

The prevalence of child sexual abuse was found to be high throughout the world including India. The WHO in 2002 estimated that 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence [1]. A review of studies from 21 high- and middle-income nations showed that seven to 36% of females and three to 29% of males reported being victims of sexual abuse during their childhood [7]. A meta-analysis conducted in the year 2009 analyzed 65 studies in 22 countries and estimated an “overall international figure”. The main findings of the study were: [8, 9, 10]

- An estimated 7.9% of males and 19.7% of females universally faced sexual abuse before the age of 18 years
- The highest prevalence rate of CSA was seen in Africa (34.4%)
- Europe, America, and Asia had prevalence rate of 9.2%, 10.1%, and 23.9%, respectively.
- With regards to females, seven countries reported prevalence rates as being more than one fifth i.e., 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US, and 24.2% in Switzerland.
- The lowest rate observed for males may be imprecise to some extent because of under reporting.

India has the world's largest number of CSA cases. For every 155th minute a child less than 16 years is raped, for every 13th hour a child under 10, and one in every 10 children are sexually abused at any point of time[11]. A survey by United Nations International Children Education Fund (UNICEF) on demographic and health was conducted in India from 2005 to 2013, which reported that 10% of Indian girls might have experienced sexual violence when they were

10–14 years of age and 30% during 15–19 years of age [12]. A study was conducted in 2007 by Ministry of women and child development in India covering 13 states. The study reported that about 21% of the participants were exposed to extreme forms of sexual abuse. Among the participants who reported being abused, 57.3% were boys and 42.7% were girls, about 40% were 5–12 years of age. About half of the participants were exposed to other forms of sexual abuse [7].

CSA can cause a lot of psychological problems like low self esteem, guilt, anger, hopelessness and suicide attempts. High prevalence of post traumatic stress disorder, depression, anxiety disorders, body image concerns, eating disorders and substance use disorders have been reported in this population. Later on these children also show behavioral problems like violation of law, social misconduct, violent behavior, lower academic performance, absenteeism and abnormal sexual behaviors. Act of sexual abuse can adversely affect cognitive and emotional development of the child [13].

Traumagenic dynamics

Finkelhor and Browne reviewed the literature on the effects of sexual abuse and postulated traumagenic dynamics (TD) framework which ultimately alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities. The traumagenic dynamics (TD) framework (Finkelhor & Browne, 1985) suggests one set of psychological variables that may mediate the CSA-adult sexual risk behavior relation. According to the TD framework, CSA may lead to four consequences: (1) traumatic sexualization, in which maladaptive scripts for sexual behavior are developed and reinforced



because the child is rewarded for sexual activity; (2) betrayal and lack of trust, in which the child feels betrayed by the abuser, by others' reactions to abuse disclosure, or by others' failure to recognize and stop the abuse; (3) stigmatization, in which the child feels stigmatized because of the abuse as sexually different and thus feels shame and guilt; and (4) powerlessness, in which the child feels unable to control the sexual aspects of relationships [14,15].

The notion of traumagenic dynamics

offers a way both to organize and theorize about many of the observed outcomes. As listed in the table below most of the outcomes can be conveniently categorized according to one or two of these dynamics. However it must be noted that there is no one-to-one correspondence between dynamics and effects. Some effects seem plausibly connected to two or even three traumagenic dynamics; for example, depression can be seen as growing out of stigmatization, betrayal, or powerlessness [14].

AREA OF IMPACT	CHILD'S VULNERABILITY	CHARACTERISTICS
Traumatic sexualization	Sexual development	<ul style="list-style-type: none"> • Overly curious sexual behaviors • Re-enacts abusive acts • Aggressive sexual behaviors • Sexual dysfunction • Sexual identity confusion • Sexual fears/addictions
Betrayal	Trust	<ul style="list-style-type: none"> • Clinging behavior • Damaged trust • Vulnerability to future abuse • Social withdrawal • Depression • Anxiety • Physical ailments
Stigmatization	Disclosure of sexual abuse	<ul style="list-style-type: none"> • Feels disgusting • Low self-esteem • Self-deprecation/self-injury • Suicide • Guilt • Shame • Feels odd • Delinquency • Substance abuse
	Parents' reaction	



Powerlessness	Tricked/not believed	
		<ul style="list-style-type: none"> • Anxiety • Sleeping disorders • Fears • Hyper-vigilance • Learned helplessness • Becoming an abuser • Re-enacts “victim” role in other areas of life • Tolerates continued abuse

Traumatic sexualization

According to the theory of David Finkelhor, traumatic sexualization is the shaping of a child's sexual feelings and attitudes in a manner inappropriate for the child's level of development as a result of sexual abuse.

This process can happen in a variety of ways during the course of the abuse. If molestor gives undue affection, attention or special privileges and gifts to a child in exchange of certain sexual behavior, then there is high possibility that this child learns to use sexual behavior as a strategy for manipulating others to satisfy a variety of his or her needs. Similarly process of traumatic sexualisation takes place when certain anatomical sexual organs of child are fetishized and given distorted importance and meaning. It occurs when offender creates misconceptions and confusions about sexual behavior and sexual morality in the child. It also occurs when very frightening memories and events become associated in the child's mind with sexual activity [14].

Characteristics of sexual abuse experiences are very important in determining the amount and kind of traumatic sexualization like whether the molester made the child active or passive during sexual experience or brute force was used by the molester or not. Experiences in which the offender makes an effort to evoke the

child's sexual response, for example, are probably more sexualizing than those in which an offender simply uses a passive child to masturbate with. Experiences in which the child is enticed to participate are also likely to be more sexualizing than those in which brute force is used. However, even with the use of force, a form of traumatic sexualization may occur as a result of the fear that becomes associated with sex in the wake of such an experience [14].

The degree of a child's understanding about sex and related behavior may also affect the degree of sexualization. In a child who has less awareness of sexual and related issues, because of early age or developmental level, the sexual experience may be less sexualizing than that involving a child with greater awareness. Ultimately the process of traumatic sexualisation and its outcomes will be different in both the child [14].

Children who have been traumatically sexualized emerge from their experiences with inappropriate repertoires of sexual behavior, with confusions and misconceptions about their sexual self-concepts, and with unusual emotional associations to sexual activities [14].

Effect of traumatic sexualisation

There are many observed effects of sexual abuse



that seem readily connected to the dynamic of traumatic sexualization.

At its most basic level, sexual abuse heightens awareness of sexual issues, especially among young children who might not otherwise be concerned with sexual matters at their stage of development and these children display knowledge and interests that are inappropriate to their age, such as wanting to engage school-age playmates in sexual intercourse or oral-genital contact. Sexual preoccupations and repetitive sexual behavior have been reported among young child victims, such as masturbation or compulsive sex play. This preoccupation is related to sexual stimulation of the abuse and the associated conditioning of behavior, but it also consists of the conflicts provoked by the abuse about the self and interpersonal relations [16, 17, 18, 19, 20, 21]. Such children often traumatically stuck in the addiction created by the arousal that overwhelms them and does not allow them to move on [22]. Research into sexual compulsiveness or addiction described by Hunter (1990) shows that 37.1 per cent of men and 65.2 per cent of women members of Sex Addicts Anonymous reported that they were sexually abused as children [23].

One of the major concerns is the tendency for such adolescents who have experienced sexual coercion to develop a pattern of continued victimization. Sometimes even younger children, become sexually aggressive and victimize their peers or younger children and some victims apparently find themselves inappropriately sexualizing their children in ways that lead to sexual or physical abuse [24, 25, 26, 27]. Young and Furman (2008) reported that, after an initial incident of sexual coercion, adolescents' risk for subsequent incidents increased more than sevenfold [28]. Adolescents may engage in risky

sexual behavior as a means to cope with negative emotions [29, 30].

Multiple or ongoing experiences of sexual coercion may have cumulative effects upon psychological adjustment and likely impact the health of future romantic relationships [31, 32]. Victims of peer sexual coercion often experience heightened psychological symptoms of depression, anxiety, and post-traumatic stress [33, 34].

Child sexual abuse also creates confusion in the victim about sexual identity. Victimized boys, for example, may wonder whether they are homosexuals. When boys are sexually abused by other males, fears about homosexuality are common. The experience of a homosexual act contradicts the child's understanding of sexual relationships. A victim may worry that he is homosexual; that there must have been something about him that was recognizably homosexual for him to have been singled out by another male. A male may attribute his selection to a particular aspect of his appearance, his speech, his clothing or any other personal characteristic that might be perceived as effeminate and to have contributed to the assault. If he does not actively resist the molestation this may be taken as further proof of his lack of masculinity. He may be sexually aroused which creates further conflict in his sense of sexual identity and he may define himself as homosexual. The more closely the victim is psychologically identified with the perpetrator, the more intense and exacerbated are his sexual identity issues. Significant males, such as fathers and father figures, play a large part in the formation of the psychosocial identity of young males. When sexual abuse occurs between a boy and a psychologically close male, the victim is likely to be left with confusion about his sense



of self-identity as related to his identity struggles with the offender [14, 22].

Concept of sexual norms and standards is also altered and become highly confused by traumatic sexualization. As a result sexually victimized children often have misconceptions about sex and sexual relations. One of the common confusion is about the role of sex in affectionate relationships. If molester has exchanged affection for sex over a period of time, this may become the view of the normal way to give and obtain affection for that child. Some of the apparent sexualization in the behavior of victimized children may stem from this confusion [35, 36].

Another impact that traumatic sexualization may have is in the negative connotations that come to be associated with sex. Sexual contact associated in a child's memory with revulsion, fear, anger, sense of powerlessness, or other negative emotions can contaminate later sexual experiences. These feelings may become generalized as an aversion to all sex and intimacy, and very probably also account for the sexual dysfunctions reported by victims. It has been reported that victims often have an aversion

to sex, flashbacks to the molestation experience, difficulty with arousal and orgasm, vaginismus, as well as negative attitudes toward their sexuality and their bodies [19, 26, 37, 38, 39].

Conclusion

Child sexual abuse is an universal problem including our country. Child sexual abuse (CSA) is associated with sexual risk behavior in adulthood, but few research has investigated processes that might mediate this relation. The model of traumagenic dynamics postulates that the experience of sexual abuse can be analyzed in terms of four trauma-causing factors namely - traumatic sexualization, betrayal, powerlessness, and stigmatization. These dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities. Developing a conceptualization of these dynamics may serve as a step in the direction of advancing our understanding of sexual abuse and mitigating the effects of these experiences on its victims.

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APPROACH TO CHILD SEXUAL ABUSE & MANAGEMENT OUTLINES



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Introduction

Child sexual abuse (usually by a family member) or assault (usually by a stranger) and sexual interference are common problems [1]. The prevalence of child abuse is 12-13% (8% for boys and 18% for girls) worldwide [2]. This article deals with the relevant points which will help in the physical examination of sexually abused child. The focus of the article is on the physical findings of abuse, its not at all dealing with the psychiatric consequences.

Definition of child sexual abuse

It is the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, and to which they are unable to give informed consent, or that violate the social taboos of family roles [3].

Medical history taking

A proper history taking plays very vital role in the diagnosis of an abuse. History should be taken