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BASIS CONSEQUENCE DYNAMICS IN THE SOCIAL SYSTEM TOWARDS CHILD SEXUAL VIOLENCE IN TAMIL NADU

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ABSTRACT

Child sexual abuse has always been a global phenomenon. It is a daunting task for good governance to ensure protection of children and provide justice to the victims of sexual assault. Due to countless socio-cultural and economic factors, many cases of CSA remain undetected. In this study, various facets of CSA were examined to understand how law and practice deal with this threat. The focus is on analyzing the impact on adjudication of CSA cases in India after the enactment of the POCSO Act. Recognizing that the nature of evidence and principles of law in sexual crimes have commonalities across countries where an adversarial justice system is adopted, the legal processes on various CSA issues in other countries have also been studied to capture global perspectives and best practices for investigation and trial. Learning from the experience of others is indeed wisdom of life. Since the dawn of civilization, women and children around the world have been the most vulnerable sections of society, suffering from a bundle of sexual exploitation. Child Sexual Abuse (CSA) includes genital penetration, inappropriate touching, groping and fondling, but most reported cases are those that involve penetration and defilement. CSA has been recognized as a prevalent international problem of major proportions, affecting children of all generations, ages, genders, ethnicities and socio-economic classes. It brings with it pressing human rights and public health issues and poses an ongoing challenge to the justice system. Child abuse is tantamount to a silent emergency, both for health and for justice.

Keywords: child sexual abuse (CSA), POCSO Act, child trafficking and sexual violence

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Introduction

Child sexual abuse has always been a global phenomenon. It is a daunting task for good governance to ensure the protection of children and justice for victims of sexual assault. Due to countless socio-cultural and economic factors, many cases of CSA remain undetected. In this study, various facets of CSA were examined to understand how law and practice deal with this threat. The focus is on analyzing the impact on the adjudication of CSA cases in India after the enactment of the POCSO Act. Recognizing that the nature of evidence and legal principles in sexual crimes have commonalities across countries that adopt an adversarial legal system, the legal procedures on various CSA offenses in other countries have also been studied to capture global perspectives and best practices for investigation and trial. Learning from the experiences of others is indeed a way of life.

Since the dawn of civilization, women and children around the world have been the most vulnerable sections of society, suffering from a bundle of sexual exploitation. Child Sexual Abuse (CSA) includes genital penetration, inappropriate touching, groping and fondling, but most reported cases are those involving penetration and defilement. CSA has been recognized as a major international problem affecting children of all generations, ages, genders, ethnicities and socio-economic backgrounds. It brings with it pressing human rights issues and public health concerns and poses an ongoing challenge to the justice system. Child abuse is tantamount to a silent emergency, both for health and for justice. However, it often goes unnoticed and unreported, leaving children even more vulnerable to repeated exploitation and suffering. Poverty is the mother of several social ills, and CSA is one of these derivatives. Child trafficking also encompasses various types of exploitation, including sexual violence, flesh trade and forced marriage. Globally, there are a number of myths and stereotypes associated with CSA that lead to further complications. (Cromer & Goldsmith, 2010) No community or jurisdiction has yet been able to develop a mechanism to ensure that none of their young people are sexually abused.

The need to protect children has played a historic role in legal history since the case of Mary Allen McCormack in 1874. Mary Allen was orphaned as a baby. Her father, Thomas Wilson, was a soldier who had sacrificed his life at the Second Battle of Cold Harbour in Virginia. Her mother was forced to abandon baby Allen to a city orphanage on Blackwell Island due to acute poverty. Mary Allen was adopted a few years later by Thomas McCormack and Mary Connolly,

a married couple from Manhattan. Shortly after the adoption, Thomas died and Mary married France Connolly. The frustrated and doomed adoptive mother began to physically abuse the foster child. At the age of ten, Mary Ellen was brutally abused and forced into a life of servitude, confinement and beatings by Mary Connolly, the foster mother.

Objective of the study

1. To examine the social dimensions of the underage victims and defendants in the study area.
2. To investigate the sexuality of children and sexual abuse in the study area.
3. To develop strategies and suggestions for the study.

MATERIALS & METHODS

Nature of the study

The study was conducted retrospectively and descriptively to assess child sexual abuse cases recorded in the CAC in relation to the child, the family and the perpetrator and to identify the factors involved.

Population - Sample

No sample selection was made in the study. All cases admitted to the CAC between 20.08.2023 (the date of opening of the center) and 20.04.2024 (the start of data collection) were included in the sample (n=220).

Instruments for data collection

Data were collected using a data collection form developed by the researchers, which included questions about the child, perpetrator and family dynamics, such as age and gender of the child, economic status and education level of the family, type of abuse, perpetrator and degree of relationship.

Statistical analysis

The data was analyzed using the statistical program gretl. Descriptive statistical methods such as number and percentage calculations and the arithmetic mean were used to analyze the data.

Table.1
Social Dimension of children and their families

Particulars	No. of Respondents	Per centage
Gender		
Male	180	81.81
Female	40	18.19
Level of Education		
Pre-school	9	4.09
Primary School	25	11.36
Secondary school	78	35.45
Hr.Sec School	94	42.72
Special Education	9	4.09
No Education	5	2.27
Marital Status		
Yes	36	16.36
No	184	83.63
Criminal status of Parents		
No	188	76.81
Mother	16	7.27
Father	16	7.27
Having a Sibling		
Yes	199	90.45
No	21	9.55
Genetic / Step Parents		
Genetic	200	90.90
Step	20	9.09
Education level of Mother's		
Secondary school	187	85
Higher secondary school	30	13.63

Degree	3	1.36
Health Insurance		
Yes	114	51.82
No	106	47.78
Suicide History		
No	198	90
Mother	03	1.36
Father	04	1.81
Victim Child	15	6.81
Presence of a mental illness		
No	145	65.90
Psychotic disorder	4	1.82
Depression	20	9.09
Mood disorders	11	5
Mental retardation	20	9.09
ADHD	9	4.09
Impulsive disorder	4	1.81
Dyslexia	3	1.36
Others	10	4.54
Presence of a Physical illness		
No	197	89.54
Speech disorder	14	6.36
Diabetes	4	1.81
Heart disease	1	0.45
Blind	1	0.45
Growth retardation	1	0.45
Asthma	2	0.90
Employment status of Mother		
Yes	53	24.09
No	167	75.90

A family member with a disability		
Yes	146	66.36
No	74	33.63
The status of parents being alive		
Both alive	35	15.90
One of both parents deceased	185	84.09
Father's Education level		
Primary and secondary school	175	79.54
High School	39	17.72
University	6	2.72
Socio economic situation		
High	4	1.81
Middle	84	38.18
Low	132	60
Parents living together		
Yes	127	57.72
No	93	42.27

Source: Primary Data.

As part of the study, 220 children who had been exposed to sexual abuse were evaluated. The study found that the average age of the child victims was 13.33 ± 3.33 years, 81.81% were girls and 42.72% were high school students. 34.1% had a mental illness, 57.72% of parents lived together, 16.36% of parents had a consanguineous marriage, 75.90% of mothers and 33.63% of fathers were unemployed and 7.27% of fathers had a criminal record. 15.90% of victims had a disabled family member, 85% of mothers and 79.54% of fathers had a primary education, 47% had no health insurance and 60% had a poor financial situation. In addition, 10% of families of abused children had a suicide case and 6.81% of those who committed suicide were sexually abused children.

Table.2
Abuses and the abusers according to the victims

Particulars	No. of Respondents	Per centage
Gender of abuser		
Female	3	1.6
Male	215	97.72
Female and Male	3	1.36
Degree of Relationship		
Family (Genetic)	20	9.09
Family (step)	9	4.09
Close relative	30	13.63
Neighbour	40	18.18
Lover / Friend	74	33.63
Stranger	30	13.63
Teacher	11	5.00
More than one person	5	27.00
Type of abuse		
Penetration	78	35.45
Verbal abuse	4	1.81
Exhibitionism	9	4.09
Pornography	3	1.36
Sexual touch	89	40.45
Genital touch	3	1.81
Medical Examination		
Yes	97	44.09
No	123	55.90
The number of abuses		
Once	77	35.00
More than Once	127	57.72
Regularly	16	7.27

The number of Abuses		
1	180	81.82
2-3	30	13.63
4+	10	4.55
Pregnancy		
Yes	6	2.73
No	204	92.73
Suspected	10	4.55
Penetration location [n=77]		
Vaginal	35	45.45
Anal	21	27.27
Anal and Vaginal	21	27.27

Source: Primary Data.

Table 2 shows the children's statements. The average age of the perpetrators was 25.64 ± 16.68 years and 97.72% were male. "33.63% of the children who were victimized described the perpetrator as a "lover/friend". 81.82% of the children were abused by only one person and 92.72% were abused irregularly several times. The study shows that 40.45% of the children were exposed to sexual touching, 77 were abused including penetration. In addition to all this, 45.45% of the children who were exposed to penetration had vaginal penetration, 44.09% had a medical examination and 2.73% were pregnant.

Table.3

Attitude of the families of Child victims towards abuse

Particulars	No. of Respondents	Per centage
The reporter of the abuse		
Victim	20	9.09
Family	63	28.63
Teacher	80	36.36
Physician	28	12.72
Relative / neighbour	28	12.72
Police	01	0.45

Family filing a complaint		
Yes	116	52.72
No	54	24.54
indecisive	50	22.72
Family attitude to Child victim		
Protective	163	74.09
Rejecting	15	6.82
Accusatory	20	9.09
Not accepting	31	14.09
Victim filling a complaint		
Yes	128	58.18
No	69	31.36
Indecisive	6	2.72
No reasoning	16	7.27

Source: Primary Data

The results in Table 3 show that 36.36% of the people who reported the abuse were teachers, 74.09% of the families adopted a “protective” attitude towards the victim child and 58.18% of the victims filed a complaint against the abuser.

Table.4
The protective injunctions given for the abuse

Particulars	No. of Respondents	Per centage
Providing care	47	21.36
Staying with the family	167	75.90
Health care	65	29.54
Counseling	184	83.63
Social Investigation	39	17.72
Education	14	6.36

Source: Primary Data.

Table 4 shows that “counseling” was the most important protective measure for 83.63% of abused children, remaining in the family for 75.90% and social investigation and education for less than 20.

Argument

The study analyzed the cases of child sexual abuse that were included in the CAC. It is believed that the identification of risk groups for sexual abuse and related factors through a retrospective and descriptive study will be a guide in the fight against sexual abuse. Discussion of findings in relation to victimization The study found that most sexually abused children were girls, and in some societies being a girl is considered a risk factor for sexual abuse. Similar studies also report that the victims of abuse are mostly girls. In our study, the children were exposed to sexual abuse mainly during puberty. The literature states that being a girl during adolescence can be considered a significant risk factor for sexual abuse, which is consistent with our findings. The study found that 10.3% of cases were diagnosed with a physical illness and 34.3% with a mental illness. Children diagnosed with depression, mood disorder and mental retardation were predominantly diagnosed with mental disorders. Malnutrition, moodiness, sleep disorders, excessive crying, hyperactivity, behavioral disorders, chronic illnesses, mental and physical problems are frequently observed in abused children. Various studies conducted with sexually abused children have shown that a significant number of victims have been diagnosed with a mental illness. The literature on sexual abuse cases reports that children's perceptions of good and bad touches are distorted, their belief that they are loved through sexuality is reinforced, victims blame themselves and feel lonely and desperate, thinking that this situation only happens to them, they are subjected to threats and exploitation of feelings by their closest relatives and their basic trust is damaged. The families of the victims are interviewed parents are informed whether or not their children have been diagnosed with a mental disorder when they are admitted to the CACs and, if necessary, health measures are ordered. Following the health interventions, mental disorders are also diagnosed in some cases, so the actual rates are probably higher than the findings in our study.

Argument of abuse

The average age of the perpetrators of abuse in the study was 25.84 ± 16.84 years, and most of them were male. The child victims often described the abuser as a lover/friend and reported that they were exposed to him to sexual abuse many times. Güney[†] indicated that

[†] Güney SA. How do variables related to sexual abuse in adolescence affect self-esteem? a child advocacy center experience. *Turk J Child Adolesc Ment Health*. 2017;24(3):251-65. Available at: https://cms.galenos.com.tr/Uploads/Article_27524/cogepderg-24-251.pdf

37.6% of the sexually abused adolescents abuses were their family members (parents, stepparents, siblings, relatives), and 62.4% reported a stranger as their abuser. A similar study found that most children were exposed to sexual abuse more than once[‡]. It is known that the age of the victim, the frequency of abuse, the occurrence of the act by force, the presence of penetration, and the familiarity of the abuser cause more destructive and permanent effects on the victim[§]. The degree of relationship with the abuser is among the most critical variables associated with post-traumatic psychopathology, and those who are sexually abused by familiar person blame themselves more and have more difficulty in building trust again. Therefore, it is thought that child victims will be in a risk group in terms of mental disorders at later ages. Exposure to sexual abuse within the family adversely affects family integrity, creates a family crisis, and may lead to the blaming and exclusion of the victim child^{**}. Children tend to trust a person they know more easily, which makes them more vulnerable to these people, which is a risk factor. Many children in this study were exposed to sexual abuse in the form of sexual touch or penetration. Most of those sexually abused were exposed to vaginal penetration, and medical examination was performed in most of the cases. In a study conducted by Imren Gökçe et al^{††}. with sexually abused children and adolescents, it was found that 56.1% of the sexual abuse occurred by touching, caressing, and rubbing, 36.7% of girls were exposed to vaginal penetration, and 38.5% of boys were exposed to anal penetration, in another study 58.3% of the cases were exposed to penetration, and 41.7% were exposed to sexual touch^{‡‡}. The findings in this current study are consistent with the similar studies.

[‡]. Koctürk N, Bilge F. The irrational beliefs and the psychological symptoms of the sexual abuse victims. *Dusunen Adam The Journal of Psychiatry and Neurological Sciences*. 2017;2(30):113-123. doi: 10.5350/DAJPN2017300205

[§] Uytun Cıkılı M, Oztop BH. Evaluation of Psychiatric Diagnosis and Continuity of Treatment of Children and Adolescents Who Abused Sexually. *Journal of New Symposium*. 2016;54(3):18-24. <http://dx.doi.org/10.5455/NYS.201606020>

^{**} Işeri E. Sexual Abuse. Çetin, F. Ç., Pehlivan Türk, B., Unal, F., Uslu, R., Işeri, E., Türkbay, T., Coskun, A., Miral, S.& Motavallı, N. (Eds.). *Handbook of child and adolescent psychiatry*. 2008;1st ed.470- 477. Ankara: Doctors Publication Association.

^{††} Güney SA. How do variables related to sexual abuse in adolescence affect self-esteem? a child advocacy center experience. *Turk J Child Adolesc Ment Health*. 2017;24(3):251-65. Available at: https://cms.galenos.com.tr/Uploads/Article_27524/cogepderg-24-251.pdf.

^{‡‡} Imren Gökçe S, Ayaz BA, Yusufoglu C, Arman Rodopman A. Clinical features and risk factors related with suicide attempts in sexually abused children and adolescents. *Marmara Medical Journal*. 2013;26(1):11-16. <https://doi.org/10.5472/MMJ.2012.02518.1>

Arguments of the preliminary injunction

Restraining order Taking into account the best interests of the child under the Child Protection Act No. 5395, the restraining order is issued. The protective order, which includes counseling, was issued for most child victims in the study. Other types of protective orders include orders for medical care, institutional care, social investigation, and education. All of the children placed in the study had been exposed to severe abuse and their family dynamics were not at the desired level. Counseling was provided in 82.75% of cases on issues such as family-child communication, youth characteristics, and risk factors, and consistent with the forensic interviewer's observations, medical care orders were made in some cases when necessary. It was suggested that families with lower levels of education may have limited awareness of child sexual abuse and low socioeconomic status may also have been the basis for this situation. It was found that in 82.75% of the cases, counseling was offered on topics such as communication between the family and the child, characteristics of adolescence, and risk factors, and that medical action was taken when deemed necessary in accordance with the forensic interviewer's observations. CACs are centers where child victims of abuse and their families are assessed holistically, risk factors are identified and the necessary precautions for the child's welfare are taken, and therefore they are considered effective organizations in this regard.

Limitations of the study

The study is based on the sequence of interview reports of cases included in the CAC. In a higher-level model, multicenter and multidisciplinary studies can be targeted.

Conclusion

The study has shown that being a girl and belonging to the underage age group is an important factor in the disclosure of sexual abuse and that low education and the financial status of parents are among the other factors that favor the sexual abuse of children. The vast majority of sexually abused children are repeatedly victimized. With all this in mind, as part of the defense against injury, it is optional to offer children training programs that address issues such as distinguishing between subtle and horrible touching patterns, asking for help, dealing with family and possible risk factors during puberty, reporting abuse, etc., according to their developmental stage. There is also a need for counseling training on building strong family dynamics, communicating with the child, possible risk factors, symptoms that may occur in sexually abused children, how to handle the child and report abuse, etc.

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