuse them, and in some cases of sexual abuse, "enticing" the parent or adult who abused them (Baradha, 2006; Priyabadini, 2007); hence, the classic 'blaming the victim'. Additionally, if children disclose their abuse, their accounts may be discredited as the testimonies of adults often override those of children. Finally, female children are especially vulnerable to abuse and less likely to receive education, nutrition, and medical care due to their lower social status and in some families treatment as a burden (Chawla, 2004; Deb, 2006; Deb and Mukherjee, 2009; India Country Report on Violence against Children, 2005).

Another cultural norm in India that prevents disclosure of and intervention into CAN, including child sexual abuse, is the practice of family secrecy. Sharing private family matters is taboo, and the family's business is expected to be dealt with privately by the family (Choudhury, 2006). To avoid shame, families must protect their reputation and standing within the community (Baradha, 2006; Choudhury, 2006). Children's identities are rooted in the family's identity; thus anything that would jeopardize their family's name is kept hidden at times even from other family members (Patnaik, 2007; Priyabadini, 2007). Secrecy about CSA protects perpetrators instead of children and allows the abuse to continue (Baradha, 2006;Patnaik, 2007). Failure of parents or caregivers to believe and act to protect children is devastating for child victims. It increases their level of distress and prevents children from receiving the mental health treatment they may desperately need (Priyabadini, 2007).

Despite the above challenges, the protection of children from maltreatment falls on the shoulders of India's families and communities and must be made a priority of the government at all sectors (Kacker and Kumar 2008). These authors assert that in the patriarchal system, children have few rights, and although the Constitution of India includes children's rights, it emphasizes mainly the need based rights of children. Laws that prohibit child maltreatment need to be enforced and perpetrators held responsible through prosecution. "With an increasing incidence of child abuse, India needs both legislation and large scale interventions to address this problem" (Kacker and Kumar, 2008: 98). Such interventions must include information about child sexual abuse and other forms of abuse and neglect that can be disseminated in schools and throughout communities (Deb and Mukherjee, 2009; Priyabadini, 2007).

Key Studies of Child Sexual Abuse in India

This section provides a review of major findings from five recent investigations of child sexual abuse in India which are presented in chronological order. The first study conducted by Pagare (2003) investigated the maltreatment histories of 72 boys in an Observation Home in Delhi, which is 1 of over 700 juvenile justice homes in India. In the study, 38.1% of the boys disclosed a history of sexual abuse, with most perpetrators unknown to the victims. Signs of physical abuse were observed in 23.8% of the sample, and behavioral and emotional challenges were evident in 16.3% of the boys. The relatively few symptoms noted might be explained by boys' efforts to conceal their symptoms to avoid the stigma and social ostracism that can be experienced by male victims.

The second study, conducted by Chatterjee, Chakraborty, Srivastava, and Deb (2006) in Kolkata examined characteristics of sexually trafficked children. The authors stated that these children experienced a host of mental, physical, and social challenges. Specifically, depression, loss of interest in daily living, and loneliness were noted. Furthermore, 14.6% of the children in the study had HIV/AIDS. Many children faced rejection by their family members and communities. Previous research has documented that due to the lack of adequate medical and mental health care, many children do not receive treatment and thus experience the long term ramifications of severe psychological trauma, which can impact multiple domains (Deb and Sen, 2005).

The third study, the national Study on Child Abuse India 2007(Kacker, Varadan, and Kumar 2007; Kacker and Kumar 2008), was supported by the Government of India and initiated so that a more accurate and comprehensive understanding of child abuse and neglect could be gained. Various forms of abuse, including child sexual abuse, were examined in two states from each of the major geographic regions of India (North, South, East, West, Central and Northeast, as well as the city of Mumbai). The study included children (5-18 years) and young adults (18-24 years). This report provides a great deal of specific descriptive information about various forms and expressions of sexual abuse among children and youth in India (see Kacker, Varandan, and Kumar 2007: 71-102).

Eight significant findings about child abuse and neglect emerged from the Study on Child Abuse in India. To start, the youngest children in the sample (ages 5 to 12) reported the highest levels of abuse; (2) there was no differences in incidence of physical abuse in boys compared to girls; (3) persons who committed sexual abuse were frequently trusted individuals who held positions of authority; (4) 70% of victims of CSA never disclosed their abuse; (5) nearly half (53.2%) of the sample had experienced CSA; (6) 20% of the children had experienced what was termed severe CSA; (7) the most vulnerable children for CSA included street children, working children, and children in institutional

care; and (8) Andhra Pradesh, Assam, Bihar and Delhi reported the highest incidences of CSA overall. The findings are important as they may lead to "..... the formulation of appropriate policies and programs meant to effectively curb and control the problem of child abuse" (Kacker and Kumar, 2008: 98).

The fourth study investigated the experiences of sexually abused girls and their families in Western Madya Pradesh (Sahay, 2010). The researchers reported that the reactions of the girls' families to the discovery of CSA often caused re-traumatization and hindered their healing process. Many families, wanting to avoid the stigma of sexual abuse, forced the girls to remain silent about their experiences. Furthermore, girls were expected to deny their need for medical or mental health services. Even if legal actions were taken against the perpetrators by law enforcement, families still expected their daughters to forgive the offender and "forget" the abuse. Yet, according to Sahay, the girls in the study felt it was impossible to "forgive and forget". This study highlighted the complex familial and social factors that influence the well-being and healing process of female victims of child sexual abuse.

The fifth and final study conducted by Deb and Mukherjee (2011)examined the psychological, social and emotional adjustment of 120 sexually abused girls (ages 13-18) in Kolkata, West Bengal who were living in either Observation or Rehabilitation Homes. Of the girls in the study, 93% were from families living in rural poverty with little education. The majority (73.3%) of the girls left their homes believing they were going to be married or provided with a job, only to be sold as sexual slaves (also referred to as child sex workers, prostitutes, bar girls, dancers). More than half of the sample had been sexually assaulted by strangers, and one-third reported sexual abuse by their families. Only two girls in the study reported their sexual abuse to law enforcement, which resulted in no protection or conviction of the perpetrators. The experience of abuse correlated with violence in the home, substance abuse, and maternal employment status (not working). Over half of the girls no longer had communication with their families. Many of the girls' families wanted them to return home upon finding them, yet the majority of girls stated that they did not want to return home. Mental health inventories indicated high levels of depression and anxiety as well as low self-esteem in the sample. Yet, many of the girls believed that counseling was helpful. The authors asserted that every rehabilitation and observation home necessitates counselors with specialized training in childhood trauma, including sexual abuse. Additionally, programs must provide children with tools needed for a successful future including vocational and social skills training.

Child Sexual Abuse in India: A Summary

The aforementioned studies have identified the prevalence of CSA in India as well as the immediate need for effective interventions for youth. With 18% to 50% of the

children experiencing interfamilial or stranger-initiated sexual abuse (Chatterjee et al., 2006; Chawla, 2004; Deb, 2006, 2009; Deb and Mukherjee 2009), a significant number of India's children are at-risk for sexual trauma or already suffering the negative ramifications of abuse. Based on the examination of the literature, several tentative recommendations can be made to improve CSA prevention and intervention efforts in India. Although some cultural differences exist, many of the following suggestions parallel those with regard to sexual abuse in the United States (see Crossen-Tower, 2009; Finkelhor, 2008).

First, sexual abuse does not necessarily occur in isolation and may include other forms of child maltreatment. Second, although girls have higher prevalence rates of CSA and may be unprotected by their family members, boys are also victims of sexual abuse and may experience significant difficulty disclosing their experiences due to feelings of shame. Third,some studies have noted the correlation between sexual abuse and poverty, yet CSA occurs in families of all socio-economic levels, and social isolation may be an even greater risk factor.

Fourth, studies indicate that many victims of CSA are traumatized by their experiences and may suffer both short and long term ramifications of their abuse. Fifth, while abuse experiences have numerous negative consequences for children, counseling is frequently effective in helping children reduce their trauma related symptoms and improve their well-being. Sixth, family secrecy about CSA is harmful to victims, and adults must be mandated to properly report sexual abuse.

Seventh, prevention initiatives that include education about child maltreatment must occur on multiple levels (family, community, state, and national) and the rights of children made a priority by the government and individual citizens. Further, laws need to be improved to protect children and hold offenders accountable. Justice for victims of child sexual abuse and other forms of maltreatment will send a powerful message in Indian society and will lead to cultural change. Lastly, government organizations and NGO's must make both intervention and prevention services a priority and support them through adequate funding.

In sum, it is important to consider the cultural context and unique challenges (poverty, crowding, poor living conditions, children residing in the street, and some lack of enforcement of child labor laws) related to CSA and the protection of children in India. Further research is needed to investigate the reported variations in CSA prevalence rates across states and regions in India. Understanding risk factors such as poverty, living environment (city or rural), and family dynamics is an important part of strategically delivering education about CSA and reducing the occurrence of child victimization.

Conclusion:Preventing Child Sexual Abuse through Community Capacity Building

According to Korbin (1994) and Korbin and Coulton (1996), the capacity of communities to prevent violence, including various forms of child maltreatment, is contingent upon the protective factors of community social control and collective efficacy. However, these investigators argue that strong interpersonal ties are not the only contributor to collective efficacy and violence prevention. Ties outside the community, including organizational ties, are also critical. Violence and child abuse prevention programs should be structured in ways that contribute to the community's own capacity to prevent these social ills. In addition, widespread public education programsconcerned with various forms of child sexual abuse and exploitation need to be at the forefront of both governmental and NGO efforts. Community awareness must also be generated at the community level, with local citizens, families and schools taking ownership in playing a major role in education and prevention efforts.

Baradha (2007: 210) discusses some steps toward lowering and preventing sexual abuse of any kind in India, including the abuse of children. Some methods that might help lower the occurrence of sexual abuse include:

● Moral and sex education should be made compulsory in schools and colleges.

● Pornographic literature and blue films should be banned.

● Sexual predators should be treated using psychological or medical techniques.

● Separate tribunals/courts should be constituted specifically for cases of sexual abuse. Penalties should be severe to discourage those who might be contemplating such an act.

● Awareness of sexual abuse could be created through mass media.

● School officials could learn about signs and symptoms of childhood sexual abuse for identification purposes. Further, specific action in reporting such cases should be outlined.

Baradha (2007) concludes by emphasizing the importance of parental awareness and education regarding all types of sexual abuse in both urban and rural communities.

Finally, it is also important to consider the importance of sociocultural factors in the development of successful neighborhood-based child protection strategies (Korbin, 1994). Korbin (1994) notes that the challenge of incorporating culture into child protection involves both the accommodation of cultural diversity while assuring equitable standards of care and protection for all children. Neighborhood-based strategies to reduce and prevent child maltreatment will be enhanced by research that provides a better understanding of

how neighborhood conditions act as stressors or supports for families at risk of child maltreatment (Coulton et al., 2007). There is also some empirical evidence that residents in neighborhoods and communities are optimistic that they can prevent child maltreatment more effectively than local, state, and national governments (KorbinandCoulton, 1996). Furthermore, there is often less certainty about what various local and government agencies can or should do. According to these researchers, while reporting of child maltreatment is an important responsibility that can prevent serious harm and even death, neighborhood residents in their study believed that this responsibility included the potential of retaliation from neighborhood adults and children. Although citizens should never take the law into their own hands, fear of legal repercussions, and family and social incrimination or embarrassment, may play an important role in reducing and preventing child sexual abuse.Since economic and social conditions are inextricably bound together, child maltreatment prevention programs must be embedded within comprehensive efforts to strengthen families and communities (Coulton et al., 2007; KorbinandCoulton, 1996). In addition, the presence of social networks and supports in the lives of children and families is a crucial factor in child well-being and the prevention of all forms of child abuse (Korbin, 2003b). Healthy aspects of social control, social cohesion, social resources and social supports are central to capacity building and collective efficacy -- all of which have a positive impact on the well being of children and youth.

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