

The Child Sexual Abuse: Severity, Linkages and Referrals

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Child sexual abuse is a serious and pervasive social malady in India as it is in many areas of the world today. There is no universal definition of child sexual abuse (Macdonald 2001; Trickett 2006). It is a term used to describe a range of experiences involving a child in unwanted, inappropriate, coercive, and unlawful sexual exploitation by an adult or older child.

Sexual abuse tends to refer to a broad range of behaviours from noncontact to contact offenses. Noncontact activities include behaviours such as genital exposure, voyeurism, and pornography. Contact offenses refer to genital manipulation, digital or object penetration, penile penetration, and oral sex. In addition to the age and sexual behaviour components, the relationship between the child and perpetrator is usually considered in the definition of sexual abuse. If the perpetrator is a family member, including distant relations, in-laws, and step-relatives, then the abuse is considered intra-familial sexual abuse or incest. If the perpetrator is an individual who is not related by blood or distant relation, the abuse is considered extra-familial. Most of the cases of abuse involve someone known to the family whether or not an official family member (V. V. Wolfe & Wolfe, 1988).

A meta-analysis was conducted in the year 2009 which analyzed 65 studies in 22 countries and estimated an "overall international figure." The main findings of the study were an estimated 7.9% of males and 19.7% of females universally faced sexual abuse before the age of 18 years. The highest prevalence rate of CSA was seen in Africa (34.4%) and Europe, America, Asia had prevalence rates of 9.2%, 10.1%, and 23.9%, respectively. With regards to females, seven countries reported prevalence rates of more than one fifth i.e., 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US, and 24.2% in Switzerland. The lowest rate observed for males may be imprecise to some extent because of under reporting.

The study concluded that CSA is an extensive problem all over the world and even the lowest prevalence includes a huge number of victims who still need to be considered.

A review of studies from 21 high- and middle-income nations showed that seven to 36% of females and three to 29% of males reported being victims of sexual abuse during their childhood. Evidence from the National Child Abuse and Neglect Data System found that in 2006, 8.8% of children were sexually abused in the US. In a report by Advocates for Youth, it was estimated that per year 1-3% of youth from the US experience CSA.

Review conducted by Collin-Vezina *et al.* reported that CSA is a major issue which affects more than one out of five females and one in 10 males globally. In a study conducted in Brazil in 2009, the prevalence of CSA was 5.6% among girls and 1.6% among boys. It was also reported that boys had been sexually abused at younger ages as compared to girls. More than half (60%) of the sexual abuse cases reported that the incident took place before the age of 12. CSA was found to be associated with physical abuse at both younger and older ages. A study was conducted in Hong Kong among college students on recall of sexual abuse before the age of 17 years. It was reported the prevalence of various forms of CSA was 6%; these rates were higher in females. Majority of the participants reported being abused during their teens; the average age was 11 years.

Prevalence of child 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 constituted 42% of total population. A total of 33,098 cases of sexual abuse in children were reported in India during the year 2011 as compared to 26,694 cases reported in 2010 and it was the increase of 24%. A total of 7,112 cases of child rape were reported during 2011 in comparison 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 being raped and for every 13th hour child under 10 and one in every 10 children being sexually abused at any point

of time. Studies propose that over 7,200 children, including infants, are raped every year and it is also 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 labour, 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.

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 percent 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.

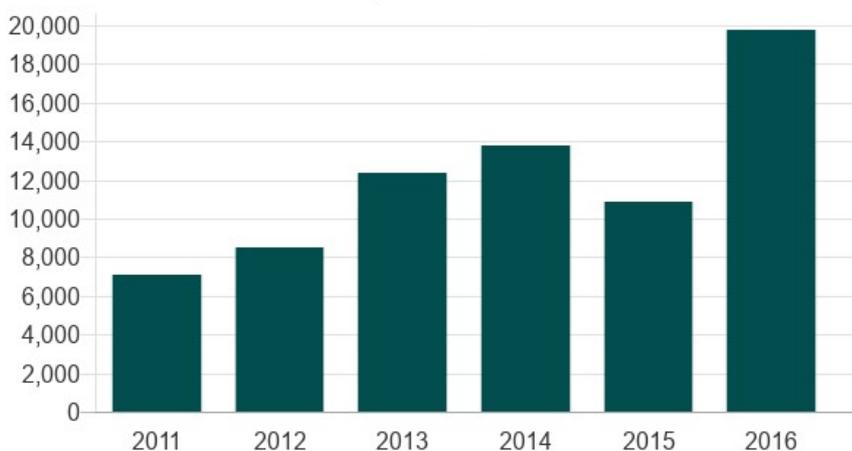
The first study on CSA in India was conducted by Recovery and Healing from Incest, an Indian non-government organization (NGO) in 1998. Majority (76%) of the participants reported as being abused during childhood or adolescence.

Save the Children, the International organization and Tulir–Center for Healing and Prevention of Child Sex Abuse, an Indian NGO, conducted a study in 2005 among 2,211 school going children in Chennai. About 48% and 39% of the boys and girls, respectively, reported as being sexually abused, while more than one-tenth (15%) of the participants stated as having faced severe forms of sexual abuse.

Another study was conducted in 2007 by Ministry of Women and Child Development in India covering 13 states. The study reported that about 21% of the participants were exposed to extreme forms of sexual abuse. Among the participants who reported being abused, out of which 57.3% were boys and 42.7% were girls. About 40% were 5–12 years of age. Almost half of the participants were exposed to other forms of sexual abuse. The findings highlight that family members frequently perpetrate the crime (89%) and that boys face more physical abuse (73%) than girls (65%). Overall, children were found to have exposed to a range of abuse and sexual crimes – from rape and sodomy to fondling, forcible kissing and sexual advances, and exposure to pornographic material, among others. As many as 21% of respondents acknowledged to have experienced severe sexual abuse like rape, sodomy, fondling, or exposure to pornographic material. Additionally, most of the abused children belonged to a lower socio-economic group. Although the study did not collect data on reasons for abuse, it suggested that the high incidence of physical abuse could be a result of the patriarchal nature of society, poor parenting skills, dysfunctional families, existing domestic violence in families, vulnerability of children outside their home environment including on the street, at work or in educational institutions (Ministry of Women and Child Development 2007).

These statistics are the disastrous signs for regularly deteriorating conditions of child care in the world and India is also not aloof from this scenario. The state-wise information of the child rape cases reported to National Crime Reports Bureau (India) from 2011 to 2016 is given below:

Recorded cases of child rape in India



Source: National Crime Records Bureau

BBC

Hence, above mentioned table shows the huge increase in the data.

Along with this, description of number of child sexual abuse cases reported from March 2020 onwards on various platforms is as below:

- ☐ Total number of 13244 cases of child pornography/rape and gang rape complaints lodged on the National Cybercrime Reporting Portal from 1st March, 20 to 18th September, 20. (National Crime Record Bureau, 2020)
- ☐ Total number of 420 cases of Child Sexual Abuse has been received via online portals, helplines and other media from 1st March 20 to 31st August 20. (National Commission for Protection of Child Rights, 2020)
- ☐ Total number of 3941 cases of child sexual abuse has been recorded from 1st March 20 to 15th September, 20. (Childline India Foundation, 2020)

Sexual abuse:

Sexually abusive behaviours can include the fondling of genitals, masturbation, oralsex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography (Bromfield, 2005; US National Research Council, 1993).

Severe forms of sexual abuse include:

- a) Assault, including rape and sodomy
- b) Touching or Fondling a child
- c) Exhibitionism- Forcing a child to exhibit his/her private body parts
- d) Photographing a child in nude

Other forms of sexual abuse include:

- a) Forcible kissing
- b) Sexual advances towards a child during travel
- c) Sexual advances towards a child during marriage occasions
- d) Exhibitionism- exhibiting sexual stuff in front of child
- e) Exposing a child to pornographic materials

Barriers in reporting of cases

Child sexual abuse in India, even though widespread, still is difficult to document because it is...

- shrouded in secrecy,
- Fear of social stigma,
- an unwillingness to implicate family members,
- Police misbehaviour

A long judicial trial and other legal procedures are deterrents to seeking redress

METHODOLOGY

The target group for this study includes all children age (9-12 years) from various public and private schools of Patiala. The study has been conducted among 520 students (girls and boys) from schools but analysis is applied among 200 identified sexual abused children.

During the three day awareness program, children of age (9-12 years) are made aware of the sexual abuse, good/bad touch and how to protect/defend themselves in these situations with the help of different modules of self-made questionnaire, videos, storytelling, in some situations role playing and one to one interaction.

Before every data collection session with children, an interactive orientation is conducted with them on child sexual abuse and providing them information about the UN Convention on the Rights of the Child, especially on articles regarding abuse. Information is also given about available professional support systems such as CHILDLINE NO (1098) and District Child Protection Office. Along with this, in any chance of occurrence of any abuse children are encouraged to tell their trusted relative/adults to seek help and to escape from the such a situation by shouting NO...NO...NO. Some other crucial topics like consequences of abuse and how abuse is never a child's fault, are also discussed and emphasized.

The efforts are made at all stages of research to follow strict professional and ethical standards during this work while considering the sensitive topic of the study, moreover, crucial/young age of the respondents. The major ethical standards are followed as given below:

- Confidentiality

All measures are undertaken to protect the confidentiality of the respondents. The questionnaire does not demand the respondents to reveal their personal identification. In any case, the respondent wants to speak to the researcher after the study, then suitable measures are kept in view to protect his/her identity. All efforts to ensure privacy and comfort, within the available setting, are provided to the participants.

- Freedom to Participate

After attending the orientation program, the children are given a choice to decide upon whether they want to participate in the research or not. It is solely their privilege to make any decision on the participation in it. Similarly, the respondents have the freedom to stop answering the questionnaire at any time in between if they are not comfortable with.

- Informed Consent

The orientation program provides the respondents an insight into the background and purpose of the study. They are made aware of the support systems which are in place in any case they want to discuss the study further.

In the last session, victims of different type of child sexual abuse are identified with the help of questionnaire of child abuse by Prayas already applied by the Ministry of Women and Child development (2007) for identifying the same in 13 states. After this, as per the severity of the abuse case, the referrals and linkages are shared and guided for the treatment.

Results and Discussion

The results of this study suggest that the misconduct of child sexual abuse is extensively spread in its prevalence. Total 200 (boys and girls) children participate in this study, out of which 132 have faced at least one form of sexual abuse at some point in time i.e. 88% of these children have faced sexual abuse in one form or the other. When it is seen in relation with the entire children population, these figures indicate a horrifying and appalling picture of the enormity of sexual abuse of children. At the same time, these figures also challenge the common misunderstanding that child sexual abuse is essentially a "western" problem, and does not happen within Indian society and culture.

The sex-wise distribution of data on prevalence of sexual abuse also presents significant results. For instance, it is often believed that boys are not sexually abused - a myth often dangerously reflected in parental, familial, community and professional attitudes. The findings of this study completely refute this. Not only boys are abused, their abuse is extremely prevalent as well, as shown by the figures that 39% of boys who participate in the study has been abused. With regard to girls, the results show that 48% of girls have faced abuse. The abuse of both girls and boys is highly stigmatized within Indian society. Moreover, sex and sexuality are taboo topics in Indian society, more so for girls than boys. All these factors may have hindered girls from disclosing about abuse faced by them, even though the questionnaires are anonymous. Due to the general silence on the subject of sexual abuse and lack of awareness, many children may not have been able to relate their experiences of abuse to the questions asked. They may not perceive those experiences as abusive. These factors too may have led to a noteworthy level of under-reporting among all children in general, and girl children especially. Also, the limitations of undertaking research on a subject as sensitive as child sexual abuse must be carefully considered.

The abuse faced by children includes a wide range of activities from noncontact forms such as voyeurism, exhibitionism to fondling, molestation, sexual intercourse, making the child touch offender's private body parts etc., with the study asking children questions about some of the forms of sexual abuse, to estimate their respective prevalence.

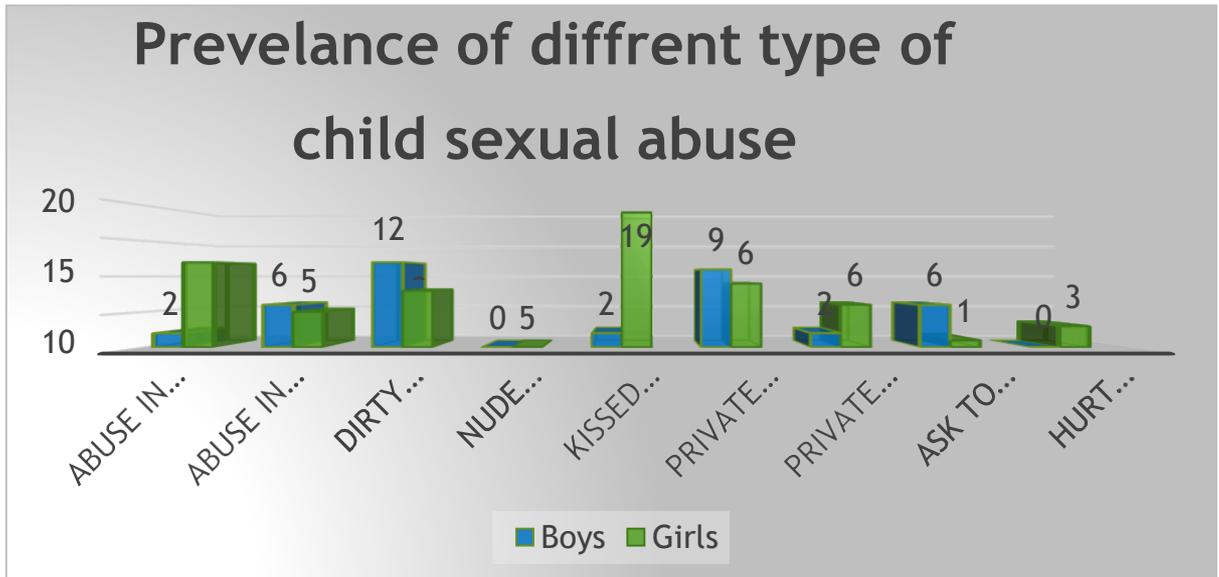
As it can be observed, the most prevalent forms of sexual abuse are touching children's private parts, exhibitionism and forcing and/or tricking children to watch pornography. The high rate of abuse in the form of touching children's private parts may also be due to widespread sexual harassment at public places (popularly, though inappropriately, known as "eve teasing").

SEVERE FORMS OF SEXUAL ABUSE

The prevalence of more severe forms of sexual abuse demands special attention. Although all forms of sexual abuse are serious and deserve concrete action, severe forms may have a higher potential of

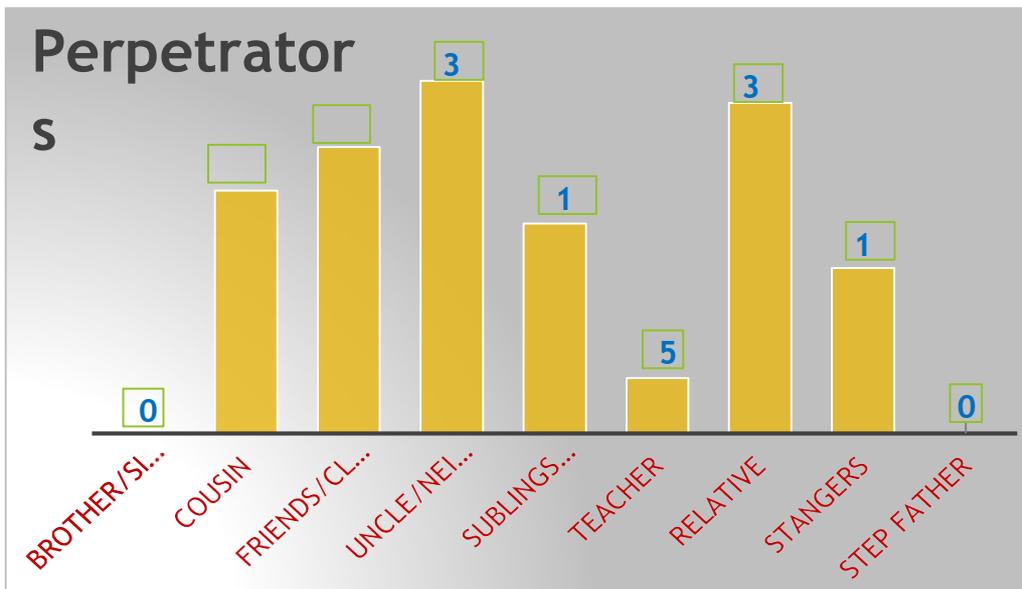
causing harm in the short and long term. Of the different forms of sexual abuse studied as part of this research work, sexual intercourse, making the child touch offender's private parts, making the children take off their clothes and looking at them or taking their pictures are considered here as severe forms of sexual abuse.

Again, it may be noted that the prevalence of abused girls may be far more than that reported in this study, which may not have surfaced because of factors discussed previously.



Reason not to Disclose:

The abusers are often considered to be dirty old men. And "stranger danger" is commonly believed to be the biggest threat to children's safety. However, the data made available to this study supports what has been indicated before by previous studies on child sexual abuse (Turlip, 2006; Rahi, 2012) across the world. It is also demonstrated in our experience, that the abusers are more often those people who are known to the child than who are not known. This trend is clearly visible in the graphs below, for each category of abuse:



As it can be observed from these graphs, the majority of abusers in each form of abuse are people who are known to the child, whereas the strangers are more often than not a minority. The only two forms of abuse where strangers constitute a sizeable number are touching the child's private parts and exhibitionism. Both of these forms of abuse are often a part of sexual harassment at public places, which are often perpetrated by strangers. Therefore the percentage of strangers as abusers in these two cases is significantly high.

However, abuse in the form of sexual intercourse, making the child touch abuser's private parts etc., most often require a greater and much closer access to the child for the abuser to be able to gain the trust and confidence of the child. Through this built relationship with him/her over a period of time, one day abuser abuses the child. Such access is mostly the privilege of people who are known to the child and who may be in a position of power, trust and authority over her/him. For these reasons, the majority of abusers are people who are known to the child, a fact reflected in the data presented here. With regard to showing children pornography, it is also important to note that in abusers, there is a very high percentage of individuals and family acquaintances such as friends, neighbours, teachers, drivers and domestic help etc. The study reveals that a sizeable percentage of participants (abused), who selected this option, mentioned that they were made to watch pornographic materials by their own friends. Besides the fact that the participants may have actually been forced into watching such erotic material, the participants may also have included sharing of pornographic materials further amongst their friends. This type of involvement and compulsion itself comes as an answer to the question that why there is the high rate of viewing pornographic materials such as books, video, CDs and websites by young people today. This demands introspection by experts and professionals as to their role, responsibility and response in terms of young people who often resort to access pornographic material for information on sex and sexuality which is inaccurate, inappropriate and unhealthy. These young buds are misguided and impressed upon to follow pornographic material just due to a disappointing lack of approachable programmes and informative resources/methods for accurate, appropriate and healthy guidance for the same.

Disclosure

Children who already received supportive response after disclosure had less traumatic symptoms and were abused for a shorter period of time as compared to those children who did not receive this kind of support. In general, studies have found that children need support and stress-reducing resources after disclosure of sexual abuse. Negative social reactions to disclosure are found to be harmful to the survivor's well-being. One study reported that children who received a bad reaction from the first person whom they told, especially if the person was a close family member, had worse scores as on other similar general trauma symptoms, post-traumatic stress disorder symptoms, and dissociation. Another study found that in most cases when children did disclose abuse, the person whom they talked did not respond effectively, blamed or rejected the child, and took little or no action to stop the abuse. Non-validating and otherwise non-supportive responses to disclosure by the child's primary attachment figure may indicate a relational disturbance predating the sexual abuse. Later this may have been a risk factor for the abuse. Further, it can remain a risk factor for its psychological consequences.

"A minimization of the trauma and its effects is commonly injected into the picture by parental caregivers to shelter and calm the child. It has been commonly assumed that focusing on children's issues too long will negatively impact their recovery. Therefore, the parental caregiver teaches the child to mask his or her issues." (Asa Don Brown, 2012)

In many jurisdictions, abuse that is suspected, not necessarily proven, requires reporting to Child Protection Services in the United States. As disclosing abuse can be distressing and sometimes even shameful, that's why just reassure the child that he or she has done the right thing by disclosing the abuse. Also make them understand that they are not bad and the abuse is not their fault as a result this will help in disclosing/getting more information.

Referrals and Linkages:

After the identification of the victims of different type of child sexual abuse, Phenomenological approach is used and the case studies of the victimized children are noted. According to the need of the

case, referrals and linkages are provided to the cases which are discussed as per the severity in descending manner as below:

Assault, including Sexual Intercourse:

Sexual Assault means penetration of the anus, vagina or oral sex. Out of 200 identified abused children there are three girl children who have been reported as sexually assaulted. The study conducted by RAHI has also reported the 6% figure for severe sexual abuse (4% penetrating anus or vagina and 2% oral sex). Another study titled Sexual Abuse of Street Children conducted in an observation home has found that over 15% of the boys in the institution reported penetrative sexual abuse and the maximum proportion of abuse is reported in the age group 8-10 years (42.9%).

- ▶ **Perpetrator:** In all the cases, perpetrator is well known to the child such as Father, First Uncle and Brother's Friend.
- ▶ **Place:** It is victim's own house in all the cases.
- ▶ **Risk factors:** Age (young), gender (girl), acquaintanceship with the perpetrator, and pathological dysfunctional family.
- ▶ **Referrals and Linkages:** General counseling is provided to both children and their guardians/Parents. With their due consent, information is given to the Child protection agencies (Child welfare committee and District child protection office). Out of three cases two cases are referred to professional counselors as they were suffering from both Internalizing behaviour problems and externalizing behaviour problems. Results are also shared with school counselors for their proper follow ups and procuring future mental health.

In this case, where the perpetrator is the Father of the child. Then, with the help of district child protection services, medical examination has been done by the medical officials. Unfortunately, the girl is traced as two and half weeks pregnant and the pregnancy is terminated by the medical committee by following the Pre-Conception and Pre-Natal Diagnostic Techniques act, 1994.

Along with this, it is worth mentioning here that with the efforts of District Legal Service Authority for these two cases where the perpetrator is father and First Uncle, the compensation of worth Rs. 2 lacs approx. has been sanctioned by the Honorable court under the legal provision.

Touching or fondling a child:

10 % of sexually abused children reported as the offender used to touch their private parts and there are 89.5% children who did not report the matter to anyone.

- ▶ **Perpetrator:** In all the cases, perpetrator was well known to the child. In the description of Perpetrators 1.5% was Cousin, 0.5% Cousin Friend, 3.5% Friend, 0.5% Relative, and 2% was Uncle.
- ▶ **Place:** It usually occurs in public places, family environment, ceremonies and even in the presence of Parents.
- ▶ **Risk factors:** Age (young), gender (girl), acquaintanceship with the perpetrator, and pathological dysfunctional family.
- ▶ **Referrals and Linkages:** General counseling was provided to both children and their guardians/Parents. In some cases professional counselors and psychiatrist were referred as they suffered from some behaviour problems (such as sleeping disturbances, somatisation, eating disorder etc.) Results were also shared with school counselors for their proper follow ups and procuring future mental health.

Exhibitionism- Forcing a child to exhibit his/her private body parts:

Among 200 sexually abused children seven (3.5%) children reported as victims of this type of sexual abuse.

- ▶ **Perpetrator:** In all the cases, perpetrator was well known to the child. In the description of Perpetrators 1% was Cousin, 0.5% Friend, 1.5% was Uncle and 0.5% unknown (Stranger).
- ▶ **Place:** It usually occurs in public places, family environment and ceremonies.
- ▶ **Risk factors:** Age (young), gender (girl), acquaintanceship with the perpetrator, and pathological dysfunctional family.
- ▶ **Referrals and Linkages:** General counseling was provided to both children and their guardians/Parents. In some cases professional counselors and psychiatrist were referred as they suffered from some behaviour problems (such as sleeping disturbances,

somatisation, eating disorder etc.). Results were also shared with school counselors for their proper follow ups and procuring future mental health.

Photographed in the Nude:

In the present study, no such case of 'photographed in the nude' was disclosed by any child.

Other forms of sexual abuse:

Apart from the above discussed forms there are some other forms of sexually abuse like kissed forcefully, abuse during travel, during ceremonies, shown private parts and dirty pictures.

Kissed Forcefully: Results indicates 11% reported this type of sexual abuse wherein the perpetrators percentage was (4%) Cousin, (2%) friend, (5%) neighbour and (7%) uncle. Abuse during travel: 22% children reported this type of abuse when travelling on crowded buses. 19% reported this to bus conductor, 2% reported to parents and 1% told to others (such as teacher, friends etc).

During ceremonies: 6% was reported that they were abused during ceremonies and the perpetrators were very well known to them. Out of which 2% ignored it, 2% reported this to siblings, 2% told to parents and 1% to others (teacher, friend etc.).

Shown private parts: 5% children reported that Cousins(1%), Friends(0.5%), Uncle (1.5%) and Unknown(0.5%) shown them their private parts and they told about this to their siblings (2%) and parents (1.5%).

Dirty pictures: 10% children told that Dirty Picture was shown to them by Cousins (2%), Friends(7%), Neighbours(2%) and Uncle(7%). Out of which 7.5% reported about this to siblings, 1.5% to parents and 1% to others.

- ▶ Risk factors: Age (young), gender (girl), acquaintanceship with the perpetrator, and pathological dysfunctional family.
- ▶ Referrals and Linkages: General counseling was provided to both children and their guardians/Parents. In some cases professional counselors were referred as they suffered from some behaviour problems. Results were also shared with school counselors for their proper follow ups and procuring future mental health. Along with this, in any case where parents want to initiate/follow further legal path were also linked up with child protection services.

As the above mentioned data shows drastic and shocking results, the required information/recommendations were provided to schools and child protection services to sensitize trainings/awareness program for school counselors, staff, teachers and parents regarding the consequences on ignoring the children behaviour and conversation (especially their sudden withdraw, taking for granted etc.). Along with this, help boxes entitled "*Share with me*" and Child helpline number (1098) were installed in these schools with the mutual consent and collaboration of school management and District Child Protection Services.

Conclusion:

The child sexual abuse has devastating effect on children. Children's abuse generally happens at their home, while going to the school, schools and neighbours place. Also some children have reported that it has happened at their relatives' place. Mostly, the reported cases belong to pathological dysfunctional family. Also, there is a lack of awareness to them about the disclosure and how to say "NO..." Children normally disclose about it to their mothers, or teachers. But, most of them reveal at the time when they are being made aware during intervention. Due to this gap in communication and disclosure, they have been suffering from some psychological and behavioural problems i.e. do not like talking much or introvert, not jelling up with the friends, becoming phobic or scared all the time, and having disturbed sleep patterns. They usually do not disclose because they are scared/conscious about their upcoming complications and consequences related to these incidents.

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