Self-Reported Sexual Abuse among a Group of Adolescents Attending Life Skills Education Workshops in Kerala

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Abstract

Child Sexual Abuse (CSA), once regarded as isolated incidences of offence, has evolved into a public health issue of epidemic proportions in recent times. The health impact of experiencing sexual abuse in childhood is both far-reaching and long-standing. Studies have established that experiencing sexual abuse during childhood and adolescence can adversely affect the physical health as well as mental and social wellbeing of the individual. Reports from various parts of the world have shown a dramatic increase in the prevalence of CSA. This study estimated the prevalence of CSA among 1000 children - 512 boys and 488 girls - who attended life skills education workshops in Kerala. The prevalence of CSA was found to be 38.67% among boys and 37.7% among girls.

Keywords: Child Sexual Abuse, CSA, Adolescent Health, Safe Childhood, Life Skills Education, Sex Education

Introduction

Child sexual abuse (CSA) is defined as “involvement of developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give consent and that violates social taboos of family rules” (Schechter & Roberge). In simple terms CSA can be defined as sexual behaviour between a child (less than 16 years) and an adult; or between two children when one is significantly older or uses coercion. CSA was classified into Type 1 (Contact Abuse) and Type 2 (Non-Contact Abuse) as per Peter’s classification. Type 1 involves penetrative abuses like rape and sodomy, as well as touching and fondling of genitals etc. Type 2 involves exposing the child to pornography, talking sexually explicit things and exhibitionism in front of the child.

Several studies have shown that CSA can have lasting adverse impact on the physical health as well as mental and social wellbeing of the victim. Behavioural effects like depression, aggressive behaviour, suicidal behaviour and sexualising behaviours are common among victims of CSA. Teenage pregnancies, pelvic infections and sexually transmitted diseases can impair the physical health of the victims. Long term follow up studies have shown high prevalence of mood disorders, anxiety disorders, sexual disorders and psychosomatic disorders among victims of CSA. Conditions like Irritable Bowel Syndrome (IBS) and sleep disorders are also common among victims of CSA.

Worldwide statistics show that 62.5% of all girls and 37.5% of all boys have been subjected to some form of sexual abuse. In India, police statistics reveal that 40% of boys and 25% of girls have experienced sexual abuse. A study by Tata Institute, Mumbai put the statistics at 10% for boys and 30% for girls. Study on Child Abuse by Ministry of Women and Child Development, Government of India in 2007 showed that 52% of boys and 47% of girls were subjected to some form of sexual abuse at some point of time in their life. Clear cut statistics from Kerala about CSA are lacking; hence this study.

Materials & Methods

This is a descriptive study conducted among 1000 high school students (age 13-16 years) from Trivandrum, Kollam, Pathanamthitta and Alappuzha districts of Kerala who had attended Life Skills Training Workshops conducted by the authors. The second day of the workshops had a session that discussed the issue of sexual abuse and methods to prevent it. A validated questionnaire containing questions pertaining to sexual abuse was distributed among the students after this session. 512 boys and 488 girls were included from twenty workshops conducted from January 2011 to May 2013. A purposive sampling technique was used, as all students participating in the workshops were included. Organisers of the workshop were informed in advance about the study. Written informed consent was obtained from the participants before the survey. Confidentiality was strictly maintained and the participants did not have to write their names in the response sheets. They only had to note their age and gender. Physical examinations or laboratory investigations were not carried out as part of the study.

Results

Out of the 1000 participants, 382 (38.2%), reported experiencing sexual abuse at some point in their lifetime. This includes 198 out of 512 boys (38.67%) and 184 out of 488 girls (37.7%) (Table 1).

Table 1. Prevalence of Sexual Abuse among Boys and Girls

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Abused</th>
<th>Not Abused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>512</td>
<td>198</td>
<td>314</td>
</tr>
<tr>
<td>Girls</td>
<td>488</td>
<td>184</td>
<td>304</td>
</tr>
</tbody>
</table>

Among boys 14.06% reported Type 1 (contact) abuse and 24.6% reported Type 2 (non-contact) abuse. Among girls, 26.02% reported contact abuse and 11.68% reported non-contact abuse (Figure 1). Those who reported both contact and non-contact abuse were considered under the contact abuse category.

77.27% of boys and 64.67% of girls, who reported abuse, knew the perpetrator before the experience of abuse (Figure 2).

At the time of abuse, only 54.04% of boys and 73.91% of girls knew they being abused (Table 2). 19.69% of abused boys and 37.5% of abused girls reported that the perpetrator was a family member or a close relative, implying incestuous abuse (Figure 3). Mean age of first reported experience of abuse was 8.4 years for boys and 11.2 years for girls. The most alarming finding was that only 17.7% of the boys and 26.6% of the girls who had experienced abuse reported it to parents, guardians or teachers (Figure 4).

Table 2. Whether the victims knew that they were being abused

<table>
<thead>
<tr>
<th></th>
<th>Knew</th>
<th>Did not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>107(54.04%)</td>
<td>91(45.96%)</td>
</tr>
<tr>
<td>Girls</td>
<td>136(73.91%)</td>
<td>48(26.09%)</td>
</tr>
</tbody>
</table>

Discussion

This study has identified a slightly higher prevalence of CSA among boys compared to girls. This is a finding in contrast to most other studies reported worldwide, but is comparable to the child abuse study by Government of India in 2007 which had recorded a 52% prevalence of CSA among boys and 47% among girls. The possibility of erroneous answers were minimised by discussing in detail about CSA during the Life Skills Education workshop. The higher prevalence (38.67%) of CSA among boys compared to girls (37.7%) could prob-
ably be a reflection of the changing sexual orientations in the society.

Girl children were victims of contact abuse more (26.02%) in comparison to boys (14.06%). This finding is in agreement with the results of earlier Indian studies including the Samvada study in Bangalore, which identified that 47% of girls had been victims of molestations and 15% had been subjected to more serious abuse forms like rape.

272 children (71.2% of those who reported abuse) stated that the perpetrator was a familiar person. This finding is again similar to the result of Samvada, which identified that 75% of victims knew the perpetrator. The finding that the experience of incestuous abuse was more among girls (37.5%) than boys (19.69%) reflects findings from most studies worldwide.

Conclusions

This study has limitations in the sense that it was not done with the intention of assessing the overall prevalence of CSA in the first place; rather it was part of an empowerment programme for adolescents. Children who attended the LSE workshops need not represent a cross section of the society. With news about CSA pouring in daily from various parts of the state, an attempt to study the prevalence and determinants of CSA is important.

An epidemiological study which meticulously examines socio-demographic data needs to be planned to gain clear cut understanding regarding the determinants of CSA. A study on the short term and long term psychiatric sequelae of CSA also needs to be undertaken.

Our effort was to bring to light some baseline information about the changing patterns of CSA in Kerala, which could set the direction for more comprehensive research in this highly sensitive area.

End Note

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Conflict of Interest – None Declared

References


