



Traumatic experience/s and Understanding of Child Sexual Abuse. Measures to Come Prevent and Come Out of Trauma

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Abstract: Trauma is a powerful shock which has long lasting effects. Child Sexual Abuse (CSA) includes wide range of sexual behaviour which takes place between a child and an older person, they are directed towards arousal of the older person. CSA involves body contact, flashing of private parts, forcing children to watch pornography etc. In 2015, 14,913 children were abused in India. Sexual abuse is a sinister type of trauma because of the way it manifests in the mind of an individual. The manifestations become more complex in childhood sexual abuse as the victims are often too young to understand the meaning of it and to seek help.

This paper explores, analyses and provides suggestions about **trauma, symptoms and aspects of life affected by CSA**. Qualitative research taking a sample of 12 **survivors of CSA** (male & female) of age group 18-30 years belonging to the middle class were interviewed. Semi structured interview and self-disclosure (clinical tool) were tools used to collect data focused on three **aspects- what happened or experience and aftermaths of the incident, aspect of adult life still governed by the incident** and the **suggestions from survivors for parent and children who are still going through the aftermaths of CSA**.

Result: Immediate Symptoms and Themes which CSA survivors have had are Mistrust and scepticism, Flashbacks, Emotional detachment, Unwanted thoughts, Self-destructive behaviour, Social isolation, Nightmares etc.

Themes: Non disclosures but leaving subtle clues to caregivers by victim about incident, Shame and feeling of being at fault, no direct communication about child sexual abuse exists in family of survivors, No information about what is having but having a gut feeling that something isn't right, Manipulated by perpetrator to play game etc. were some majorly emerged themes.

Suggestions: Equipping child with good and bad touch knowledge, connecting to your child, Noticing and responding to child's concerns and unusual behaviour at the presence of certain people, Using T.V shows and plays to educate child, Parents training to accept that child sexual abuse can take place identifying common symptoms of mental illnesses and not to dismiss child's concern by saying the child doesn't want to study. ETC.

Index Terms - Trauma, Child sexual abuse, Three pillars of interview, Symptoms, Suggestions

I. INTRODUCTION

Childhood sexual abuse is a sinister type of trauma. It is sinister because the child doesn't realize it's being subjected to abuse, for them at times, it is just a game or mishap or incident. This violates the being of a child's existence and interferes with cognitive, social and emotional development (Kim Gulbrandson, 2018).

Child Sexual Abuse includes wide range of sexual behaviour which takes place between a child and an older person, they are directed towards arousal of the older person. CSA involves body contact, flashing of private parts, forcing children to watch pornography etc. In 2015, 14,913 children were abused in India. It can leave a child in a traumatic state and can lead to mental disorder later in life.

CSA is often accompanied by Trauma. "Trauma can be described as the response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena" (Caruth, C (1996). UNCLAIMED EXPERIENCES. Trauma, Narratives and History). The statement by Caruth highlights three important aspects of trauma as it's not fully grasped at the time of occurrence and this is precisely the case when CSA happens, secondly, it's repetitive in nature and lastly, it hovers on the mind of the victim and keeps on haunting them.

For this study primary data has been collected by interviewing 12 child sexual abuse survivors. The data collection period is ranging from October 2017 to January 2018.

II. REVIEW OF LITERATURE

Understanding Childhood Sexual Abuse

The meaning of child sexual abuse formulated by the 1999 WHO Consultation on Child Abuse Prevention (62) which stated that: “Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performance and materials”. The definition by WHO clearly states what child sexual abuse is. It is the involvement of child in sexual activity and child is too young to give consent to such behavior so it counts as child sexual abuse. The abuse of a child by an elder child or another child comes under POSCO act.

Prevalence of Childhood Sexual Abuse in India

India is home to 19% of the world's children. As per the 2001 census, about 440 million individuals in India were below 18 years of age and constitute 42% of total population. A total of 33,098 cases of sexual abuse in children were reported in the nation during the year 2011 when compared to 26,694 reported in 2010 which increased by 24%. A total of 7,112 cases of child rape were reported during 2011 as equated to 5,484 in 2010, depicting a growth by 29.7%. 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 child under 10, and one in every 10 children sexually abused at any point of time.

Table 1: Prevalence of various forms of childhood sexual abuses in India

Forms of Sexual Abuse	Prevalence (%)	Gender-wise distribution (%)	Perpetrator* (%)	Not disclosed (%)
Sexual Assault	5.67	Boys: 54.4 Girls: 45.6	Uncle/Neighbor: 31 Friend: 38.5	72
Forced to touch private parts	14.5	Boys: 58.4 Girls: 41.6	Friend: 38.5	77
Forced to touch exhibit parts	12.6	Boys: 60.2 Girls: 39.7	Friend: 44.4	82
Photographed in nude	4.5	Boys: 52 Girls: 48	Friend, uncle and neighbor	71.4
Forcible kissing	21	Boys: 45 Girls: 55.02	Friend: 35	72
Child forced to view private parts	17	Boys: 55.9 Girls: 44.4	Friend: 40.07	79
Pornographic material exposed to Child	30.2	Boys: 67.03 Girls: 33	Friend: 66	80

*Only the maximum prevalence of the relation of the perpetrator with the victim in each of the forms of CSA

Studies propose that over 7,200 children, including infants, are raped every year and it is believed that several cases go unreported. It is estimated by the government that 40% of India's children are susceptible to threats like being homeless, trafficking, drug abuse, forced labor, and crime. In India, every second child is being exposed to one or the other form of sexual abuse and every fifth child faces critical forms of it. The first study on CSA in India was conducted by Recovery and Healing from Incest, an Indian non-government organization (NGO) in 1998. Majority (76%) of the participants reported being abused during childhood or adolescence.

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 ten per cent of Indian girls might have experienced sexual violence when they were 10–14 years of age and 30% during 15–19 years of age. Overall, nearly 42% of Indian girls have gone through the trauma of sexual violence before their teenage.

TRAUMA

The paper talks about trauma and wound (Unclaimed experiences by Cathy Caruth, 1996), Trauma is psychological whereas wound is bodily. Trauma is repetitive and takes time to be comprehended, has forms of belatedness. Nature of repetition is through nightmares, flashbacks etc. Trauma can have lifelong effects on the subjective being of a survivor. “What returns to haunt the victim, these stories tell us, is not only the reality of violent events but also the reality of the way that its violence has not yet been fully known” this means not knowing is far more disturbing than the act itself.

Paper by Martha (The destruction of metaphor, Ph.D.) talks about the grim truth that survivors often experience themselves locked in a guilty secret with the torturer as if it's their little dirty secret. Through this the child's nightmare takes a real form as they are enacted in reality which can lead to destruction of metaphors as reality and the fantasy world of the child are merged. Child communicates through indirect representation and leaves subtle clues rather than directly verbalizing the experience.

The article (Child Sexual Abuse as a Cause of PTSD, 2013) mentions what is PTSD as it comes under the umbrella of Anxiety disorder and the aftermath of CSA can lead to showing of PTSD symptoms. It says, most of the symptoms of PTSD occur in the first 3 months of the incident. The unique manifestation of PTSD in young children happens through symptoms like losing interest in activities that used to bring joy before the incident; repeating or acting out some form of the behaviors perpetrated against them; regressing to thumb sucking, bedwetting or other age-inappropriate behaviors etc. PTSD symptoms in older sexually abused adolescents are: disrespectful attitudes toward authority figures and the appearance of other destructive or disruptive attitudes or actions.

In the trauma caused by childhood sexual abuse, it is either the parents or the people that are otherwise considered to be trustworthy such as relatives or servants, who misuse the ignorance and the innocence of the child as a substitute gratification for their frustration in a pathological manner. Their immediate explanation for their actions is that the child is desiring the same thing and is not aware of it. These further shapes the extent of damage done by the trauma of abuse. More often than not, this damage is irreversible. It is this hatred that comes with the abuse which traumatically surprises and frightens the child while being loved by an adult and getting violated at the same time, that changes him from a spontaneously and innocently playing being into a guilty love-automaton imitating the adult anxiously, self-effacingly. If more love or love of a different kind from that which they need, is forced upon the children in the stage of tenderness, it may lead to pathological consequences in the same way as the frustration or withdrawal of love might make in this connection. (Ferenczi, 1949).

The adult who was sexually abused as a child is not just an adult who has particularly vivid memories of painful childhood experiences existing in the context of other, happier or more loving times. Rather when subjected to a sexual attack, under the pressure of such traumatic urgency, the child can develop instantaneously all the emotions of mature adult. Sandor Ferenczi compares this with the precocious maturity of the fruit that was injured by a bird or insect. Not only emotionally, but also intellectually, can the trauma bring to maturity a part of the person. The confusion is traumatic precisely because the child needs tenderness but the adult wants sexual satisfaction and the child thus feels that his need for connection is not only misunderstood, but that he or she is inadequate; the child's dependence upon the adult for a sense of connection becomes traumatizing and the child feels unseen and devalued (Kilborne, 2014) The child's need for love and tenderness is confused by the adult for sexual passion, hence violating a major part of their sexuality and rendering the child with a confusion of tongues (Ferenczi, 1949). This leaves the child with the belief that the adult has sold out a part of them by forcefully turning them into a grown up and because adults do bad things, they too, are a bad person.

“The adult survivor of childhood sexual abuse attempts to isolate and eject the toxic introject and accompanying self-representation before the capacity to trust oneself and others is entirely destroyed” (Frawley, 1992). The child might feel they were deserving of the abuse since they agreed to their behavior of being demanding or unpredictable; this child cannot grow as their anger and self-hatred would go unintegrated and the child won't expect anything different.

III. RESEARCH METHODOLOGY

It is crucial to have a methodology set for research work as it guides the researcher to collect the data. It also reflects the researchers' style of research. The orientation of the research paper is qualitative methodology.

Qualitative analysis is suitable where one is particularly interested in complexity or process or issues or personal (Smith, 1995). This method helps in retaining the individual's essence and experience and aims at understanding the big picture by zooming into individual instances/categories such as events, descriptions, comments, behavior by using the data to describe the phenomenon and what it means.

The strength of qualitative research here derives its ability to provide complex textual descriptions of “how people experience a given research issue”. It provides a separate *HUMAN* perspective/essence – that is, the often-contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. This method helps in getting an in-depth understanding of a participant/ group and revisit the past in light of the present. This type of research also calls for a researcher who has the skills to hold onto an interaction and is empathetic.

3.1 Population and Sample

Took a sample of **12 CSA survivors** (3 males and 9 females), of age group 18-30 years belonging to the middle class were interviewed. Interviews audio was recorded after taking consent. Out of twelve participants ten agreed for audio recording of the interview.

The subjects were chosen using convenient sampling method. Due to the crunch of time and the sensitivity of the research topic, the subjects are selected on their willingness to talk about their experience of Childhood Sexual Abuse. They were found through the social media platform and friends, and had some understanding of their experiences.

3.2 Semi-structured interview: Data collection

Semi structured interview and **self-disclosure** (clinical tool) were tools used to collect data. Interviews can assume forms such as face to face or phone interviews. In this research most of the interviews were face to face and some were telephonic. In a semi-structured interview, the interviewer already has a topic and a way to go about it in his/her mind. The researcher prepares a tentative list of questions to be asked in the interview, this helps in reminding the researcher about the purpose of the research. It is important to remember that the list of questions is tentative and the researcher can deviate from them. It is not important for the researcher to follow the prescribed list. It's a combination of being prepared and being open/flexible enough to look at new dimensions if required.

The interview focused on three aspects- what happened or experience and aftermaths of the incident, aspect of adult life still governed by the incident and the suggestions from survivors for parent and children who are still going through the aftermaths of CSA.

3.3 Procedure

The participants were selected using convenience sampling and only when they were willing and available to take part in the research. All the participants were ensured confidentiality of their responses and their consent for voluntary participation was taken. The responses of the participants were audio recorded and transcribed post the session. The first interview went on for 2-3 hour as the extra time was required for the rapport building session. The second interview lasted from 1 hours. After each interview, the respective participants were thanked for their time and their questions or doubts were answered. As a follow up, they were given a brief account of the work and they were checked upon once every 2-3 days.

3.4 Data Analysis: Thematic analysis

The thematic analysis simply summarises the data which has been collected by qualitative method. It uses an inductive process which means developing theories from the data you have gathered. A method of identifying and labelling or coding data needs to be developed and this is called content analysis. Coding of categories and subcategories identifying them comparing codes, looking for consistencies, differences, patterns etc. In this process we might explore new and emerging categories related to the person/group. It helps the researcher to be in sync with real life practices bringing in everyday social practices. Thematic analysis is descriptive and it doesn't try to establish a causality relationship between variables as it can take into account the diversities and complexities which exist and doesn't try to put everything into a clear-cut compartment.

3.5 Ethical Considerations

1. A general outline of the aims and objectives of the study was explained to the participants enrolled after obtaining written informed consent.
2. Participants were informed that confidentiality of personal information will be maintained, and this will not be disclosed to anyone.
3. Information obtained was used solely for research purposes in a manner that protects individual's identifying data.
4. They were also be informed that there would be no tangible benefit for participating in the study.
5. If the research is to be published, proper consent would be taken from the participants.
6. Participants were checked upon following the completion of the interviews for debriefing purpose.

IV. RESULTS AND DISCUSSION

The paper aims at unravelling the trauma experienced due to Child sexual abuse and how this trauma plays a role in the victims or survivors' life. The paper focused on three aspects- what was experienced by the survivor and aftermaths of the incident, aspects of adult life still governed by the incident and the suggestions from survivors for parents and children.

4.1. Child sexual abuse and participants

The survivors interviewed shared the instances of one-time abuse, abuse over a period of time and abuse encountered in the form of play. Eleven survivors encountered abuse from a very young age (3 years) and one was abused around the age of 16 years. The abuse wasn't an immediate family member except one case where the perpetrator was the first cousin who lived with the child and also in all other cases the perpetrator was a well-known person for the family. In nine cases the abuser was a neighbour, parent's friends, school keepers or authority, child's friends' family member, tuition teacher etc. and only in two cases the perpetrator was an unknown and unidentifiable person. (Refer to table 1)

It can be seen that in ten cases the perpetrator was someone the parent knew but the parents failed to acknowledge and registers the child abuse. From the studies which were review and statistics discussed show that in 70-90% of cases of child sexual abuse, the abuser is a known person, a person that parents trust.

4.2. Child sexual abuse and communication dynamics between parent and child (Symptoms)

All the child abused showed signs of PTSD after the abuse as "I stopped going out of house for around a month and whenever the doorbell rang, I thought it's him and I was so scared. I repeatedly used to see this nightmare and I stopped talking to everyone at home. Now, I wonder why my family failed to see what I was going through".

- Children didn't have words to describe their experience as kids and they didn't know what was happening. They just had a feeling that something was wrong.
- The perpetrator was manipulated and, in some cases, made the child feel what all was happening was just a part of the game.
- The child had recurring nightmares and flashbacks of the CSA and they didn't share it with parents as CSA was never discussed in the family.
- All the children found it difficult to trust adults, especially of the age group of the abuser "I find it difficult to trust people and especially old people. Like other people I don't believe that age will stop a person from doing something know, age is not a measure for me. The watchman who took down my pants to check my fever at the age of 4 years was quite old. I don't trust people easily"
- The victims weren't able to directly communicate what has happened and who has done it but they left subtle clues which were behavioural and acted out. For example- "I was a very shy kid and not at all naughty but when my parents friend used to come

home then I used to act differently, I remember puncturing his bike in anger but I got slapped for my behavior from my mother. They never thought that why would such a shy kid do such a thing? They didn't try to reason it; they saw it just as a naughty behaviour"

Another example "We went to market and after 10 minutes of shopping, I told my mother- let's go home. My mother just said we have just come here. She didn't think, a child who comes here every week and enjoys being here is suddenly behaving weirdly so what is wrong with the child. She never asked me- what happened?. I saw a man ejaculating and rubbing his penis behind my hip, at that time I had no idea what is penis was and all. While trying to get away from him, I accidentally touched it and then I ran away. For months I was scared that what if he saw me and he tried to follow me"

- They got emotionally detached from their parents and immediate environment.
- The level of involvement reduced and social isolation increased.
- They avoided that situation
- Some also started showing and still show hostile behaviour at times.

4.3. Aspects of adult life still governed by the incident

The sexual intimacy and trusting strangers have been by and large affected by the Child sexual abuse. In one of the cases the child was raped at the age of 16 (Raped by tuition teacher as her parents didn't believe her and thought she was making excuses to avoid studies). So, the child sexual abuse finds it difficult to trust people and interact with strangers. A certain level of anxiety is provoked by strangers; all the survivors were abused by male perpetrators except in one case.

Another aspect which is troubled is finding it difficult to depend on others and difficulty in communicating with parents.

Males survivors

The three male survivors interviewed shared, their perception of masculinity and manhood has changed but males don't feel angry towards the perpetrator. They find it easy to feel compassionate and empathetic towards women who have been harassed and they are in tune with their feminine side. But the childhood incident of abuse (in one case, penetration in the anus by elder boys in the name of game and the victim was just 3 years old at that time. He has experienced CSA multiple times which has scarred his psyche) the children turn into male adults so expressed helplessness. The males also shared it's difficult for them to have male friends and feel out of place around males. The academics also suffered due to CSA.

4.4. The suggestions from survivors for the parent and children.

Survivors provided suggestions for the parents which can help parents rescue the child before and after CSA.

- First thing is to trust your child and if you think, they are lying then think why they are lying in the first place.
- Observe your kids' action and be capable enough to distinguish between their normal behaviour and sudden abnormal behaviour.
- Teach your child the language to communicate with you, children don't know how to say what they saw, they communicate through art and play, observe them.
- Build trust and confidence in your child, stop being the moral police.
- Be aware of the people around you and don't go by face value. See if your child is scared of some people and talk to them about those people. Get in turn with what your child thinks about particular people including family members.
- Teach children about good and bad touch.
- Tell your child, it's not your fault, it's not your fault! Children need reassurance and it's easy to manipulate them.
- Don't tell the child that everyone is good. Give them responsibility to judge good and bad and then interact around their decision.
- All the parents should know basic mental health symptoms in children and adolescents.
- Parents should look out where the child is going and with whom
- Parents shouldn't trust "anyone"

Suggestions for the other victims of the CSA

- Counselling and therapy help.
- It's not your fault and bad people exist.
- It's possible to overcome it but it will take time.
- Try to talk it out and confide in your parents
- Don't let this one experience govern your life
- Don't hate your body and take care of it.
- Don't blame yourself.
- You have all the right to evaluate and judge people before opening up, don't see yourself as anti-social.
- Get engaged in social work, it would help you gain confidence over the evil

V. CONCLUSION

The aim of the research was to understand the being of trauma caused by childhood sexual abuse by staying with the experience of it and its manifestations. An attempt was being made to develop a way to observe the child, child's play and child's reaction to known and unknown adults around them. To also develop language for the trauma and its meaning making process. As children play with the symbolic and are in the process of making sense of the world, it becomes difficult as an adult to make meaning of their world. The qualitative analysis of twelve survivors' semi-structured interviews helped map the aftermath of the CSA and its long-term effect on adult life and often results in Post-traumatic stress disorder. The paper also helps young parents to know how they can prevent and help their child. Also provided the survivors a chance to help others through their experience and struggle. The suggestions can help survivors and caregivers.

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