

Childhood Sexual Abuse: A Public Health Concern

Farhan Muhammad Qureshi

Childhood sexual abuse (CSA) is one of the serious form of child abuse that includes sexual activity with a minor¹. CSA happens when a child engage in sexual activity for which he or she cannot give consent, developmentally unprepared and unable to comprehend. In recent years, this topic has been received much attention due to its magnitude and sequel. CSA is a significant public health problem across the world, owing to its widespread occurrence with grave lifelong consequences. According to World Health Organization (WHO), CSA is a gross violation of rights of children and adolescents and defines CSA as “the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society”².

The term CSA doesn't mean necessarily a physical contact between a perpetrator and a child. It includes different form of touching and non-touching activities such as; exhibitionism or exposing oneself or an adult sexual activity to a minor, attempted intercourse, intercourse, fondling of genitals, pornography, use of the child for prostitution or pornography, obscene phone calls, text messages or digital interaction^{1,3}.

Childhood Sexual Abuse - The Dynamics:

As compare to the adult sexual abuse, the CSA is very different dynamically, that make a unique phenomenon. Victims of CSA can't be handled in the same way as in case of adult sexual abuse⁴.

The characteristics features of CSA includes:

- Perpetrator seldom used physical force or violence; instead gain child's trust and hid the abuse
- The perpetrator is usually a known, reliable or trusted caregiver.
- Perpetrators develops relationship with child over time as gradual process of sexualizing
- It often happens over weeks or years
- Occurs frequently as repeated episodes with increase invasiveness with time
- Most of the cases of CSA are interfamilial or incest.

Who are more susceptible for victimization?

Epidemiological evidence showing that rates for CSA according to age and gender are different⁶. For children age 0 – 7 years, CSA rates are equal for boys and girls, but with increasing age the girls experience CSA at higher rates^{7,8}. On the contrary, rates for CSA in boys decreases with age, however rate is as same as girls till the age of 7⁶.

A variety of factors have been recognized that make individual children susceptible to abuse sexually. The key factors are believed to be:⁹

- Female sex
- Unaccompanied children
- Foster care children
- Step children
- Adopted children
- Handicapped children (mentally or physically)
- Low socioeconomic
- Past abuse history
- Parents separation/single parents
- Cognitive/psychological vulnerability
- Mental disorder, or drug/alcohol dependency in parents
- Social isolation

What to watch out in suspected victims – Warning signs?

It is not always easy to prove that child has been sexually abused. Affected children do not disclose the incidence directly or straightaway. Furthermore, their disclosure initially might following complaint of physical nature or any behavioral change^{2,5}. Victimized children exhibits expressions that something is distressing them rather than telling someone. There are many physical and behavioral warning signs or indicators (Table. 1) however, physical signs are usually found to be rare⁵. Physicians or health care experts rely on warning signs to detect the cases of CSA but there may be many other reasons for changing in child behavior.

What are the outcomes of Childhood Sexual Abuse?

CSA is a problem of considerable magnitude with short and long term outcomes for victimized individuals. Outcomes varies from case to case and from person to person and can cause physical as well as psychological health problems^{4,9,10}. It might hamper the normal social growth due to psychosocial problems that arise after the event¹¹. The physical health issues are related to gastrointestinal or urogenital system. In addition, CSA has been correlated with many psychological and behavioral symptoms such as anxiety, low self-esteem, social incompetency, depression, guilt, self-blame, eating disorders, dissociative patterns, denial, substance abuse, somatization and suicidal attempt etc^{5,12}. CSA is now found to be recognized risk factor for suicidal behavior in victims CSA and is prevalent in all parts of the world^{13,14}.

The physical or medical complaints of CSA victims are often related to somatization symptoms such as headaches, difficulty in swallowing, pelvic pain, dysmenorrhea, menstrual irregularities, gastrointestinal symptoms like irritable bowel syndrome, dyspepsia, abdominal pain etc.^{5,12} In a long term, the most common symptom among the victims of CSA is a depression. Due to continuous depression in victims, they might think negative about themselves and after the span of time they start feeling worthless and avoid

Farhan Muhammad Qureshi
Assistant Professor, Dept. of Community Health Sciences
Karachi Institute of Medical Sciences Malir Cantt
Email: drfarhanqureshi@hotmail.com

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PHYSICAL	BEHAVIOURAL
Pain and bleeding in genitals, anus or mouth	School problems in performance
Discoloration, bruises or swelling in genital areas	Social issues (non-participating)
Persistent or recurring painful urination	Disturb sleep patterns
Persistent or recurring painful bowel movements	Nightmare
Pain, burning or itching in genital area	Regression in behaviors
Sitting or walking difficulties	Phobias development
Discharge Vaginal or penile	Altered eating habits
Anal fissure, pain or bleeding	Self-harming
Stained or torn under cloth/cloths	Fear of people or a particular place
Pregnancy (unmarried and under 16 years of age)	Stigmatized feeling (ashamed, bad)

Table. 1 Warning Signs or Indicators in the victim of CSA

friends or socializing because of self-negative thoughts. Further, disturbed eating and sleeping patterns are also associated with depression. Body image concerns like feeling of looking ugly or dirty and conscious about their unsatisfactory appearance contributes the social incompetency¹². Mostly, victimized individuals experience chronic anxiety, tension, stress and phobias or frightened long after the incident happened. Some of CSA victim's may have dissociated to protect them from the incident. Feeling disorientation or confusion, feeling of facing difficult or bad situation, hallucinations and nightmares are included in dissociation among CSA victims.

Management:

The cases of childhood sexual abuse involves medical and psychological treatment as well as psychosocial support anticipatory guidance to the victims. However, there are no simple rules to manage the case of CSA and treatment varies depending upon the case. Professionals need for the support of victimized individuals includes pediatricians, psychologists, psychiatrists, and social workers. Frequent and regular sessions of CSA victims with these professionals, working intensively have proved valuable but the consent and confidentiality issues of victims requires professionals to consider their ethical duties carefully. The key areas of interest regarding the likelihood of the case of CSA includes history taking, behavioral or physical signs or indicators, symptoms, sexually transmitted diseases and forensic evidence.² These are considered as a diagnostic tools in CSA cases, however in the absence of physical finding the diagnosis can be made on the victims or eye witness statement/s.

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