

CHILD SEXUAL ABUSE IN SCHOOL : EFFECTS AND THE ROLE OF THE PARENTAL SUPPORT

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ABSTRACT

Child Sexual Abuse is a widespread problem with grave life-long outcomes. The victim many a times experience trauma which affects their social and psychological well-being. The effects of Child Sexual Abuse usually include low self-esteem, a feeling of worthlessness, a lack of trust in adults and an abnormal or distorted view of sex. The effects can be so strong that the child may even become suicidal. Children who have suffered from sexual abuse are also at an increased risk of future abuse and may become child abusers themselves. Recognizing the extent and the seriousness of the problem of Child Sexual Abuse, there has been a proliferation of school-based prevention programs. In conjunction with the children's programs, there must have also efforts to develop a parent educational component, because parents are logical ones from whom children may seek help; educating them about abuse issues can be an important part of prevention. So, the purpose of this paper is to examine Child Sexual Abuse in school and the various factors that may interact with these effects. It also can be observed that the possible parental roles in preventing the abuse of the child and address the issues that might arise from this involvement. These include the deskilling of parents, the use of gender-neutral terms which serve to obscure who actually abuses and who is held responsible for preventing abuse, and the reaction to intervention in the family.

Keywords: Sexual Abuse, Children, Effects, Family, Parent, Prevention, Program etc.

“Child is the Father of Man”

—William Wordsworth

INTRODUCTION

The term ‘Child’ can be used to mean either an offspring or someone who has not reached full economic and rural status as an adult in a society. Individuals in the latter state are passing through an age-related period known as childhood. This is the period where behavior and activities of a person's built is personality. So, emotional, physical and sexual abuse can have an impact across an entire lifetime.

Sexual abuse in childhood is a subject that has received much attention in recent years. 28% to 33% of women and 12% to 18% of men were victims of childhood or adolescent sexual abuse

(Roland, 2002, as cited in Long, Burnett, and Thomas, 2006). Sexual abuse that does not include touch and other types of sexual abuse are reported less often, which means the number of individuals who have been sexually abused in their childhood may actually be greater in number in real situation (Maltz, 2002). Sexual abuse is hard to define because it can be appeared in many different forms, at different levels of frequency and at the variation of circumstances it can occur within and different relationships that it may be associated with. Maltz (2002) gives the following definition, “Sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion”. The definition of child sexual abuse formulated by the 1999 WHO Consultation on Child Abuse Prevention which stated, “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 the 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 another unlawful sexual practices.
- The exploitative use of children in pornographic performance and materials.

Sexual behaviors can include touching breasts, genitals and buttocks while the victim is either dressed or undressed. Sexual abuse behavior also included exhibitionism, cunnilingus, fellatio, or penetration of the vagina or anus with sexual organs or objects.

Features that characterize child sexual abuse include :

- Physical force/violence is very rarely used, rather the perpetrator tries to manipulate the child's trust and hide the abuse.
- The perpetrator is typically a known and trusted caregiver.
- Child sexual abuse often occurs over many weeks or even years.
- The sexual abuse of children frequently occurs as repeated episodes that become more invasive with time. Perpetrators usually engage the child in a gradual process of sexualizing the relationship over time (i.e. grooming).
- Paedophiles are individuals who prefer sexual contact with children to adults. They are usually skilled at planning and executing strategies to involve themselves with children.

The “Child sexual abuse accommodation syndrome”, proposed by Summit (1983), has been invoked by a number of researchers to explain why children's disclosures are sometimes problematic or retracted. According to its author, the typical pattern of events is as follows: the

child is forced to keep the sexual abuse a secret and initially feels trapped and helpless. These feelings of helplessness and the child's fear that no one will believe the disclosure of abuse lead to an accommodative behavior. If the child does disclose, failure of family and professionals to protect and support the child adequately, augment the child's distress and may lead to retraction of the disclosure. Disclosure of sexual abuse in children can be purposeful or accidental. Disclosure is often initiated after an enquiry about a physical complaint, for example, pain when washing the genital area or a blood stain in the panties. Child sexual abuse disclosures are usually a process rather than a single event. When children do disclose, it is usually their mother however, the mother may also be the victim of abusive behavior by the same perpetrator. Alternatively, disclosure may be to a close friend, peer or teacher and other members of school etc.

EFFECTS OF CHILDHOOD SEXUAL ABUSE

Childhood sexual abuse has significant negative and pervasive psychological impact on its victims. The majority of sexual abuse happens in childhood, with incest being the most common form (Courtois, 1996, as cited in Maltz, 2002). The impact of childhood sexual abuse varies from person to person and from case to case, while the nature and severity of the sexual act may cause more serious impact, many other factors may influence the degree of damage the victim experiences. Other factors may include the perspective of the individual, the individual's internal resources and the individual's level of support. (Courtois, 1988, as cited in Ratican, 1992). Although all forms of childhood sexual abuse cannot take on many different forms that still exploit the victim sexually and cause harm. The perpetrator may exploit the child by introducing them to pornography prematurely, assaulting them through the internet, or manipulating them into taking pornographic photos. The nature and dynamics of sexual abuse and sexually abusive relationships are often traumatic. When sexual abuse occurs in childhood, it can hinder normal social growth and be a cause of many different psychosocial problems. (Maltz, 2002).

There is a strong, albeit complex relationship between child sexual abuse and adverse mental health consequences for many victims. Negative mental health effects that have been consistently associated with child sexual abuse include post-traumatic symptoms (Canton-Cortner & Canton, 2010; O'Leary & Gould, 2009; Ullman, Filipas, Townsend & Starzynski, 2007), depression (Fergusson et al., 2008; Nelson et al., 2002), substance abuse (Lynskey & Fergusson, 1997; O'Leary & Gould, 2009), helplessness, negative attributions, aggressive behaviors & conduct problems, eating disorders (Jonas et al., 2011) and anxiety (Banyard, Williams & Siegel, 2001; Nelson et al., 2002). More recently child sexual abuse has also been linked to psychotic disorders including schizophrenia and delusional disorder (Bendall, Jackson, Hulbert & McGorry 2011; Lataster et al., 2006; Wurr & Partridge, 1996) as well as personality disorder (Cutajar, 2010b) child

sexual abuse involving penetration has, in particular, been identified as a risk factor for developing psychotic and schizophrenic syndromes (Cutajar et al., 2010a).

Some earlier studies and reviews (Briere & Zaidi, 1989; Fondacaro & Buller, 1995) reported mixed findings, but other factors such as co-existing child physical abuse, family dysfunction, depression, and the consequences of disclosing child sexual abuse were often not considered. Maker, Kemmelmeier & Peterson (2001) highlighted that victims of child sexual abuse are at greater risk of adult sexual assault and that the negative psychological outcomes attributed to child sexual abuse may in fact be more strongly associated with sexual assault in adulthood “as measures of psychological functioning may be more sensitive to the effects of recent sexual trauma than the impact of more distal child abuse”.

A study done on the prevalence and predictors of sexual dysfunction in the United States revealed that victims of sexual abuse experience sexual problems more than the general population. They found that male victims of childhood sexual abuse were more likely to experience erectile dysfunction, premature ejaculation, and low sexual desire, and they found that women were more likely to have arousal disorders (Laumann, Piel & Rosen, 1999). Some research findings suggest that male victims of child sexual abuse may experience different and in some respects, more adverse mental health outcomes than female victims. For example, Hunter (1991) found that male victims were more likely than women to experience anxiety, rumination and worry. Gold et al., (1999) found that relative to their respective normative samples, male survivors drawn from a clinical sample demonstrated greater symptomatology compared to women survivors on measures of interpersonal sensitivity, depression, anxiety and phobic anxiety. Hillberg et al., (2011) concluded that while a series of meta analyses have failed to demonstrate difficulties, there is several empirical evidence of gender differences at least in victims perceived mental health consequences. This finding is consistent with research which suggests that male survivors of child sexual abuse are more susceptible to internalizing effects, while women are more likely to experience externalizing effects (Dorahy & Clearwater, 2012; Romano & De Luca, 2001). The difference may be related to gender norms that make it difficult for men to discuss sexual abuse, and possibly even to a cultural bias that sees women's, but not men's promiscuity as an “externalizing” problem.

Research has long indicated a relationship between childhood abuse, including sexual victimization and subsequent alcohol and substance abuse (Muller & Fleming, 1998). Victims of childhood abuse and neglect, generally have been reported to be at greater risk of abusing alcohol and drugs (Min Farkar, Minner & Singer, 2007) and survivors of child sexual abuse are at a heightened risk of developing an alcohol disorder and with an earlier age of onset (Zlonik et al., 2006).

In adolescence, child sexual abuse has been associated with early onset consensual sexual activity, unprotected sexual intercourse, multiple sexual partners and teenage pregnancy (Senn, Carey & Venable, 2008; Upchurch & Kusunoki, 2004). In adulthood, similar sexual risk behaviors have been documented for survivors of child sexual abuse (Arriola et al., 2005; Cohen et al., 2000; Fergusson, et al., 1997). For example, Wyatt, et al., (1992) found that victims of child sexual abuse were more likely to engage in group sex and partner swapping on a frequent basis and in other types of sexual behaviors that increase the risk of sexually transmitted infections (STI). There is also evidence that gay men and bisexual men who were sexually abused in childhood were more likely to engage in unprotected anal sex than their non-abused counterparts (Jinich et al., 1998, Kalichman, Gore-Felton, Benotsch, Cage & Rompa, 2004). These findings are consistent with other research which suggests that child sexual abuse is associated with later sexual risk behavior in men as well as women (Senn et al., 2008).

Sexualized behaviors include activities such as kissing with one's tongue thrust into the other person's mouth, liking one's own or another person's breasts or genitals, masturbation, and rhythmic pelvic thrusting. Distinguishing inappropriate sexual behaviors is often very difficult from developmentally appropriate, i.e. normal sexual behaviors. There is a growing body of research on sexualized behavior in children and its relationship to sexual abuse. Sexualized behavior in children could be defined as problematic when :

- It occurs at a greater frequency or at a much earlier stage than would be developmentally appropriate (e.g. a 10-year-old boy versus a 2-year-old boy playing with his penis in public, or a 6-year-old girl masturbating repeatedly in school).
- It interferes with the child's development (e.g. a child's learning to use sexual behaviors as a way of engaging with other people).
- It is accompanied by the use of coercion, intimidation or force (e.g. one 4-year-old child forcing another to engage in mutual fondling of the genitals or an imitation of intercourse).
- It is associated with emotional distress (e.g. eating or sleeping disturbances, aggressive or withdrawn behaviors).
- It reoccurs in secrecy after intervention by caregivers.

There are some children who are raised in child abuse, but who manage to do unexpectedly well later in life regarding the preconditions. Such children have been termed dandelion children, as inspired from the way that dandelions seem to prosper irrespective of soil, sun, drought, or rain. Such children are of high interest in finding factors that mitigate the effects of child abuse.

ROLE OF PARENTAL SUPPORT

Parenthood, described by an author as the ‘last stand of the amateur’ (Koller, 1974, as cited in Warren, 1983a) is the one occupation common to the majority of the adult population for which no training or educational qualification is required. The underlying societal assumption is that child-rearing skills and feeling protective towards children are natural and instinctive (Bowlby, 1971, as cited in Corby, 1993) requiring no additional instruction.

Clearly, most children are well cared for by their parents, although there are periods and occasions in the lives of most parents when extra help and support is needed to assist them to care for their children (Smith, 1997). However, there are some children for whom a parent’s ‘instinctive’ desire to protect is unrealized, or for whom support is not forthcoming; these children become exposed to the risk of child maltreatment (Tomison, 1996c).

Recognizing the extent and the seriousness of the problem of child sexual abuse, parent education is currently advocated as a significant component of any comprehensive set of preventive services for parents at high risk of abusing or neglecting their children (Dubowitz, 1989; Chak & King, 1998). There have been strong calls for programs to educate parents about child sexual abuse (Klein & Hickman, 1986) and substantial efforts have gone into developing such parental education in conjunction with children’s programs in the schools (Brassard, Tyler & Kehle, 1983). Because parents are logical ones from whom children may seek help, educating them about abuse issues can be an important part of prevention. David Finkelhor (1986, p.229) identifies the following three advantages of prevention education for parents. First, if parents learn to educate their own children, the repetition of information from a trusted source can be more effective than the isolated classroom experience. Second, if parents learn to recognize the signs, they may more easily identify abuse if it occurs. Third, parents may learn to react in more helpful ways to discovery of abuse. Though the last two advantages are relevant only after abuse has already occurred, they might help prevent recurrence since abuse is frequently not an isolated event. In addition, Finkelhor (1986) speculates that parent education programs might actually reduce the chance that adults will become abusers.

Adams & Fay (1986) also argue for parental involvement, suggesting that one-to-one communication, adjusted to the individual child, can enhance the effectiveness of classroom programs. They also emphasize that parents need the appropriate information so that they can recognize signs of abuse, know how to respond to a child’s questions, correct a child’s misconceptions, and avoid contradicting accurate information. Certainly, parental education seems to be important if such programs can be conducted in schools on a regular basis to have maximum impact in preventing abuse. One study found that 75% of surveyed parents were positive about their children to attending a play on child sexual abuse, and no parent was negative. The authors of

this study concluded that “There was no evidence from the study to be substantive the fears expressed by school professionals that children and parents would not be receptive to education about preventing abuse of children” (Swan, et al., 1985, p. 404). These authors also cited a study in which 87% of parents questioned supported teaching sexual abuse prevention in the schools (Finkelhor, 1983). Therefore, it does seem likely that parents could be enlisted to support the school programs.

Parent education is generally assumed to benefit the families in two ways: by increasing parents’ knowledge of child development and appropriate methods of child-rearing, problem solving and home management; and by reducing parental stress via the expansion of the social support networks available to parents (De Panfilis 1996; Reppucci, Brinter & Woolard, 1997). Parent education, in the form of family support, is one of the methods used to reduce situational stress by training and educating ‘at risk’ parents on alternative behavioral management techniques and personal coping skills (Altepeter & Walker, 1992). Parents are educated to systematically and consistently implemented techniques which are based on respondent and operant learning principles in managing their children’s behavior. The intention is to provide parents with effective child-rearing and disciplining techniques which are presumed to be more effective than those they employed prior to training. Parents are encouraged to utilize their skills to manage their children’s behavior more effectively, thus minimizing or preventing subsequent behavioral problems (Altepeter & Walker, 1992). Other benefits of such an approach have been an increased sense of parental competence (Blechman, 1984, as cited in Altepeter & Walker, 1992), while the increased use of positive reinforcement of children’s behavior by parents leads to a greater number of positive parent-child interactions in the parent-child relationship (Eyberg & Robinsob, 1982).

If one strategy to enlist parental support is to treat parents as non-abusers, then it must be specified that most abusers aren’t male. The common use of the gender-neutral term “parent” obscures the fact that the majority abusers are male. It would be a dangerous way of denying the reality that it is primarily men in this society who sexually abuse children. Prevention efforts aimed at the female parent, who is probably not the perpetrator are unlikely to succeed. Closer examination revealed that those actually engaging in the sexual activity were the male alone in 81% of the cases, the female alone in 11%, and both in 9% (although in that 9% it was not clear whether the woman actually had sexual contact.) Women were often listed as perpetrators if they “allowed” abuse to occur. Furthermore, mothers may be listed as abusers if they provide “inadequate or inappropriate” supervision and fail to protect their children from sexual activities with others, including “voluntary” activity with other minors (Finkelhor & Hotaling, 1984, p. 28).

There has been a relative lack of emphasis on the role of fathers or other family members, except in the case of sexual abuse (Tomison, 1996a). The majority of studies investigating families, and parenting in general, have focused predominantly on mothers and children as sources

of data. The changes to the role of fathers have been linked with social demographic changes and, in particular, the changes in women's lives (including the restructured labor market and the increasing numbers of young children who have mothers working outside the home), changes in family formation, and debates about equal opportunities for women (Speak, et al., 1997). Such trends have put pressure on fathers to participate in the care of their children regardless of their personal preference.

So, there is a need to develop programs specifically for fathers as a means of increasing their participation in child-rearing. Such programs need to equip fathers with the parenting skills they need, provide them with alternative role models for fatherhood and offer opportunities for peer support, which is often not available for fathers. The programs should also offer men insight into the positive influences they can have on their children's development and the benefits for themselves of spending time caring for, and rearing their children.

CONCLUSIONS

Child Sexual Abuse is a widespread problem with seriously damaging life-long outcomes. In India, the issue of child sexual abuse is still a taboo. Here majority of the people remain silent about the issue. This silence is due to the fear of indignity, denial from the community social stigma and gap in communication between parents and children about this issue. So, parent education is much needed in this context. However, to prevent child sexual abuse, we should follow some prevention tips. These are.

- When children are taught that they are special and have the right to be safe, they are less likely to think abuse is their fault and more likely to report an offender. So, teaching children about their rights is a very important matter.
- Too often, intervention occurs only after abuse is reported. Greater investments are needed in programs that have been proven to stop the abuse before it occurs - such as family counseling and home visits by nurses who provide assistance for newborns and their parents.
- When children are abused, their trust in others are broken. This affects how they form relationships in the future. So, listen to them. It takes courage for a child to tell about abuse. We should reassure them that they are right to tell us.
- Don't ask lots of questions. Let them tell you in their own words at their own pace.
- Make sure the child is safe and let them know you will do your best to stop being harmed.

Lastly, it can be said that the parental education, based on a realistic portrayal of the facts of child sexual abuse, would greatly benefit the children. It is a goal worth pursuing.

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