

Prevention of Child Sexual Abuse: The Need of the Hour

Daksha Pandit

H.O.D, Dept. of Community Medicine, Terna Medical College, Navi Mumbai, India.

Fazila Patankar

Asst. Professor, Dept. of Community Medicine, Terna Medical College, Navi Mumbai, India.

Everyday we read about child sexual abuse. Sexual violence is a gross violation of children's rights that occurs worldwide across all social, economic and age groups, in homes, schools, institutions, and on the streets [1]. In 2002, WHO estimated that globally at least 150 million girls and 73 million boys under 18 years had experienced forced sexual intercourse or other forms of sexual violence involving physical contact [2].

In a national study on CSA in India, it was found that very few cases are ever reported. 72% of the victims did not report the matter to anyone. Only 3% of them or their families told the police. In most cases the perpetrator was known to the child. 31% of sexual assaults were committed by the victim's uncle or neighbour. 53% said that they had been subjected to one or more forms of sexual abuse. Over 20% said they were subjected to severe forms of abuse, defined in the report as "sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude [3].

Virani (2000) states, that WHO says that 1 girl out of 4 and 1 boy out of 7 are victims of CSA. According to WHO one of ten Indian children is the victim of sexual abuse [5]. The true magnitude of CSA is unknown due to differing legal definitions of abuse and underreporting. It is estimated that less than 50% of all sexual assaults on children are reported to the police [5].

CSA is the physical or mental violation of a child with sexual intent, usually by an older person who is in a position of trust and/or power, vis-a-vis the child. Rape is an extreme form of CSA. Different forms of CSA include-

1. Touch with a sexual intent
2. Pornography
3. Exhibitionism.
4. Masturbation
5. Oral sex
6. Homosexual and Heterosexual activity.

A pilot project was launched in Dharavi Municipal School, Marathi medium for std. 7th with necessary permission from the education officer and the school principal. Preliminary preparation consisted of meetings with school principal, teachers, parents and appropriate authority to obtain their consent. A team of doctors, nurse and social workers conducted participatory sessions for 4 months, separately for boys and girls.

The first session consisted of establishing rapport with the students through an ice breaker game.

Second session consisted of body mapping. Students were asked to identify organs, their location and functions using a cloth model. The gaps in knowledge were identified and discussed.

Third session: Concept of good touch and bad touch was introduced. Bad touch is a touch which you are not comfortable with, for example- touching the breast and/ or private parts. Good touch is, for example a mother's or father's touch.

The students learnt the following messages:

1. Difference between good and bad touch.
2. Nobody has right to touch your body without your permission.
3. Inform the mother if the incident happens at home and the teacher if it happens in school.
4. Students accepted that anyone can be a child abuser.
5. They recognised that it was the perpetrator and

Corresponding Author: Daksha Pandit, H.O.D, Dept. of Community Medicine, Terna Medical College, Phase II, Sector 12, Nerul, Navi Mumbai-400706.
E-mail: drdaksha@yahoo.com

not the victim who was at fault.

6. They understood the right to say "No" to unwanted touch.

During discussion incidences were revealed of child abuse by people whom they trusted. Girls were observed to have gained confidence. They even rebuked their own classmates for unnecessary touching.

It is necessary to identify the victim as there is always a culture of secrecy and silence over such issues.

The Likely Symptoms are:

1. Depression
2. Not mixing up with others, remains isolated, remains withdrawn.
3. Bedwetting.
4. Avoiding specific persons.
5. Unable to concentrate.
6. Throat, anal and vaginal irritation and burning.
7. Bleeding from vagina/ urethra and anus
8. Burning during micturition etc.

All such cases need to be dealt very sensitively to help the victim open up.

CSA has become rampant, yet our society remains silent. Our silence will make the perpetrator strong. Shed your silence. Come forward and speak up. Let us, as parents, teachers and responsible citizens; empower our children with the concept of good touch and bad touch. Proper coordination is necessary between government, NGO's, medical fraternity, legal and police departments, and civic society, for prevention of CSA.

The need of the hour is laws, policies and programmes with a strong political will for effective interventions to help children in having an innocent and playful childhood.

References

1. UNICEF. http://www.unicef.org/protection/57929_58006.html?p=printme)
2. WHO, 2004.
3. Ministry of Women and Child Development, Government of India, "National Study on Child Abuse: India 2007," 2007, <http://wcd.nic.in/childabuse.pdf> (accessed April 16, 2012), p. i.
4. Virani Pinki. Bitter Chocolate: Child Sexual Abuse in India. New Delhi: Penguin Books. 2000.
5. Floric, MaryLee and Matthew Broyles. Sexual Abuse. New York, NY: The Rosen Publishing Group, Inc. 2000.