

Child Sexual Abuse: Causes And Consequences; Psychological Reasons

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Abstract

Child sexual abuse (CSA) is a global issue with severe consequences for victims. It involves engaging a child in sexual activities without their consent, leading to physical, mental, and psychological trauma. The causes of CSA are multifaceted, including social factors like poverty and lack of social support, familial factors such as neglectful guardians, exposure to sexual content, and substance abuse. Psychological reasons behind CSA can include neurobiological impairments, psychiatric disorders, paraphilia, intimacy/attachment problems, and cognitive distortions in offenders. The consequences of CSA are significant, affecting victims' social lives through stigma, physical health with issues like chronic pain and injuries, and mental health, leading to conditions like depression and PTSD. India has seen a rise in CSA cases, with perpetrators often known to the child. Efforts to combat CSA include legal frameworks like the POCSO Act and recommendations for prevention through education and parental involvement.

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I. Introduction

Legally, rape is commonly defined as the act of vaginal or anal penetration carried out without the lawful consent of the person involved. However, the specific elements that constitute rape—such as the method of penetration (e.g., using a penis, fingers, or objects), the part of the body penetrated (e.g., vagina, anus, or mouth), and the gender of the victim or perpetrator—can differ significantly depending on the legal system of each country. Additionally, what qualifies as "consent" also varies across jurisdictions.

In Indian law, rape is said to have occurred under several conditions, even if the victim appears to consent. These conditions include:

1. If the consent is obtained through threats—either to the victim herself or to someone she cares about (such as her children or relatives).
2. If the consent is given under the influence of intoxicating or stupefying substances administered by the perpetrator or someone else on his behalf (commonly referred to as "date rape").
3. If the victim is under the age of 16—legally, minors cannot provide valid consent.
4. If the victim is mentally unsound or intoxicated at the time of the act and thus unable to understand the nature or consequences of the sexual act, the consent is considered legally invalid.

Types of Rape Recognized in Law:

*Penetrative Rape: Involves the insertion of a penis, finger, or object into the vagina.

*Statutory Rape: Involves sexual contact (such as the touching of the penis to the vagina) without actual penetration, typically with a minor. Although recognized in some countries, statutory rape is not currently defined under Indian law.

*Marital Rape: Occurs when a husband forces his wife to have sex without her consent. Indian law does not yet recognize marital rape as a criminal offense.

*Date Rape: Takes place during what may appear to be a consensual social or romantic encounter, often involving the victim being unknowingly drugged.

*Gang Rape: Occurs when more than one person sexually assaults the same victim.

*Male Rape: Involves a male victim being sexually assaulted by another male.

Child Sexual Abuse (CSA): CSA is now widely acknowledged as a serious global issue. It involves forcing or manipulating a child into sexual activity through threats, coercion, deception, or physical force. Children subjected to such acts suffer not only physically but also endure long-term mental and emotional trauma. According to the World Health Organization (WHO), child sexual abuse refers to the involvement of minors—who are legally and developmentally incapable of giving consent—in sexual activities.

II. Causes

Social Factors:

Children from economically disadvantaged backgrounds often face a higher risk of abuse and exploitation. In families where births are unplanned and resources are limited, parents may struggle to provide basic care, protection, and nutrition. This neglect increases a child's vulnerability to abuse (Seth, 2013). Poverty is closely linked to child abuse, especially for children living on the streets or in temporary shelters. Some parents, driven by economic hardship, may force their children to beg on the streets, where they are exposed to violence and exploitation (Southall & McDonald, 2013).

Moreover, children living in disorganized or impoverished neighborhoods are at greater risk. These areas often lack community structure, supervision, and safety, making them prone to criminal activity (Joshi, 2018). Studies show that juveniles growing up in such environments are more likely to develop delinquent and antisocial behaviors, which may eventually lead to serious crimes such as sexual offences (Mishra & Biswal, 2018).

Familial Factors:

Many parents hesitate to speak to their children about sexual abuse, either due to discomfort or a belief that their child is too young to understand. Some parents lack the necessary knowledge or confidence to approach the topic effectively (Foster, 2017). The absence of a responsible adult or guardian significantly increases the risk of child sexual abuse (Cohen & Felson, 1979).

A common misconception among parents is that sexual abuse is mainly committed by strangers. In reality, about 90% of abuse cases are perpetrated by someone known to the child—such as relatives, family friends, or neighbors (Finkelhor, 2008; Friedman, 2010). Tragically, many cases of intra-familial abuse go unreported due to fear, shame, or denial within the family (NCTSN, 2009).

Poor communication and strained relationships between parents and children are also major contributing factors (Fergusson et al., 1996). Children living in single-parent households, particularly without a protective or emotionally present mother, are at a higher risk (Finkelhor et al., 1997; Berliner, 2011).

Influence of Media:

One of the hidden contributors to rising juvenile delinquency is early and unsupervised exposure to sexual or pornographic content online. Children and teenagers who frequently consume such content may develop aggressive tendencies and a distorted understanding of sexuality and relationships. This has led to a growing concern about "child-on-child" sexual abuse in many parts of the world (Johnston, 2019).

A news report indicated that the combination of violent pornography and alcohol among adolescent boys is a significant factor in rising rape cases in India (Thekaekara, 2018). Sexting—sending or receiving sexually explicit messages or photos—has also become common among teenagers. Many young people are unaware of the dangers of interacting with strangers online, who may turn out to be sexual predators (Undiyaundeye, 2014).

Substance Abuse:

The use of intoxicants, especially alcohol, impairs judgment and increases the likelihood of committing sexual crimes. Substance abuse is frequently associated with child maltreatment and sexual violence (WHO). Perpetrators under the influence often exhibit more aggression and reduced self-restraint, leading to forced sexual encounters (Johnson, 2014).

Gaps in Policy Implementation:

Even though laws exist to protect children from abuse, a failure to effectively implement these policies remains a major barrier. Weak law enforcement, insensitive handling of complaints by police, delays in judicial proceedings, and tampering with evidence often allow perpetrators to escape punishment. This lack of accountability emboldens offenders and perpetuates the cycle of abuse.

III. Psychological Reasons

Neurobiological Factors:

Some sexual offenders may suffer from neurological impairments caused by congenital conditions, acquired brain injuries, or developmental disorders. Research by Marshall and Barbaree suggests that adolescent males face a critical developmental challenge: learning to differentiate between aggressive and sexual impulses, as both stem from similar brain structures. For individuals with disrupted early development or hormonal imbalances, this distinction can be particularly difficult, potentially increasing the risk of sexual aggression.

Studies from Sweden have indicated that a small percentage (3.9%) of rapists had a history of head

trauma, and certain sadistic offenders showed abnormalities in areas of the brain like the temporal horn. However, the clinical significance of these findings remains uncertain. Those interested in further detail may refer to the work of Bradford on neurobiological aspects of sexual offending.

Psychiatric Disorders:

While the majority of rapists are not diagnosed with psychiatric illnesses, some conditions may contribute to sexually deviant behavior. Individuals with schizophrenia or related psychoses may display abnormal sexual behaviors, either as a direct result of their mental illness or due to disinhibition. Hypomania and mania can also lead to increased sexual impulsivity.

Research indicates that individuals with schizophrenia are four times more likely to be convicted of serious sexual offences than the general population. These offenders can be categorized into four groups:

- *Those with pre-existing paraphilic tendencies
- *Those whose deviant sexual behavior emerges during or after the onset of mental illness
- *Individuals with generalized antisocial traits
- *Cases influenced by dementia, head trauma, or substance abuse

Langstrom et al.'s comprehensive study of 535 rape offenders in Swedish psychiatric institutions found common co-occurring issues such as alcohol dependence (9.3%), drug abuse (3.9%), personality disorders (2.6%), and psychosis (1.7%).

Paraphilic Disorders:

The DSM-IV defines paraphilias as recurring, intense sexual urges, fantasies, or behaviors involving atypical stimuli, lasting for at least six months and causing significant distress or impairment. The DSM-IV-TR later included behaviors involving non-consenting individuals under this diagnosis, even if the individual does not feel personal distress.

The ICD-10 categorizes paraphilias similarly, though it combines sadism and masochism under a single category. Notably, rape is not formally recognized as a paraphilia in either classification. This may be due to its resemblance to other criminal offenses, unlike clearly deviant behaviors like pedophilia or exhibitionism. DSM only refers to rape in the context of sexual sadism, which accounts for only 5–10% of all rape cases.

Intimacy and Attachment Issues:

Many rapists report experiencing childhood trauma, such as sexual or physical abuse and dysfunctional family relationships. These adverse experiences hinder the development of secure attachments and the ability to form healthy adult relationships. As a result, such individuals often develop interpersonal styles marked by emotional detachment, hostility, and an absence of empathy.

Cognitive Distortions (CDs):

Cognitive distortions are false beliefs or thinking errors that allow offenders to justify their actions. These distorted beliefs are often rooted in deeply held personal assumptions or "implicit theories" about the world, particularly about women and sexuality. Common CDs among rapists include:

- *Women are unknowable: Offenders may believe women are fundamentally deceptive and say "no" when they mean "yes." For example, they might interpret a woman's clothing or body language as a sexual invitation, ignoring verbal refusal.
- *Women are sex objects: This belief reduces women to objects of male sexual gratification, where verbal communication is dismissed in favor of misinterpreted gestures or expressions.
- *Male sex drive is uncontrollable: Offenders may claim they cannot control their sexual urges, often citing cultural beliefs like India's "dhat syndrome" to rationalize their behavior.
- *Entitlement: Some men believe they have a right to sexual access, especially when they perceive themselves to be of higher social or economic status than the woman. Such attitudes can manifest in marital rape or caste- and class-based sexual violence.
- *Dangerous world: Offenders may justify their actions as retaliation against a hostile and unjust world, claiming they are only returning the harm they have suffered.

IV. Consequences

Social Stigma

- * Shame and Dishonor: Survivors, rather than perpetrators, often experience intense feelings of shame and are socially stigmatized.

- * Blame: Society may unfairly blame victims for the abuse they endured.
- * Severe Trauma: This stigmatization adds another layer of severe and lasting trauma for the abused child.
- * Impact on Future Relationships: The stigma can carry forward, negatively affecting non-abusive intimate relationships in the survivor's future.
- * Reluctance to Seek Help: Parents of abused children may hesitate to seek medical attention for their children's health issues due to fear of social stigma.

Physical Outcomes:

- * Deteriorated General Health: Overall physical well-being of the victim can decline.
- * Chronic Pelvic Pain (Females): Women with a history of sexual abuse are more prone to chronic pelvic pain.
- * Other Physical Symptoms: This includes genitourinary problems, persistent fatigue, and headaches.
- * Genital Injuries: Brutal abuse can cause injuries like hymen lacerations, indicating penile penetration.
- * Internal Injuries: Insertion of blunt objects can damage genital organs, leaving lasting scars.
- * Musculoskeletal Injuries: Pelvic fractures and urethral injuries can occur.
- * Urinary Issues: Urinary retention may develop.
- * External Injuries: Bruises and injuries on the neck, head, thighs, and other body parts are common.
- * Long-Term Gynecological Issues: Increased risk of problems affecting gynecological health.
- * Long-Term Gastrointestinal Issues: Higher likelihood of experiencing abdomen pain and other gastrointestinal problems.
- * Chronic Pelvic Pain (Long-Term): Persistent pelvic pain can be a long-lasting consequence.
- * Other Chronic Health Issues: Increased risk of developing conditions like diabetes, malnutrition, and functional limitations later in life.
- * Fibromyalgia: Musculoskeletal pain accompanied by fatigue and mood issues can emerge.
- * Migraines and Headaches (Long-Term): These can persist as long-term effects.
- * Pulmonary Diseases: Lung issues like bronchitis can be an outcome.
- * Cardiovascular Problems: Higher risk of hypertension, strokes, and cardiac issues.
- * Sexually Transmitted Diseases (STDs): Abused children are highly vulnerable to STDs, including HIV.
- * Mucosal Trauma and STDs: Repeated abuse can cause mucosal damage, increasing STD transmission risk.
- * Multiple Perpetrators and STDs: Abuse by multiple individuals increases the risk of STDs.
- * Specific STDs: Syphilis and Gonorrhoea are examples of infectious STDs.
- * Teenage/Unintended Pregnancy: A significant percentage of teenage pregnancies are linked to sexual abuse in adolescent girls
- * Health Risks of Teenage Pregnancy: This includes poor maternal health, medical complications during childbirth, and increased risk of maternal mortality.
- * Systemic Infections and Unsafe

Abortions: These are dangerous health issues associated with teenage pregnancy in abuse survivors.

- * Forced Termination and Lethality: Forced abortions, often performed unsafely, can be fatal for the young survivor.
- * Unsafe Abortion Statistics: A high percentage of abortions in certain regions are performed without medical supervision, leading to preventable deaths.
- * Sexual Abuse History in Abortion Seekers: A notable proportion of adolescents and young women seeking abortions have a history of sexual abuse.

Mental Outcomes:

- * Psychological and Mental Distress: *Child sexual abuse severely impacts the child's mental well-being.
- * Long-Lasting Mental Injuries: Mental wounds often take a long time to heal and deeply affect behavior and social life.
- * Common Behavioral Consequences: Depression, low self-esteem, difficulty maintaining relationships, distrust, and fear are frequent.
- * Harmful Effects on Brain Development: Trauma from abuse can negatively impact the developing brain.
- * Impaired Social Skills: Reduced capacity for relationship building, communication, and social interaction.
- * Triggered Emotional Responses: Children may exhibit anger or aggression when exposed to people or places that remind them of the abuse.
- * Increased Risk of Depressive Disorder: Abused children are significantly more likely to develop depression.
- * Educational Difficulties: Lower learning skills and poor language development.
- * Attachment Issues: Difficulty forming positive social or peer relationships.
- * Suicidal and Self-Destructive Behavior: Adolescents with a history of sexual abuse have a much higher risk of attempting suicide.

- * Suicidal Thoughts: A strong correlation exists between sexual abuse and suicidal ideation in adolescents.
- * Aggression and Violent Behavior: Some victims may develop aggressive and violent tendencies.
- * Oppositional and Conduct Problems: These behavioral issues are more common in abused children.
- * Emotional Distress in Girls: Depression, sadness, isolation from family and friends, and social withdrawal are often seen in sexually abused girls.
- * Increased Problems with Multiple Abuse: Children abused at different ages or through multiple instances show higher rates of behavioral problems.
- * Unhealthy Sexual Behavior: Engaging in risky sexual practices.
- * Substance Dependence: Increased likelihood of alcohol or drug dependence.

Post-Traumatic Stress Disorder (PTSD):

- * High Prevalence: Sexually maltreated children commonly experience PTSD.
- * Psychiatric Disorder: PTSD is a recognized mental health condition following traumatic events.
- * Strong Link to Sexual Abuse: The highest rates of PTSD are associated with sexual abuse or rape.
- * Re-experiencing Symptoms:
 - * Repeated intrusive memories of the trauma.
 - * Nightmares and disturbing dreams related to the abuse.
 - * Flashbacks, feeling as if the traumatic event is happening again.
 - * Repetitive and distressing traumatic thoughts

Avoidance Symptoms:

- * Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- * Avoiding places, people, or activities that trigger memories of the abuse.

Hyperarousal Symptoms:

- * Being constantly on guard or highly alert even in safe situations.
- * Extreme anger or irritability.
- * Sleeping disorders or insomnia.
- * Other PTSD Symptoms:
 - * Ongoing fear and anxiety.
 - * Feelings or thoughts of being revictimized.
 - * Development of specific fears.
 - * Concentration difficulties.
 - * Feeling detached or emotionally numb.

V. POCSO Act

The Protection of Children from Sexual Offences Act of 2012 (POCSO Act) represents a crucial advancement in addressing child sexual abuse in India. Despite its inherent limitations, it serves as a powerful catalyst for breaking the silence surrounding this issue. The Act empowers children to voice their pain and confront the broader social and cultural context in which such abuse occurs. Importantly, it provides access to a legal system designed to uphold a child's right to live with dignity and seek justice within a world often dominated by adults.

Several key features underscore the significance of the POCSO Act. Firstly, it establishes a clear and gender-neutral definition of a "child" as any person under the age of eighteen. This inclusivity is vital as it acknowledges that both victims and perpetrators of sexual offenses can be male, female, or identify as a third gender.

Secondly, the Act provides a comprehensive categorization of sexual offenses. This includes penetrative sexual assault, sexual assault involving touch with sexual intent, and sexual harassment encompassing actions like making offensive gestures, exposing body parts inappropriately, showing pornography, voyeurism, stalking with sexual intent, and the abetment of such crimes. Notably, the Act recognizes that sexual abuse can occur with or without direct physical contact.

Thirdly, the POCSO Act prioritizes the child's well-being and dignity throughout the entire legal process. It mandates the maintenance of the child's confidentiality and establishes child-friendly procedures at every stage. This includes the process of registering a complaint, conducting medical examinations, police investigations and the recording of the child's statement by both the police and the magistrate. The Act also addresses the sensitive process of

cross-examination, ensuring the child's confidentiality is protected and providing assistance to the child throughout the legal proceedings. Furthermore, it emphasizes the need for speedy trials, the prevention of re-

victimization, and the rehabilitation of the child. The fundamental principles of child jurisprudence are deeply embedded within the law. It aims to ensure that all individuals involved in the delivery of justice are acutely aware of the potential for

re-victimization, the impact on the child's mental health, and the trauma they experience due to multiple interventions. Consequently, the Act stresses the importance of preparing the child for each phase of the legal process to minimize further traumatization and loss of dignity.

VI. Prevalence Rates In India

In 2022, India recorded a troubling 8.7% rise in child abuse cases, totaling approximately 162,000 incidents, according to data from the National Crime Records Bureau (NCRB). This alarming increase, occurring in the aftermath of Covid-19 lockdowns, reflects a concerning escalation in crimes committed against children.

The NCRB data reveals a distressing pattern: in many instances, the abusers are familiar figures such as parents, relatives, or caregivers. This familiarity often prevents children from reporting the abuse, either due to fear or a lack of awareness about their experiences. The result is a climate of silence that allows such abuse to persist unchecked.

Further analysis by Child Rights and You (CRY) indicates that kidnapping and abduction make up nearly 46% of child-related crimes, followed closely by incidents of sexual violence. Particularly disturbing is the 96% increase in sexual offences against children between 2016 and 2022.

In 2022 alone, there were 38,911 reported cases of child rape and penetrative sexual assaults, up from 36,381 cases in the previous year—a stark indication of the growing threat to children's safety in the country.

VII. Recommendations For Parents And Society

To effectively prevent child sexual abuse, open and age-appropriate communication between parents and children is crucial. As a child's most trusted individuals, parents and caregivers play a vital role in educating them about safe and unsafe touch, private body parts, and how to recognize and respond to risky situations. Regular discussions can empower children with knowledge and confidence, helping them identify and avoid potential dangers.

Parents must remain actively involved in their children's lives—knowing who they spend time with, where they go, and what they do. Monitoring a child's emotional changes, behavior, and social interactions is essential, especially when they exhibit signs of distress, anxiety, or withdrawal. If a child discloses abuse, parents should respond with empathy, not blame. Offering emotional support and affirming the child's safety and the stability of their relationship is vital for healing. A victim may suffer from nightmares, depression, or mood swings—challenges that require patient and compassionate parenting.

Unfortunately, parental involvement in many families remains limited, particularly in educating children about potential threats. To address this, the government and non-governmental organizations (NGOs) must implement population-based prevention programs. These initiatives should focus on developing parenting skills and raising awareness about child protection.

Workshops in schools—targeted at both children and adults—can help create a culture of awareness, using child-friendly methods to teach about abuse prevention.

Local authorities, civil society, the media, and law enforcement should collaborate to initiate and sustain awareness campaigns. These should include strategies to recognize predatory behavior, escape dangerous situations, and practice self-defence. Self-defence training should be integrated into the school curriculum for children from pre-adolescence through post-adolescence.

Additionally, early intervention is key to preventing juvenile delinquency. Schools must monitor students from middle school onwards to identify at-risk youth, especially those vulnerable to substance abuse or anti-social behavior. Encouraging student involvement in school and community activities can serve as a protective factor.

Strict enforcement of laws preventing the sale of alcohol to individuals under 25 is also important. Meanwhile, civil society organizations should provide rehabilitation services, including counseling and therapy, to help survivors recover. These services must be well-publicized, especially in underserved areas, to reach those in need.

NGOs should also act as watchdogs—identifying victims who need long-term care and support. Active policing and the appointment of trained officials to handle sexual abuse cases are necessary to reduce corruption and ensure justice. Timely convictions are essential; delays can erode the victim's faith in the legal system and hinder recovery.

VIII. A Real Child Sexual Abuse Act In India:

In a disturbing incident in Bellamkonda, Palnadu district, an 11-year-old girl fell victim to a sexual

assault. The perpetrator, identified as 19-year-old Nellore Suresh from the same village, reportedly took advantage of the girl being alone at her residence while her parents were away for work. He allegedly led her to a secluded location and committed the crime. Upon learning of the assault from their daughter, her parents promptly took her to a government hospital in Sattenpalli. Following their complaint, the accused was apprehended by the authorities. This case will likely be addressed under the Protection of Children from Sexual Offences (POCSO) Act in India, which aims to provide a strong legal framework for safeguarding children from such heinous crimes.

IX. Conclusion

Child sexual abuse is a deeply complex and widespread problem that can have serious and lasting effects on a child's well-being. Tackling this issue effectively requires a comprehensive approach—one that considers social, family, and psychological dynamics. Strong legal protections, combined with active community engagement, are essential to safeguard children and provide meaningful support to survivors.