



CHILD SEXUAL ABUSE: A TRAUMA FOR VICTIMS AND CAREGIVERS

(A STUDY OF ISSUES, CHALLENGES FACED AND COPING MECHANISMS ADOPTED BY
CAREGIVERS OF VICTIMS OF CHILD SEXUAL ABUSE IN DELHI)

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Abstract

Objective: The study aims to identify the challenges and issues faced by the caregivers of victims of Child Sexual Abuse. The primary objectives of the research will be to find hurdles faced by caregivers at the time of disclosure and during the trials. The research will also explore the coping mechanisms adopted by caregivers.

Methods: The study will include Sixteen caregivers from Delhi based organization counsel to secure justice. In this qualitative study, the respondents are selected by Convenience Sampling and data is collected by unstructured interview schedule.

Results: It was found that caregivers of victims of child sexual abuse face various challenges which includes breach of trust, anxiety, depression, impact on family bond, etc. At the time of disclosure and during legal proceedings. Coping Mechanism includes spirituality, hope for justice, retribution.

Conclusions: The mechanism of dealing with the issue was different from person to person and situation. Some were reliant on restorative justice while others preferred retributive justice.

Keywords: Child Sexual Abuse, Caregivers, Victims, Perpetrators, Challenges.

INTRODUCTION

Child Sexual Abuse

The issue of child sexual abuse is a taboo in India. There is a conspiracy of silence around the issue and a large percentage of people feel that this is primarily a western problem and that child sexual abuse seldom happens in India. Parents do not facilitate children about sexuality as well as physical and emotional and psychological changes that take place during their growing years. Children are rarely taught to differentiate between good touch and bad touch. As a result, all forms of sexual abuse that a child face seldom gets reported to anyone. The girl, whose mother has not spoken to her even about menstruation and mensural hygiene, is unable to tell her mother about the uncle or neighbor who has made sexual advances towards her. This silence encourages the abuser so that he is filled with courage to continue the abuse and to press his advantage to subject the child to more severe forms of abuse (Bennet 2017).

Defining Child Sexual Abuse

A child is sexually abused when they are compelled or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen even online. Sometimes the child won't understand that what's happening to them is abuse. They may not even understand that it's wrong. Or they may be scared to speak out (*Carol, 2007*).

Child Sexual Abuse in India

According to the Census 2011 data, there are 472 million children in India; out of these 225 million are female girl child. These children remain vulnerable abuse and exploitation. In India, a child is sexually abused every 15 minutes, according to the data published by National Crime Records Bureau. According to a 2007 study conducted by India's Ministry of Women and Child Development, 53% of children surveyed said they had been subjected to some sort of sexual abuse.

Causes of Child Sexual Abuse

There are various causes that lead to the sexual abuse of the children. Kewalramani (1992) categorizes them in four major causes of sexual abuse mostly given are: adjustment problems and issues of the perpetrators, family disorganization, victim's characteristics and the psychological disorders of the abuse. In his study on child sexual abuse he approached the problem of sexual abuse with a 'system model' and perceived it as behavior influenced by factors at several different levels, that is, a behavior which is the result of cumulative influence of a set of factors. The four variables related to sexual abuse were family environment, family structure, individual predispositions and situational factors.

Global Figures of Child Sexual Abuse

The global figures of widespread presence of CSA are mind-boggling. In 2002, the WHO estimated that 150 million females and 73 million males under the age of 18 years suffered CSA throughout the world and many are even unreported. A meta-analysis of 65 studies from 22 countries revealed that CSA occurred in 19.7% of girls and 7.9% of boys. The widespread presence of CSA in Africa, Asia, America, and Europe was 34.4%, 23.9%, 10.1%, and 9.2%, respectively. South Africa had the highest existence of CSA for both men (60.9%) and women (43.7%). For men, the second highest prevalence of CSA was found in Jordan (27%), followed by Tanzania (25%), Israel (15.7%), Spain (13.4%), Australia (13%), and Costa Rica (12.8%). The prevalence rates of CSA for males in the remaining countries were <10%. For females, the second highest prevalence of CSA was seen in Australia (37.8%), followed by Costa Rica (32.2%), Tanzania (31.0%), Israel (30.7%), Sweden (28.1%), the United States (25.3%), and Switzerland (24.2%). The authors further mentioned that the lower rate for males may not reflect the reality; there may be underreporting of male CSA due to intense shame and fear of being labelled a sissy (if the perpetrator was a female) or homosexual (if the perpetrator was male) or weak (Pereda,2009).

Impact on the Caregivers of Victim of Child Sexual Abuse

Caregivers of the victims of Child Sexual abuse to suffer from various psychosocial and Economic issues in day to day life. They suffer from multiple psychosocial disorders including sleep disturbances, stress, depression and many of them feel guilty blaming themselves as incompetent parent and gets filled with self-reproach. The relationship between the parents sometimes get ruptured impacting the victim adversely whereas sometime the family bond gets strengthens. The Psychosocial impact on the victims of caregivers depends upon the coping mechanisms of the caregivers. Earning parents most of the time use to stay at their respected houses which deprive them to earn their livelihood creating the situation of financial crisis. They also face issues of Mistrust, Abuse and Insult at Police Station (Menon 2015).

Review of Literature

A study was conducted by **Bux (2016)** which aimed to explore the experiences of non- offending caregivers in order to understand the impact of disclosure upon their psychological well-being and to document the difficulties and challenges that caregivers face after-affects. As a result the study yielded five predominant themes: distress, concern for the child, alienation, coping style, and grief.

An Annual Report was presented by SECASA (2006): Non-offending caregivers experienced multiple feelings following the disclosure of sexual abuse by the child. Some parents of children who have been abused describe extreme feeling of “grief.” Some parents of the children who have been abused describe the grieving as death without someone dying. For the non-offending parent, there may also be the loss of what may have been a good marriage or relationship.

Spaccarelli (1994) states that the support of a caregiver is one of the most important factor in promoting healing in a child after abuse has occurred. **Bennett (2017)** in his study aimed to explore the impact of sexual abuse discovery on caregivers and their families, and caregivers’ attitudes about mental health services for themselves. Through the study it was found that caregivers encountered significant emotional and psychological distress, characterized by anger, depressed mood, and guilt, after learning that their child may have been sexually abused.

Zimba (2015) in his study explored whether an appropriate link exists between an incident of CSA and psychological changes in caregivers, thereby justifying their psychological care. The objectives of the study were to explore if there is interlink between an incident of CSA and changes in mental health of primary caregivers of children sexually abused; to identify symptoms of the psychological impact of CSA on primary caregivers of abused children. These findings of the study suggested that CSA has adverse psychological impact on survivors' primary caregivers. This result is consistent with past research findings which also linked incidents of CSA to elevated level of social distress in caregivers of Child Sexual Abuse.

RESEARCH METHODOLOGY

Rationale

The present literature on trauma and challenges of caregivers of victims of child sexual abuse provides a theoretical explanation of the concepts around both the phenomena. It presents the cause and effects of child sexual abuse at a macro level. The previously conducted studies have talked about the coping mechanisms and challenges of the victims but no such area for caregivers have been explored to understand the perception and challenges of the caregivers of the victims of child sexual abuse at the time of disclosure and legal proceedings. The objective for undertaking this study is to understand the perceptions of the caregivers about the incident of the abuse, legal and social ramification. The study also presents some of the suggestions made by the caregivers of victims of child sexual abuse

Objectives

- To study the demographic profile of the caregivers.
- To understand the experiences and psychosocial challenges faced by the caregivers at the time of disclosure.
- To explore the hurdles faced by caregivers during legal proceedings.
- To understand the Coping Mechanism of Caregivers and suggest measures to improve situation of caregivers.

Research Design

In the present study the qualitative methodology is being used. Descriptive research is a methodological approach employed in this study. It is evident from the objectives of this study that the focus is on understanding challenges of the caregivers of child sexual abuse victim remains an integral part. The data has been collected using the interview. This helps in looking at the lives of each individual subjectively and understanding their uniqueness. The aim has also been to collect data in the naturalistic setting, in terms of a first-person account.

Universe and Sampling

The universe of the data collection includes the Caregivers of Victims of child sexual abuse seeking psychosocial and legal help in Counsel to Secure Justice. CSJ is a Delhi based organization which works to provide Psychosocial and Legal Support to victims of child sexual abuse. Therefore studying the experiences of these participants will help to achieve the desired objectives.

In this study Convenience sampling (also known as availability sampling) is a specific type of non-probability sampling method that is based upon for data collection from population members who are easily and conveniently available to

participate in study. Since the availability of samples are less and inaccessible so total 16 participants who gave consent were selected for the study.

Methods and Tools of Data Collection

- Unstructured Interview
- Case Study Method

ANALYSIS OF DATA

The raw data shared during the in-depth unstructured interviews was recorded by the researcher. The data obtained through the interviews was recorded in verbatim form. Each of the interviews were then scanned through for any recurrent responses. These have been analysed and discussed in the final chapter of the study, while supplementing these with the actual responses of the participants. In the discussion, an Intersectionality analysis has been done through the themes that emerged. Apart from this, the notes taken through observations and discussions have been used in analysis and discussion, for making our understanding of the experiences richer.

Profile of the Respondents

A total sample size of 16 was selected for this study. 13 respondents seeking support from CSJ in this study are the female caregivers of child sexual abuse victims while 3 of the caregivers are male. 12 of the respondents were mothers of the victim while 1 of the caregiver was elder sister. The remaining 3 victims were assisted by their father. The age of the respondents was from 26 years to 50 years. All the respondents belong to lower socio-economic background, working manual, unorganized sector work except one. The average monthly income of the respondents was around 13 thousand rupees. The family size in all the 16 cases ranges between 3-5 units. All the families are nuclear families who are immigrants from U.P and Bihar. If we talk about Intersectionality then 9 Out of 16 respondents belong to SC community and 3 respondents from UC, 2 from OBC and single caregiver was from Muslim Community. All the respondents live in Nuclear Family away from their native place which makes them vulnerable for such incidents.

S.No.	Respondents	Age	Gender	Relation to Victim	Social Group	Occupation	Native Soil	Monthly Family Income
1)	R1	26	Female	Sister	SC	Employee at Call Centre	Bihar	12000
2)	R2	34	Female	Mother	UC	Housewife	East UP	>10000
3)	R3	36	Male	Father	SC	Daily Wager	Bihar	12000
4)	R4	37	Male	Father	SC	Shopkeeper	UP west	12000
5)	R5	38	Female	Mother	OBC	Cab Driver	Bihar	14000
6)	R6	40	Female	Mother	UC	Maid	Bihar	8000
7)	R7	42	Female	Mother	Muslim	Housewife	Bihar	14000
8)	R8	45	Female	Mother	SC	Housewife	Bihar	16000
9)	R9	46	Female	Mother	SC	Maid	East UP	12000
10)	R10	46	Female	Mother	UC	Housewife	West UP	15000
11)	R11	47	Female	Mother	SC	Street Vendor	West UP	6000
12)	R12	48	Female	Mother	UC	Maid	Bihar	8000
13)	R13	48	Female	Mother	SC	Maid	East UP	9000
14)	R14	48	Female	Mother	OBC	Nurse	West UP	14000
15)	R15	49	Female	Mother	SC	Maid	Bihar	6000
16)	R16	50	Male	Father	SC	Auto Driver	Bihar	12000

Issues and Challenges during Disclosure

Change in physical and mental state of the victim while disclosure

Caregivers told that they could recall the exact haunting painful scene of disclosure. All the caregivers reported that the child was extremely anxious, continuously crying, and shivering. Majority of Caregivers reported that they had been through extreme shock and numbness at the time of Disclosure.

Major challenges in supporting victim during disclosure

All the respondents interviewed for this study hailed from a lower socio-economic background since the universe of study which is Counsel to Secure Justice organization, which handles the case of victims who are already in financial trouble. All of them had a lawyer and they were getting free assistance from CSJ. The most peculiar challenge shared by caregivers was lack of support from community since the abuser was a neighbor, relative or some known person.

Psychosocial Issues

Caregivers of the victims of the child sexual abuse go through multiple issues in their daily life. The functioning of their life cycle changed completely after the incident of CSA happened. The psychosocial issues comprise various psychological as well as social changes took place around the victim such as repeated shocks, stress, anxiety, sleep deprivation, fear and undesirable response from the society.

In the present study caregivers of the victims of Child Sexual abuse had been through various psychosocial issues in day to day life. They used to suffer from number of psychosocial disorders including sleep disturbances, stress, depression and many of them feel guilty of being incompetent parent (self-claiming).

Relationship between the Parents of Victims

The relationships between the parents sometimes gets worse impacting the victim whereas in few cases it was also found that the family bond gets strengthened. The Psychosocial impact on the victims of caregivers depends upon the coping mechanisms of the caregivers. Most of the parents stayed at home to provide support to their family which led to economic crisis.

Exclusion from Society

Caregivers felt that they were excluded from the society since in most of the cases; accused is a close relative of the victim or belongs to the neighbourhood. Caregiver also reported of social boycott since few people blamed caregivers of faking the incident to blackmail the accused.

Breach of Trust

In all the cases followed, the alleged perpetrator was known to the victim as well to the caregivers and in some cases he was their close relative. It was trust that caregivers placed in the alleged abuser that helped him gain the trust of the victim. In one case, the husband of the caregiver was the alleged perpetrator (stepfather of victim). In three cases, it was a distant cousin of the caregiver and in twelve cases they knew the alleged perpetrator through the village or by virtue of being a neighbour. One of the caregivers shared that "*humne usey apne ghar mein bulaya, ghar mein rakha, bhai jaisa samjha aur pyar dia...uss kameeney ne hamare sath yeh kia*" (we invited him to our house, we kept him in our house, we considered him like brother and gave him love, and in return that rogue did this to us). This finding of researcher is relatable to the finding of Mona Hassan's Journal of trauma and treatment 2015.

Issues and Challenges Faced During Legal Proceedings

The legal proceedings even in such vulnerable cases of POCSO Act takes time to arrive at judgment by judiciary. Since all the caregivers are financially marginalized so they reported the challenge of absenteeism from work leading to financial crisis.

Initially respondents expressed their undesirable experience at police station in getting the case registered. The police personnel in some cases were not convinced of happening of any such incident. Respondents told that in some cases they took help from local leaders and their landlords to get the FIR registered. One of the victims directly visited CSJ for support. Some of the respondents also told that the police personnel were perusing the caregivers for settlement since

the perpetrator was step-father of the victim. Therefore Caregivers were exposed to challenges in filing the cases at police station.

One of the caregiver shared “*Hume thane me bahut pareshani hui, police wale keh rahe the kuch nahi hua hai, tum log blackmail kar ke paisa aintne ke liye drama kar rahe ho, fir badi mushkil se report darj ki*” (We had a lot of trouble in police station, the policemen were saying that nothing has happened, you are doing a drama to take money by blackmailing and then filed a report with great difficulty).

Once the case gets registered the victims were taken care off by Counsel to Secure Justice for Legal Proceedings. Since the respondents are taken from organisation Counsel to Secure Justice therefore, their advocacy was done by Counsel to Secure Justice. The respondents told that they were provided with twenty four thousand rupees from organization (as per the policy of organization) in order to bear their temporary expanses. They were also provided with travelling allowances to travel to the court for further proceedings. They were also provided with counselling services along with it they were also prepared for testimony at the court. During the court proceedings four Caregivers reported apathetic behaviour of Judge and rigorous cross-questioning by defence counsel. Apart from this they were thankful to CSJ for assistance.

Expectations from Legal Proceedings

All the sixteen caregivers responded that earliest justice should be done to their child and family. They told that they had been through lot of troubles due to perpetrator. One of the caregiver responded “*Meri yahi ummid hai ki humko insaaf milega, hume bahut kuch bardast karna pada hai*” (My only hope is that we will get justice, because of this we have to bear a lot).

COPING MECHNISMS

In this theme of the study we talk about the times when caregivers felt like giving up, but something helped them to keep going. Overcoming the challenges, having a minimal support was a path full of thorns. This section is a testimony of the courage and resilience of the caregivers who did not fall of the road that they had taken, and fought' till the end.

Seeking Justice

One of major motivation that was shared by the respondents was the quest for seeking justice. All the respondents shared that they wanted their child to get justice and that the perpetrator should be punished for his doings. This desire for justice motivated them to file a complaint, fight the case and face all the challenges till the end.

Retribution

Along with justice, the idea of the retribution as a motivational force also came up. Caregivers told that wrong has been done with their child, but they do not want the perpetrator to go free. They would want him to be punished for his action. Another argument which came up was that their child has already become the victim, but they do not want other children to suffer. The caregivers insisted for Death sentence and life imprisonment.

Spirituality

Spirituality was one of the motivational force which helped caregivers keep going. Caregivers told that whenever they feel like giving up, they turned up to their lord. One of the caregiver shared “*Jab bhi main bahut zyada pareshan hoti main paas ke hanuman mandir me jaakar matha tekti, vahan jakar mujhe naya jeevan mil jaata*” (Whenever I use to be upset, I would go to the nearby Hanuman temple and bow my head. There it feels as if I had got a new life by going there).

Support of Someone

A stick is enough for a drowning man. Sometimes a pat on the back, a hand on the shoulder is enough to provide the support. As it has been shared before, all the sixteen cases were getting assistance from CSJ. The guidance, counselling and legal support provided by CSJ kept the caregivers motivated. They got a platform to share their doubts and worries and get answers.

SUGGESTIONS BY CAREGIVERS

Suggestions at the time of Disclosure

The time of disclosure is crucial because most of the caregivers got blank at that time and don't know what to do since they never thought of it before. After been through the situation they are in the condition to suggest the steps that should be taken just after the disclosure.

Out of sixteen, ten caregivers suggested that the matter should be immediately reported to the police. Three caregivers suggested that the victim should be taken to the hospital. Whereas there were three cases who suggested that the perpetrator should be immediately killed. One of the caregiver suggested "Agar kisi ke sath aisi ghatna ho to turant police ko inform karna chahye" (If such an incident happens to someone, then the police should be informed immediately).

Expected Role of people around Caregivers

All the respondents replied that the role of people around them turns out to be very important because perception formation about the incident is done by the people around the victim and caregiver. One of the caregiver shared "Humare areeb-kareeb ke logon ki bhumika bahut aham hoti hai, unhi ke zarye hume is samasya ko dekhne ka nazarya banta hai" (The role of people around us is very important because it is through them that we get the perspective of **Suggestions for legal proceedings**

Out of sixteen caregivers, five caregivers responded that they did not have any issues during the legal proceedings. The legal proceedings were convenient for them. While the other caregivers shared that they faced challenges at police station. The suggestion of the caregiver was that FIR must be filed along with lawyer so that people may not have to face challenges at police station.

CONCLUSIONS

The mechanism of dealing with the situation was different from person to person and from case to case. In most of the cases their understanding was different from each other. Some of caregivers managed the situation and their family whereas some of the completely lost control over them and even tried to take revenge from the perpetrator. The age factor of caregivers was important in dealing with the situation. Caregivers under forty years were focused on retributive justice whereas the primary concern of caregivers above forty years of age was stabilizing their family rather than punishment of perpetrator.

The disclosure of the incident had wide range of impacts on the caregivers. Impacts varied on their ability to withstand the harsh and perilous reality. There were caregivers who got shattered and were into complete state of shock. Some of the caregivers were just not able to sink in the truth thereby becoming unconscious and numb. Overthinking excessively about why the incident happened with their child consequently finding no answer to it, the caregivers ultimately blamed themselves and getting into guilt in spite of them having nothing to do with the crime.

The circumstances of the caregivers were different during trials. Some of them faced challenge of absenteeism from work in order to assist child for testimony. Caregivers also faced the challenge of going across rude behaviour of judge and rigorous grilling from defence counsel. The most biting issue of the caregiver was to see their child in discomfort. The threats received from perpetrator side was one of the major concern for continuous worry. The long judicial procedure with barely any constructive development annoyed the caregiver accompanied with the fear of the accused being released from custody.

The coping strategies and motivation to tackle the situation was challenging for them. The role of the spouse proved crucial. Consistent hope to seek justice was primarily motivating factor. There were some who fearlessly confronted the accused while some sought help from police to approach the accused. It was challenging to deal with the accused's family who either used threat, defamation, bribes, and emotional blackmail to manipulate the caregivers to set the accused free. Spirituality of the caregivers helped them cope with distress. Caregivers also appreciated the assistance from Counsel to secure justice organisation.

REFERENCES

1. Bunsha, Dionne 2007. 'Insecure Children', *Frontline*, 24(8).
2. Plummer, C. A., & Eastin, J. A. 2007. System intervention problems in child sexual abuse investigations: The mothers' perspectives. *Journal of Interpersonal Violence*.
3. Collen E Bennett, & Mondestin. V. 2017. Impact of Child Sexual Abuse discovery on Caregivers and families: A qualitative Study, *Journal of interpersonal Violence*. 1-27.
4. Coohy, C., & O'Leary, P. 2008. Mothers' protection of their children after discovering they have been sexually abused: An information-processing perspective. *Child abuse & neglect*, 32(2), 245-259.
5. Corby, B 2002: 'Child Abuse and Child Protection' in G Barry, L Michael and M Jim (eds), *Children, Welfare, and the State*, London, Sage Publications..
6. Dabir, N., & Nigudkar, M. 2007. Child abuse: Confronting reality. *Economic and Political Weekly*. 42. 2863-2866.
7. Loveleen Kacker, 2007. Study on Child Abuse India. New Delhi: Kirti Publications
8. Gibbons, J. Conroy, S. & Bell, C. 1995 *Operating the Child Protection System*, London: HMSO.
9. Gilligan, P., & Akhtar, S. 2005. Cultural barriers to the disclosure of child sexual abuse in Asian communities: Listening to what women say. *British Journal of Social Work*, 36(8), 1361-1377.
10. Ghate, D. & Spencer, L. 1995 *the Prevalence of Child Sexual Abuse*, London, HMSO.
11. Hacking, I. 1991. The making and molding of child abuse. *Critical inquiry, The University of Chicago Journal*, 17(2), 253-288.
12. Havighurst, R. J. 1952 *Developmental tasks and education*. New York: David McKay Co.
13. Kenny, M. C. & McEachern, A. G. 2000 'Racial, ethnic, and cultural factors of child hood sexual abuse: a review of the literature', *Clinical Psychology Review*, 20(7), pp. 905-922.
14. Lamb, M. E., & Garretson, M. E. 2003. The effects of interviewer gender and child gender on the informativeness of alleged child sexual abuse victims in forensic interviews. *Law and Human Behavior*, 27(2), 157-171.
15. Lyon, T. D., Scurich, N., Choi, K., Handmaker, S., & Blank, R. 2012. "How did you feel?": Increasing child sexual abuse witnesses' production of evaluative information. *Law and human behavior*, 36(5), 448-477.
16. Minty, B 1987. *Child Care and Adult Crime*, United Kingdom: Manchester University Press.
17. The United Nations. "Convention on the Rights of the Child." Treaty Series, vol. 1577, Nov. 2007
18. Van Toledo, A., & Seymour, F. 2013. Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*, 33(6), 772- 781.
19. Waheeda, Bux & Cartwright D. J. 2016. The Experience of non-offending caregivers following the disclosure of Child Sexual Abuse. *South African Journal of Psychology*, 33(5) 88-100.
20. W Zimba, & Menon. J.A. 2015. The Psychological Impact of Child Sexual Abuse on Primary Caregivers. *Medical Journal of Zambia*, 42(4) 177-183.
21. World Health Organization. *Child maltreatment. Updated 2014*. Geneva: World Health organization; [Last accessed on 2016 Oct 25]. Child Maltreatment. Available from: http://www.who.int/topics/child_abuse/en/ [Google Scholar]