CHAPTER II

REVIEW OF LITERATURE

Child Sexual Abuse: An Introduction

Child Sexual Abuse (CSA) is an important and growing problem, in India, as it is in the world. It may take various forms such as physical, sexual, psychological or child neglect dimensions. Children being vulnerable and fragile are easy victims of sexual abuse, which could impair their normal functioning and psychosocial development. Research into the prevalence and consequences of child abuse has been changing in focus in recent years. Specific to sexual abuse, studies have confirmed a relationship between Child Sexual Abuse and serious and chronic adult physical effects. The psychological consequences of Child Sexual Abuse are also well documented and are often marked by Post Traumatic Stress Disorder (PTSD), suicidal, depression, anxiety, interpersonal and relational difficulties, substance abuse, dissociation, shame, and embarrassment, avoidance of care, increased utilization of health care, cognitive and perceptual disturbances, poor self-esteem, and eating disorders. (Government of India, 2007). There is a conspiracy of silence around the subject and a very large percentage of people feel that this is a largely western problem and that child sexual abuse does not happen in India. Part of the reason of course lies in a traditional conservative family and community structure that does not talk about sex and sexuality at all. Parents do not speak to children about sexuality as well as physical and emotional changes that take place during their growing years. As a result of this, all forms of sexual abuse that a child faces do not get reported to anyone. The girl, whose mother has not spoken to her even about a basic issue like menstruation, is unable to tell her mother about the uncle or neighbor who has made sexual advances towards her. This silence encourages the abuser so that he is emboldened.
to continue the abuse and to press his advantage to subject the child to more severe forms of sexual abuse. Very often children do not even realize that they are being abused. In a study on Women’s Experiences of Incest and Childhood Sexual Abuse conducted by RAHI, some of the respondents have stated that till the questionnaire was administered to them they did not realize that they had been abused as children. They had buried the incident as a painful and shameful one not to be ever told to anyone. Some deep seated fear has always moved Indian families to keep their girls and their ‘virginity’ safe and many kinds of social and cultural practices have been built around ensuring this. This shows that there is knowledge of the fact that a girl child is unsafe though nobody talks about it. However this fear is only around girls and the safety net is generally not extended to boys. There is evidence from this as well as other studies that boys are equally at risk. As defined by the World Health Organization, 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 that 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 activity.
- The exploitative use of a child in prostitution or other unlawful sexual practices.
- The exploitative use of children in pornographic performances and materials.

However, for the purpose of this study, sexual abuse is defined as severe forms of sexual abuse and other forms of sexual abuse.
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 situations
d) Exhibitionism- exhibiting before a child
e) Exposing a child to pornographic materials

A study on Child Sexual Abuse carried out by Save the Children and Tulir in 2006 looked at the prevalence and dynamics of child sexual abuse among school going children in Chennai. The study was conducted with a view to add to the scarce indigenous body of knowledge on child sexual abuse and with the aim of breaking the silence around the issue, dispelling certain myths and providing research based information on child sexual abuse. The team followed major ethical standards of confidentiality, freedom to participate, informed consent and a multi-disciplinary team. The major findings of this study include:

1. Out of the total of 2211 respondents, 42% children faced at least one form of sexual abuse or the other.

2. Among respondents, 48% of boys and 39% of the girls faced sexual abuse.
3. The prevalence of sexual abuse in upper and middle class was found to be proportionately higher than in lower or in lower middle class.

4. Sexual abuse was found to be prevalent in both joint and nuclear families.

5. Majority of the abusers was people known to the child and strangers were a minority.

6. Sexual harassment in public places and exhibitionism was higher by strangers.

7. Sexual abuse of children was very often a pre-planned insidious abuse of a relationship by an abuser over the child.

The WHO estimates that 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact, though this is certainly an underestimate. Much of this sexual violence is inflicted by family members or other people residing in or visiting a child's family home - people normally trusted by children and often responsible for their care. A review of epidemiological surveys from 21 countries, mainly high - and middle - income countries, found that at least 7% of females (ranging up to 36%) and 3% of males (ranging up to 29%) reported sexual victimization during their childhood. According to these studies, between 14% and 56% of the sexual abuse of girls, and up to 25% of the sexual abuse of boys, was perpetrated by relatives or step parents. In many places, adults were outspoken about the risk of sexual violence their children faced at school or at play in the community, but rarely did adults speak of children's risk of sexual abuse within the home and family context. The shame, secrecy and denial associated with familial sexual violence against children foster a pervasive culture of silence, where children cannot
speak about sexual violence in the home, and where adults do not know what to do or say if they suspect someone they know is sexually abusing a child.

Child Sexual Abuse: The Concept

Sexual abuse is an illegal sexual treatment of a minor or child. Abuse may occur between an adult and child, or between two minors. Consent is typically not a factor in child sexual abuse, as a minor typically is not granted the right of consent. Abuse laws may also protect those who are over the age of consent but judged to be mentally incompetent. According to statistics, most sexual abuse crimes occur between family members or are perpetrated by an authority figure such as a teacher, family members, relatives of the child etc. Since many victims are under psychological or physical threat, reporting and prosecution of abuse is often difficult. Many countries also have accessory abuse laws, meaning that any person with knowledge of abuse who does not report it may be subject to criminal charges and civil lawsuits. Sexual abuse can also occur between spouses or romantic partners, and may be considered a form of domestic abuse. In modern times, many legal systems have amended this concept to say that unwanted sexual contact is a crime even between people who are sexually involved.

For many years, scholars and practitioners have attempted to describe and categorize the men and women who engage in sexual abuse with children under the age of 18. One clear finding is that child sexual abusers is a heterogeneous population of individuals. There are sexual offenders in all racial, ethnic, age, and socioeconomic categories. In describing child sexual abuse, researchers in this area have focused on the characteristics of the abusers themselves (e.g., static personal variables, such as sexual attraction preferences, and personality) and variables related to the context in which the abuse occurs (e.g., access to victims, isolation of the offender, and presence of substance
abuse) as well as personal and situational characteristics of their victims in an effort to create typologies of abusers for assessment and treatment purposes.

Government of India, (2007), conducted a study in India, exclusively on child abuse. The survey also found that more than 50 per cent had been sexually abused in ways that ranged from severe — such as rape or fondling — to milder forms of molestation that included forcible kissing, a problem that is only beginning to come into light in India. Rape, sexual abuse, and sexual harassment are worldwide issues of gender violence. There is very little research done in this area in India and only a few books have been written, keeping the subject even further from the consciousness of the country. However, the problem persists with staggering incidence, and India’s unique profile adds to the complexity of an already difficult subject.

**Measuring child sexual abuse**

The investigation of child sexual abuse (CSA) has relatively become a scientific endeavor in the last 30 years. Child sexual abuse research instruments generally fall into three categories. Self administered questionnaires, interviews and chart interview. Usually child sexual abuse instruments are embedded in a larger questionnaire on interview that includes additional measure. The choice of child sexual abuse instruments is a major decision for any researcher in this area (Hulme, 2004).

The three methods of instrument administration are self administered questionnaires, face to face interviews and telephone interview (Peters et. al, 1986). Questionnaires were used twice as frequently as interview (Hulme, 2008). It is also integrity to note that some interviews have been adapted to self administered questionnaires, such as Finkelhor(1979) survey of childhood sexual experience, have been used as interview (see Bagley & Ramsay, 1986).some researchers have used other
methods to measure child sexual abuse, mainly chart reviews (e.g., Felitti, 1991; Masbaum, 1997; Yeo & Yeo, 1993; Stinson and Hendrick; 1992).

Peters et. al, (1986) note in their review that the number and specify of question on child sexual abuse questionnaire and interview varied widely. Peters et. al, (1986) divided the reviewed child sexual abuse instruments into two types which are labeled as "relationship specific" and "activity specific". Hulme (2008) made a comprehensive review of child sexual abuse instruments from studies published between 1986 and 2001. He examined the instruments according to administration method, number and specificity of questions, child sexual abuse operational definitions, psychometric properties and the use of scales. This review adopted from Hulme, (2004) is given in table 1,
Table 1: Descriptive Instruments to Measure Child Sexual Abuse

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<td>e. Wyatt (1985)</td>
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<td>g. Wilson et al. (1993)</td>
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<td>interrater reliability; convergent and criterion-related validity.</td>
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<td>n. Ross et al. (1994)</td>
<td>Sexual Abuse Exposure Scale</td>
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<td>test-retest reliability; content validity.</td>
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<td>o. Siegel et al. (1987)</td>
<td>Los Angeles Epidemiologic Catchment Area Project</td>
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- Adopted from Hulme (2004)
Child Specific Variables

Socio Economic Status

Bassani, et. al. (2009), estimate lifetime prevalence of child sexual abuse and associated factors in a representative sample of the population aged 14 and over in a city of southern Brazil. The prevalence of child sexual abuse (CSA) in the population has been poorly described in developing countries. Population data on child sexual abuse in Brazil is very limited. A two-stage sampling strategy was used and individuals were invited to respond to a confidential questionnaire in their households. Child Sexual Abuse was defined as non-consensual oral-genital, genital-genital, genital-rectal, hand-genital, hand-rectal, or hand-breast contact/intercourse between ages 0 and 18. Associations between socio-demographic variables and Child Sexual Abuse, before and after age 12, were estimated through multinomial regression. Complete data were available for 1936 respondents from 1040 households. Prevalence of Child Sexual Abuse among girls (5.6% 95%CI [4.8; 7.5]) was higher than among boys (1.6% 95%CI [0.9; 2.6]). Boys experienced Child Sexual Abuse at younger ages than girls and 60% of all reported Child Sexual Abuse happened before age 12. Physical abuse was frequently associated with Child Sexual Abuse at younger (OR 5.6 95%CI [2.5; 12.3]) and older (OR 9.4 95%CI [4.5; 18.7]) ages. Child Sexual Abuse after age 12 was associated with an increased number of sexual partners in the last 2 months. Results suggest that Child Sexual Abuse takes place at young ages and is associated with physical violence, making it more likely to have serious health and developmental consequences. Except for gender, no other socio-demographic characteristic identified high-risk sub-populations. Results suggest that Child Sexual Abuse in Brazil happens at young ages and is usually associated with physical violence. This adverse event is likely to have serious health and developmental
consequences. Except for gender, no other socio-demographic characteristic identified high risk sub-populations, making it difficult to single-out at risk groups for prevention and indicating preventive strategies should be widespread.

Katz., et al. (2009), designed a study to explore the effects of event drawing during investigative interviews on the richness of the accounts made by children. The sample included 125 children aged 4 to 14 years, alleged victims of sexual abuse. The children were first interviewed with open-ended invitations before they were randomly assigned into one of two interview conditions: with (n = 69) or without (n = 56) event drawing, and then re-interviewed. Children in the drawing group disclosed more free recall information about the abusive events than children in the comparison group, including central details about people, actions, time, and location of the incidents. The effect of drawing was evident regardless of child’s age, gender, type of abuse, and time delay. These findings suggest that event drawing, as used in this study, can enhance children’s forensic statements in child abuse investigations.

Briggs., et al. (1996), had emphasised child protection programmes through this article “Low Socio-Economic Status Children are Disadvantaged in the Provision of School-Based Child Protection Programmes”. Although child sexual abuse affects all social classes, there is evidence to show that the risk of abuse is higher in lower socio-economic status (SES) groups. Data from a research project to evaluate the school-based child protection programme taught in New Zealand show that, prior to exposure to the programme; children from the lower SES group were potentially at greater risk of sexual abuse due to their lower knowledge and skill base. After the programme, the low SES children were found to have gained less than their middle class peers and these differences persisted when children were retested 12 months later. The observed SES
differences in benefits obtained from the child protection programme can be at least partially attributed to differences in the degree of parental involvement across social class. Children from low income families were the ones least likely to have parent representatives at meetings relating to the programme. Their parents were the least likely to reinforce safety concepts at home and low SES children were the ones least likely to trust their parents to provide protection. The low level of parental involvement was associated with lower levels of teacher commitment to child protection in low SES areas. The effectiveness of child protection programmes is likely to be enhanced if parents can be enticed to attend information sessions where the benefits of their involvement can be emphasized. The particular challenges remaining are how to interest the lower SES parents in education for child protection, ensure their cooperation with school-based teachings and raise the interest and commitment levels of child protection educators in low SES environments.

Ullman., et. al. (2005), examine in their about understudied issue of race/ethnicity in relation to child sexual abuse experiences (CSA) in a cross-sectional convenience sample of 461 female college students completing a survey. Comparisons of students' abuse experiences revealed ethnic differences in sexual abuse prevalence, severity of abuse, the victim-offender relationship and post-abuse coping. Black students reported more sexual abuse than other ethnic groups, followed by Hispanics, Whites, and Asians. Although timing and extent of disclosure of sexual abuse did not vary by ethnicity, negative social reactions to disclosure were more common for certain ethnic groups than others. No ethnic differences emerged for depressive or PTSD symptoms. Implications are drawn for future research on the issue of ethnic differences in the aftermath of Child Sexual Abuse experiences.
"A Case Study of Child Sexual Abuse Within a Church Community" presented about how does a church community deal with the accusation of an adolescent female that-as a 13-year old-she was sexually victimized and assaulted by her then 18-year old boyfriend, five years her senior? Practical and pastoral issues, as well as ethical and legal concerns are addressed. Consideration is also given to the theological context of the church environments in which the situations arise. The implications for victims, perpetrators, leaders, and the church community of our actions-and failure to take appropriate action-are described, along with recommendations for prevention, and best practice in dealing with the sexual abuse of minors within church communities (Higgins, 2002).

Ayala., et. al. (2009), estimate the prevalence and factors associated with sexual abuse in childhood and adolescence. Study conducted in a sample of students in the state of Morelos, Mexico, in 2004-2005. Participants (n=1730) were drawn from a cohort of 13,293 students aged 12 to 24 years. Data were collected by means of a questionnaire comprising parts of validated scales. The variables studied were: socio demographic (gender, living area, socioeconomic status), family (parental education, parental addictions, and violence between parents), individual psychological factors (self-esteem assessed using the Coopersmith Self-Esteem Inventory, depression, alcohol consumption), intra family violence (assessed through Strauss Scale) and sexual abuse. Multiple logistic regressions assessed the risk factors associated. Odds ratios (OR) with 95% confidence intervals were estimated. Of all students studied, 4.7% (n=80) reported attempted sexual abuse and 2.9% (n=50) were victims of consummated sexual abuse. Women had higher prevalence of attempted (6.1%) abuse; 3.6% of females and 1.9% of men were sexually abused. Main perpetrators were boyfriends in women and a stranger in men. Mean age was 12.02 years old among females and 11.71 years old among men.
Factors found to be associated with abuse: high parental alcohol consumption (OR = 3.37, 95% CI 1.40; 8.07), violence toward the mother (OR = 4.49, 95% CI 1.54; 13.10), female gender (OR = 2.47, 95% CI 1.17; 5.24), being a victim of great domestic violence (OR = 3.58, 95% CI 1.32; 9.67). High self-esteem was a protective factor (OR = 0.27, 95% CI 0.09; 0.75). Overall sexual abuse occurs at the age of 12 in both males and females, and it is more frequent among females. Most male victims do not report abuse.

**Age and Child Sexual Abuse**

Child and youth victims who were sexually assaulted by family members were on average 9 years old compared to 12 years old for victims of non-family members (Canadian Centre for Justice Statistics, 2002). Carlstedt., et. al. (2009), in the study “Does Victim Age Differentiate between Perpetrators of Sexual Child Abuse? A Study of Mental Health, Psychosocial Circumstances, and Crimes” tested the theory that sexual offenders who abuse very young children (0-5 years) have more severe mental health and psychosocial problems than those who victimize older children, authors compared psychiatric diagnoses, social circumstances, and crime-related data in all sexual offenders against minors referred to forensic psychiatric investigation in Sweden during a 5-year period. Thirty-one men had committed index crimes involving victims between the ages of 0 and 5 years (Group 1), 90 had 6- to 11-year-old victims (Group 2), and 41 had 12- to 15-year-old victims (Group 3). All three offender groups were characterized by severe mental health problems, in many cases fulfilling American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (4th ed.) criteria for both Axis I and Axis II diagnoses, but these problems did not differ between groups. Neither did social situation or sexual orientation. Offenders with 0- to 5-year-old victims significantly more often abused both boys and girls. Frequencies of retrospectively diagnosed
childhood onset behavior disorders were high in all three offender groups. The authors’
data did not support previous findings of increasingly severe mental health problems with
decreasing victim age. The fact that our data did not agree with previously reported
findings of increased psychiatric morbidity and psychosocial problems in sexual
offenders who seek out very young children may reflect a variety of circumstances. A
central question is if absolutely victim-age-specific offender groups are within the realm
of the possible. New evidence of age as well as gender crossover is rapidly accumulating,
making us revise our notions of pedosexual predictability. It does not help that sexual
offenders facing prosecution and sanctions have little to gain by reporting further or
different sexual activities than those already known to the authorities. Both the extent and
variety of sexual offending have been far beyond officially registered rates when
offenders guaranteed anonymity have provided accounts of their experiences (for an
overview, see Heil, Ahlmeyer, & Simons, 2003). As to why some who abuse very young
children appear to find both sexes equally attractive, we are left with mere speculations.
The sex or gender may be of less importance until the victim is old enough to develop
male or female characteristics in addition to the genital distinctions. The sexual attraction
may also be secondary to the sense of power experienced when the victim lacks the
physical and cognitive skills to defend herself or himself or inform against the offenders.
Small children would thus seem to be particularly easy prey to immature and
opportunistic offenders with or without pedophilia, “infantophilia,” or other forms of
sexual deviances.

Brown., et. al. (2009), measured cognitive associations between children and sex
in men convicted of child-sex offences. It was hypothesized that these cognitions would
be different in pedophilic-type offenders (defined by having a victim aged less than 12
years) and hebephilic-type offenders (only victims aged 12 to 15 years) such that only the
pedophilic-type offenders would have an implicit association between children and sex. This was confirmed. It was also hypothesized that this association between children and sex in the pedophilic-type offenders would be present irrespective of their denial of offence history. This was also confirmed. These results demonstrate differences in the cognitive associations between children and sex held by subgroups of child-sex abusers, and they help establish the Implicit Association Test as an indirect means to assess cognitive factors related to sexual offences.

Rogers., et. al. (2007), in their study examined the effect of victim age, victim attractiveness, the victim's abuse history and respondent gender have on attributions of blame and credibility towards a female victim in a hypothetical child sexual abuse case. A total of 397 respondents from a community sample read a hypothetical child sexual abuse (CSA) scenario in which victim age, victim attractiveness and the victim's abuse history were manipulated. Respondents then completed a 16-item blame attribution questionnaire. Several predictions were made. First, a 10-year-old victim would be deemed less blameworthy and more credible than a 15-year-old victim. Secondly, an attractive victim would be viewed more positively, and attributed less blame, than an unattractive victim. Thirdly, a victim with previous history of being sexual abused—either by the same or different perpetrators—would be deemed more culpable for their own Child Sexual Abuse than a first time victims. Finally, female respondents were expected to take a more pro-victim and anti-perpetrator stance than males. Whilst comparatively few differences were found across victim attractiveness and abuse history. Overall findings were broadly in line with predictions. It was concluded that victim age and respondent gender play particularly important roles in the attribution of blame towards victims and perpetrators of child sexual abuse.
Coll., et. al. (1998), believes in his study "Child sexual abuse in women who take overdoses: I. A study of prevalence and severity" that there is now considerable evidence that people reporting a history of child abuse have an increased prevalence of deliberate self-harm. A term that includes deliberate self-poisoning (overdose) and deliberate self-injury, but little information is available on the prevalence of abuse experiences in those who have harmed themselves. Modified versions of standardized self-report questionnaires of sexual, physical, and psychological abuse were administered to a sample of 257 female patients consecutively admitted over a one year period to a general hospital in England after taking an overdose. This study suggests that sexual abuse is very prevalent in the female overdose population. Seventy-two percent reported some form of sexual abuse, and 51% reported sexual abuse involving attempted or actual penetration. Grand repeaters (five overdoses or more) had been more severely abused for all three types of abuse. They were also more likely to have been sexually abused at a younger age (before age 13). For longer periods, and for the sexual abuse to have occurred again in adulthood. Our results support the view that childhood sexual abuse may place adults at special risk of subsequent overdoses or other deliberate self-injury. Therefore, clinicians should ask about abuse experiences during the routine psychiatric assessment following an overdose, and especially in those who harm themselves repeatedly.

Gries., et. al. (1997), in their study found the relationship among the eliciting stimulus for disclosure of sexual abuse, the age and gender of the child and the type of sexual abuse reported by the child was investigated. The sample included 96 children, between 3 and 17 years of age. All of the subjects were in foster care placement at the time of assessment and were referred due to suspicion of sexual abuse or a previous disclosure by the subject or another person. The results indicated that close to two-thirds of the subjects disclosed at least one type of sexual abuse, with almost 40% of those who
hadn't previously disclosed disclosing for the first time. Fondling, physical abuse, genital penetration, and touching the offender were found to be the most frequently disclosed types of sexual abuse. "Personal history," "interview/worst experience," was the most effective stimuli in eliciting disclosure. A number of significant differential effects due to age, gender and diagnosed disorder of the subject were found on the eliciting stimuli and/or types of sexual abuse disclosed. Implications of the findings for the practice of child sexual abuse assessment are discussed.

75% of Aboriginal girls under the age of 18 were sexually abused; 75% of Aboriginal victims of sex crimes were females under 18 years of age; 50% were under 14 years of age; almost 25% were younger than 7 years (Alliance of Five Research Centers on Violence, 1999). Child and youth victims who were sexually assaulted by family members were on average 9 years old compared to 12 years old for victims of non-family members (Canadian Centre for Justice Statistics, 2002).

Sex and Child Sexual Abuse

Some Statistics on Female Victims of Sexual Abuse:

Female victims of sexual abuse are more likely to develop eating disorders as adolescents than those who are not sexually abused (Wonderlich, 2000). Female victims are much more likely than their male counterparts to be sexually abused in their homes. 80% of female prisoners were victims of childhood physical or sexual abuse (Conference on Child Victimization & Child Offending, 2000). 75% of Aboriginal girls under the age of 18 were sexually abused; 75% of Aboriginal victims of sex crimes were females under 18 years of age; 50% were under 14 years, and almost 25% were younger than 7 years (Alliance of Five Research Centers on Violence, 1999). In 1995, B.C. Children's Hospital found that 58% of cases seen by the child abuse team involved sexual assault, with 78%
of the victims being female and 44% being under 5 years of age. Young women who had not participated in a school abuse prevention program in childhood were about twice as likely to have become female victims of sexual abuse as those who had participated in prevention program (Gibson & Leitenberg, 2000). In the Canadian National Population Health Survey, 75% of female victims of sexual abuse did not report their abuse experience (Matthews, 1996). In a study of 938 adolescents admitted to residential, therapeutic communities for the treatment of substance abuse and related disorders, 64% of the girls reported histories of sexual abuse (Hawke, Jainchill & DeLeon, 2000). In one study exploring school professionals' beliefs and attitudes about child sexual abuse, participants viewed vignettes depicting a 10-year-old female responding to a father's sexual advances in: one, an encouraging manner; two, a passive manner; three, a resistant manner. For the most part, the participants did not attribute blame to the child; however, 16% of the teachers and 8% of the school psychologists attributed some blame to the child victim (Ford, Schindler, & Medway, 2001). In a study of pregnancy risk among 200 women aged 12 - 18 years of age, Rainy, Stevens-Simon and Kaplan found that female victims of sexual abuse were more likely to report having wanted to become pregnant, having boyfriends who wanted them to become pregnant and fearing infertility because of gynecologic and obstetric problems resulting from repeated sexual abuse (Blinn-Pike et al., 2002). Females report sexual abuse more often than males; however, female victims of sexual abuse are often blamed for the sexual advances of a male offender, even when the female is a young child.

Some Statistics on Male Victims of Sexual Abuse:

Male victims of sexual abuse constitute an extremely under-identified, underserved and frequently misunderstood population. Prevalence rates for males ranged from
3% - 29% (as cited in Barnett et al., 1997). Within the past few years, North American researchers have found that one out of six boys is a victim of sexual abuse (Dorais, 2002). Researchers surveyed 1,213 grade 6 - 8 students at Toronto area schools on whether they had been a victim of unwanted sex behaviors in the previous 6 weeks: 22% of males reported having been victimized (Blackwell, 2002). Canadian estimates have shown that there are close to five million male victims of sexual abuse, most of which are unwanted sexual touching (Matthews, 1996). In a Los Angeles Times poll conducted in 1990 with 2,626 men and women over 18 years of age, Finkelhor and Associates (1990) discovered that 16% of the men recalled a history of sexual abuse. The median age for these male victims was 9.9 years of age (as cited in Wiehe, 1998). According to Dorais (2002) two trends are evident in the existing statistics on male victims of sexual abuse: The more recent the research, the higher the incidences of abuse, with growing awareness, more men seem willing to disclose. In one study of 30 male victims of sexual abuse, the average age at the first time of abuse was 8 years, 4 months (Dorais, 2002). 32% of (or an estimated 4,519) child sexual abuse investigations conducted with Social Services Agencies in Canada in 1998 involved males. 16% of these investigations involved boys in the 4 - 7 age groups (Trocme et al., 2001). Colton., et.al.(1998), in the study “Sexual Abuse by Men who Work with Children: An Exploratory Study” focuses on their accounts of their life histories, including their experiences of prison treatment programmes, and provides a detailed picture of their thinking, feelings and motivations. As a first step towards filling a major gap in the relevant research literature, in-depth interviews were carried out with a small sample of men serving prison sentences for sexually abusing children in their trust. In revealing how the men construct their own sense of masculine identity within social and professional contexts that are dominated by a heterosexual, white male hegemony, the paper challenges purely psychological
explanations of why men sexually abuse. It concludes that sexual abuse in organizational settings is less likely to be challenged if masculinity is not focused on as an issue of power. It is suggested that this small exploratory study begins to fill a gap in the research literature but any conclusions reached must be tentative. The extracts provide confirmation of some of the main theoretical discourses on child sexual abuse. Furthermore, they suggest that the construction of male identity and how it might connect to a perverse definition of power within relationships is worthy of further exploration. We have attempted to show that, in these cases at least, masculinity and power issues might have been relevant to the occurrence of abuse. We do not know if there is a link between the culture of an organization and abuse, but it may be helpful to contemplate the fact that critical analysis of the culture of relevant organizations needs to become part of the process of prevention itself. Indeed, in the understanding of why and how sexual abuse of children takes place, a wider consideration of the social and cultural contexts needs to be placed alongside psychological explanations. Finally, while the men's stories have been placed alongside our discourse and have to some extent suffered the fate of other sex offenders' stories of being 'incorporated into the tales of critics, researchers, analysts' (Plummer, 1995), the need to protect vulnerable children demands that they are listened to rather than driven underground, along with their tellers, by ill-considered social and political reaction.

Tulir (2006), an NGO conducted a study about child sexual abuse in India. The findings of this study completely refute this. Not only are boys abused, their abuse is extremely prevalent as well, shown by the figures that 48% of boys who participated in the study had been abused. With regard to girls, the results show that 39% of girls had faced abuse. While these findings, when compared, may give the impression that the abuse of boys is more prevalent than that of girls, this may not necessarily be indicative
adopted by offenders, and victim characteristics—and victim resistance in sexual offences against children. The use of self-protection strategies and related situation in rape has been studied by several scholars. The circumstances in which children are more likely to resist sexual victimization have, however, not been studied. The sample consisted of 94 adult offenders convicted of having committed a sexual offence against a child (or adolescent) of 16 years of age or younger and who agreed to provide confidential self-report data concerning their offending behavior and victim resistance actions. Victim resistance strategies were regrouped into three categories, namely, physical resistance, forceful verbal resistance, and non forceful verbal resistance. The total number of resistance strategies was also used in the analyses. Overall, the age of the victim was found to be related to non forceful verbal resistance, and violence was related to all forms of resistance. Younger girls were found to be more likely to employ non forceful verbal resistance than older girls and to use a greater number of strategies as well. To provide reliable knowledge to build on for reducing the risk of child sexual abuse, this study suggests the need for prevention programs to include empirical findings regarding the circumstances in which children are more likely to resist sexual victimization. To our knowledge, this study is the first to examine the issue of victim resistance in sexual offences against children by focusing on the offence itself. Therefore, the results need to be interpreted accordingly. In their literature review on the prevention of child sexual abuse, Renk, Liljequist, Steinberg, Bosco, and Phares (2002) strongly recommended that the responsibility for preventing child sexual abuse should rest on the shoulders of adults not children (see also Becker & Reilly, 1999). We agree. According to Small bone et al. (2008), the best way to prevent child sexual abuse with potential victims may be to make children less vulnerable in the first place by investing in general resilience building with children and by providing them with more effective guardianship and safer environments.
Self-protection prevention programs, however, are still a big part of current prevention efforts. Scholars should thus provide them with empirical knowledge to inform about what actually happens in child sexual abuse. Investigating gender differences between boys and girls is especially important as it offers great potential for orienting self-protection programs. Moreover, examining the efficacy of victim resistance in child sexual abuse in the real world is also indispensable. With empirical evidence on the effectiveness of children self-protection, practitioners would have clear, or at worst, better indications on what works and what does not. It is hoped that the findings of this study will encourage and provide guidance for scholars interested in understanding victim resistance in child sexual abuse. Such knowledge is essential to inform prevention programs aimed at reducing the risk of child sexual abuse.

Education

Leung, et. al. (2008), investigated the prevalence and determinants of child maltreatment in Guangzhou, China, where such issues are often considered a taboo subject. Child maltreatment can cause significant physical and psychological problems. A school-based survey was conducted in southern China in 2005. 24 high schools were selected using stratified random sampling strategy based on their districts and bandings. The self-administered validated Chinese version of parent-child Conflict Tactics Scale (CTSPC) was used as the main assessment tool to measure the abusive experiences encountered by students in the previous six months. The response rate of this survey was 99.7%. Among the 6592 responding students, the mean age was 14.68. Prevalence of parental psychological aggression, corporal punishment, severe and very severe physical maltreatment in the past 6 months were 78.3%, 23.2%, 15.1% and 2.8% respectively. The prevalence of sexual abuse is 0.6%. The most commonly cited reasons for maltreatment
included 'disobedience to parents', 'poor academic performance', and 'quarrelling between parents'. Age, parental education, places of origins and types of housing were found to be associated with physical maltreatment whereas gender and fathers' education level were associated with sexual abuse. Though largely unspoken, child maltreatment is a common problem in China. Identification of significant determinants in this study can provide valuable information for teachers and health professionals so as to pay special attention to those at-risk children. Child maltreatment is a serious and common problem in China. This study found that among the responding students, the prevalence of psychological aggression, corporal punishment, severe physical maltreatment and very severe physical punishment were 78.3%, 23.2%, 15.1% and 2.8% respectively. Furthermore, students who were male, of younger age, moved from other places and of lower parental education level were identified as being at significant risk of maltreatment. More attention should be paid by health professionals and teachers to these children.

Sossou., et.al. (2009), discuss the pernicious problem of several abuses of children and the lack of professional social work programmes to address the problem in three West African countries of Ghana, Nigeria and Togo. Despite inaccurate statistical data, available public information reveals an alarming ascendancy of the problem in the region. Abuse and neglect of children in the sub-region has become a very serious issue of violation of human rights, social justice and violence against children, which demands a call for action on behalf of the children. The article outlined the various incidents of child sexual abuse, child trafficking, child marriage, Trokosi and neglect of disabled children in the sub-region. Poverty and traditional cultural practices have been discussed as the main causes of this phenomenon. The implications for social work education, policy, research and practice have been discussed in addition to a call for enforcement of legislations and mass education of citizens in the sub-region. The abuse and neglect of children in the
West African sub-region is one of the most serious violations of social justice and an abuse of the rights of children. Irrespective of the prevailing socio-economic conditions in the sub-region, the best interests of all children should be the priority of West African governments through the provision of adequate resources to ensure the healthy development of children. Children also deserve protection and humane treatment from their parents, guardians, teachers and society as a whole, as children are particularly sensitive to the conditions in which they live and are vulnerable to the effects of poverty and exposure to violence, abuse and maltreatment. Childhood is a period of evolving capabilities, which should lead to the nurturing of bio-psychosocial, emotional and mental development of children and should not become a period of abuse, neglect and exploitation. Finally, West African governments should start investing in the future human capital of the region by providing preventive and supportive social services to vulnerable families that are incapable of meeting the parental responsibilities toward the development of their children.

Chen., et.al. (2005), in their study pinpoint that several recent studies on child sexual abuse (CSA) in Chinese society have shown that the problem is not uncommon, and is associated with poor mental health and health-related risk behaviors of abused youth. It is very important to understand and improve public awareness of Child Sexual Abuse prevention, especially for the parents. However, there are few published reports on the problem of parents' awareness. To fill this gap, knowledge, attitudes and practice of Child Sexual Abuse prevention education were explored in 385 parents of Grade 3 pupils from four schools in Fuxin City of Liaoning Province in the northeast part of China by self-administered anonymous questionnaires. Among this sample, more than 80% of parents approved of school Child Sexual Abuse prevention education. However, at the same time, 47.3% of parents expressed some concern that this education may induce the
children to learn too much about 'sex'. Overall, about 60% of parents had told their children that their 'private parts' should not be touched by others and discussed strategies of 'Say "No!", Leave and Tell' in dealing with Child Sexual Abuse situations or the situations that may lead to Child Sexual Abuse. Only 4.2% of parents had provided books or other material about Child Sexual Abuse prevention for their children. The parents' Child Sexual Abuse prevention knowledge was inadequate. The findings from this research will be useful in developing Child Sexual Abuse prevention education programs in schools and communities, designed to improve parents' knowledge and practice of Child Sexual Abuse prevention.

Jackson., et. al. (2000), in their study sought to investigate the extent of dating violence victimization in a New Zealand sample of senior high school students (aged 16 to 18 years) and the perceived reasons for the violence, emotional effects, disclosure of the violence, and relationship consequences. A review of the dating violence literature reveals a limited number of studies with high school students and few studies that investigate the contextual issues of violence, such as meaning, motivation, and consequences. A questionnaire that contained both open-ended and forced-choice items pertaining to experiences of violence and its consequences was developed using material gathered from focus group discussions with high school students. Findings showed gender similarity in the extent of violence and a number of significant gender differences in the aftermath of violence, particularly in the area of sexual coercion. These findings are discussed in the context of future research and prevention of dating violence.

Davies., et. al. (2007), investigated perceptions of child sexual abuse in a hypothetical cyber sex exploitation case. Men were predicted to be more negative toward the victim than were women. Victims were predicted to be more negatively judged when
they consented to sex than when they did not and when they were lied to than when they were not. Two hundred and seventy-six respondents read a sexual abuse depiction in which the perpetrator's disclosure about his age (being honest from the outset, lying, or refusing to disclose when questioned) and the final outcome of the meeting (consensual verses nonconsensual sexual intercourse) were varied between subjects. Respondents then completed a 17-item attribution scale. ANOVAs revealed broad support for the predictions. Results have implications for education about cyber crime.

Personality Related Variables

Hébert., et. al. (2009), sought to explore patterns of disclosure of child sexual abuse (CSA) in a sample of adult men and women. A telephone survey conducted with a representative sample of adults (n = 804) from Quebec assessed the prevalence of Child Sexual Abuse and disclosure patterns. Analyses were carried out to determine whether disclosure groups differed in terms of psychological distress and symptoms of posttraumatic stress, and a logistic regression was used to examine factors associated with prompt disclosure. Prevalence of Child Sexual Abuse was 22.1% for women and 9.7% for men. About 1 survivor out of 5 had never disclosed the abuse, with men more likely not to have told anyone, than women. Only 21.2% of adults reported prompt disclosure (within a month of the first abusive event), while 57.5% delayed disclosure (more than 5 years after the first episode). Child Sexual Abuse victims who never disclosed the abuse and those who delayed disclosure were more likely to obtain scores of psychological distress and posttraumatic stress achieving clinical levels, compared with adults without a history of Child Sexual Abuse. In the multivariate analysis, experiencing Child Sexual Abuse involving a perpetrator outside the immediate family and being female were factors independently associated with prompt disclosure. A significant number of adult
women and men reported experiencing Child Sexual Abuse, and most victims attested to either not disclosing or significantly delaying abuse disclosure.

Tiras., et. al. (2009) show that a team approach to suspected cases of child abuse and neglect improves recognition and the reporting process. Data on child maltreatment in Turkey would appear to be scarce. This manuscript aims to address the prevalence and severity of child maltreatment in Turkey. They report on 215 cases at the Ministry of Health's Ankara Training and Research Hospital that were followed-up by the multidisciplinary Child Protection Team (CPT) between 1 January 2001 and 31 December 2005. The data collected on subjects included characteristics of the victims and the perpetrators, family demographics, maltreatment types, medical findings, mortality rate, and outcomes for the victim and the perpetrator. Age and gender distribution of the victims were 6.8% 5.8 years and 58.1% girls. The perpetrators in 53.0% of the cases were the fathers, in 18.6% the mothers, and others in 28.4%. The categories of maltreatment were neglect in 39.5% of cases, physical abuse in 29.8%, psychological abuse in 21.4%, and sexual abuse in 9.3%. One hundred twenty cases (55.3%) were efficiently followed-up by the regional Social Service Agency (SSA). Re-abuse was reported in 8.3% of them. Following initial investigation of the 84 perpetrators, who were reported to the Forensic Medicine Institution by the Police Department, 17.8% were acquitted, 11.9% were convicted, and no legal action was taken for the rest. The knowledge and experience of the physician are extremely important for the diagnosis of child abuse and neglect.

Judkins., et. al. (2009), explored two socio emotional factors in association with children's production of forensic information during sexual abuse investigations: rapport building and interviewer's support. The study tested to what extent (a) the length and
questioning style in the rapport-building session and (b) the level of support interviewers provided to the children, was associated with the amount of forensic details children provided in their investigation. These associations were explored for more talkative and less talkative children as well as for children of two age groups (4-6 and 7-9 years). A total of 71 forensic interviews of alleged victims of child sexual abuse were subject to a detailed psycholinguistic analysis. Results suggest that richer information in the child’s responses is associated with a short and open style rapport-building session as well as with a higher level of interviewer’s support. This association is especially marked for less talkative children who might be in special need of support and for whom the rapport with the interviewer might be more meaningful.

Krivacska, (1993), analyzed the psychological factors for his study “Child Sexual Abuse Prevention Programs”. In the 1980's, child sexual abuse prevention (CSAP) programs proliferated across the country. Based upon a belief that sexual abuse of children was widespread and that only by engaging children in the process of their own protection could sexual abuse be stopped, millions of children have been taught to say no to bad touch, run away, and tell someone if they are touched in a way they don't like. Child Sexual Abuse prevention programs may, unfortunately, be flawed in that most are developmentally inappropriate and conceptually unsound. In particular, by ignoring childhood sexuality and focusing at an early age and critical period of development on an aberrant form of sexual expression while failing to provide a context of normal sexual functioning, CSAP programs may be distorting sexual development. Effective prevention of sexual abuse requires attention to the development of the child's overall sexuality not just limited proscriptions about vaguely identified forms of adult/child touch. A model for sexual abuse prevention which considers normal sexual functioning and development is described.
Aggression

Barrett, (2009), investigated the independent impact of child sexual abuse on five dimensions of adulthood parenting after controlling for other forms of childhood adversity in a predominantly African-American sample of mothers receiving public assistance (N = 483). An analysis of data previously collected as part of the Illinois Families Study Child Well-Being Supplement was conducted to address these questions. Data were analyzed using hierarchal multiple regression. Childhood sexual abuse survivors reported significantly lower rates of parental warmth, higher rates of psychological aggression, and more frequent use of corporal punishment than mothers who had not experienced childhood sexual abuse. These effects, however, were non significant when socio demographic factors and other forms of childhood adversity were considered.

Behavior Problems

Holt., et. al. (2010), explored the sub cultural norms and enculturation of the pedophile community using a qualitative analysis of five Web forums run by and for pedophiles. The development of the Internet and computer-mediated communications has fostered the growth of a wide range of deviant sexual behaviors along with deviant subcultures that support and approve of these behaviors. Some of these practices pose little risk to public safety, though acts such as pedophilia and the creation and distribution of child pornography have significant negative ramifications for victims. A growing literature has examined the function of the Internet for child pornography distribution, social networks of pedophiles, and tactics of child solicitation. Few, however, have explored the utility of the Internet to develop a subculture of pedophiles and its role in fostering attitudes and justifications for relationships with children. The findings suggest
that the values of the pedophile culture support and encourage emotional and, in some cases, sexual relationships with boys and girls in virtual and real settings. Implications for the study of pedophiles and the role of the Internet are explored.

Kolko., et. al. (2010), examined the prevalence and correlates of heightened posttraumatic stress (PTS) symptoms in a nationally representative sample of 1,848 children and adolescents (ages 8-14) who were referred to child welfare for investigation of abuse or neglect based on the National Survey of Child and Adolescent Well-Being. The severity of current PTS symptoms was assessed using the PTS subscale of the Trauma Symptom Checklist for Children, a standardized child-report scale evaluating common symptoms associated with trauma. The overall prevalence of clinically significant PTS symptoms was 11.7% (overall mean T score \( \frac{49.5}{4} \)). The prevalence was higher for cases that were placed in out-of-home care (19.2%) than those maintained at home (10.7%). Multivariate hierarchical regression identified four contributors to heightened PTS symptoms: younger child age, abuse by a non biological parent, violence in the home, and child depression. The authors discuss the modest but still lower than expected prevalence of self-reported, clinically significant PTS symptoms and the variables associated with greater risk for heightened PTS symptoms found among cases referred to child welfare services.

Bronwyn, (1987), in his examined the recent developments in psychological research on child memory, in the law relating to child victims, and in the management of allegations of abuse. Sexual assault on children first came on to the national—and international—agenda in the early 1980s. Since then, public attitudes have gone from shocked disbelief to shocked acceptance, with recent events in Cleveland perhaps indicating a return swing of the pendulum, in some quarters, towards cynicism.
Meanwhile bureaucracies and researchers, moving more slowly and cautiously but driven by the growing evidence of significant levels of abuse, have been recommending, and even producing, change. Psychological research has begun to provide some answers to questions about child memory and the testimony of children. It has shown that the concern which led to the virtual exclusion of child evidence was on the whole misplaced. More focused empirical work is needed, however; for example, the effects of suggestibility need to be better understood. It will also be important to discover how participation in the judicial process affects children, an area currently under examination in the United States (Goodman et al. 1988). The law is gradually stirring in response, although as an Australian judge said in another context, 'marching with [science] but in the rear and limping a little'.

The Criminal Justice Act 1988 is to be welcomed as offering statutory recognition of the validity of child evidence, without going as far as it might have. The management issues are far from resolved, although there seems to be consensus about broad principles of joint investigation and the importance of training. Attitudes are slow in changing, but the success of the Bexley project should be cause for optimism. As always, though, a critical factor is likely to be funding. The evaluator of the Bexley project stated baldly: 'The major obstacle in the way of the successful continuation of the Joint Investigative Project, namely the drain on resources, is one that leads to questions of values. How much value is placed upon sensitive responses to and the prevention of child sexual abuse?'

Browne, (1996), found that despite an increase in both publicity on child sexual abuse and initiatives from government and voluntary agencies, it is by no means obvious that the position of the majority of sexually abused children has been significantly improved. Most sexually abused children still do not disclose the fact that they are being abused and it has been argued that new ways of approaching the problem of child sexual
abuse are needed. A study was made of the policy development work being carried out by the children's charities and by survivors' organizations in this area. Individual survivors were also questioned as to the type of help they needed when children to enable them to end or escape the abuse. It emerged that, in the main, the charities espouse pathologies/legalistic solutions to the problem of child sexual abuse. In contrast, survivors' organizations tended to adopt a view of the problem which challenges societal attitudes, male sexual socialization, and the labeling of victims as passive and damaged. This article attempts to find explanations for why these different approaches have been taken and examines the implications for policy development in this area. It concludes that social workers and the children's charities could benefit considerably from greater collaboration with both survivors and survivors' organizations.

Ownbey, et. al. (2001), in their study tracked both frequency of problem sexual behaviors and care giver estimates of the propensity to re-offend of six initial clients referred to a treatment-intensive foster care program for sexually reactive children and pre-adolescent sexual offenders. Few treatment programs exist for very young children with serious sexual behavior problems. Fewer still have produced data relating to their effectiveness, and the sparse data that have emerged have focused on global social adjustment or improvement rather than on sexual behavior specific changes. A simple pre-post (base point treatment) design was used, and in-treatment data gathered over a two-year interval are presented. Initial results indicate that the problem sexual behaviors of most of these youthful clients were effectively and immediately suppressed in the context of their treatment intensive foster placements, but that the program's impact on the clients' propensity to re-offend given the opportunity—a crude measure of treatment internalization—was much less immediate, less pronounced, and less predictable across clients. Recommendations based on these data are offered concerning the viability of
foster care intervention for sexualized and offending children, as well as optimal durations for such treatments. The strengths and weaknesses of the novel progress tracking method are discussed.

Shackel, (2009), reviewed the findings of psychological research on how sexually victimized children “typically” respond to the offender and compares the findings of this research to generally held adult expectations of child victim's behavior. This analysis reveals that adult expectations of child victims' responses are often inconsistent with the findings of relevant empirical research. This suggests that many adults, despite a greater societal awareness and understanding of child sexual abuse generally, may still continue to be poorly informed about the behavior of sexually abused children and the underlying dynamics of such abuse. Consequently, in a forensic context, decision-makers in child sexual assault cases may unfairly rely on misconceived beliefs about how child victims respond to sexual abuse in evaluating such cases.

Tennfjord, (2006), aimed to reveal attitudes towards child sexual abuse and investigate predictors of such attitudes in his study “Prediction of attitudes towards child sexual abuse among three different Norwegian samples”. A random sample of the Norwegian adult population (n = 296), active Christians (n = 125) and prisoners convicted of child sexual abuse (n = 36) were included in the study. The results show that women were more negative towards child sexual abuse than men, and the prisoners had more accepting attitudes than the other samples. Predictors of attitudes differed across the samples. Empathy and normlessness were the best predictors of attitudes among the random sample of adults and the active Christians. The largest predictor of attitudes among the prisoners was their view of women. The implications of the results for prevention strategies are discussed.
Batten., et. al. (2002), emphasized that while many long-term correlates of child sexual abuse (CSA) have been identified, theories to explain the development of these correlates have received little empirical validation. The process of experiential avoidance is one theory that has been proposed to account for many of the correlates of Child Sexual Abuse. The purpose of the current study was twofold: (1) To attempt to develop a more complex measure of experiential avoidance in women with and without a Child Sexual Abuse history, and (2) to explore variables related to two of the long-term correlates of Child Sexual Abuse, general psychological distress and high risk sexual behavior. Levels of current distress, high-risk sex, and experiential avoidance were examined in 257 undergraduate females (mean age 20.0) using self-report questionnaires. The results of the current study indicate that Child Sexual Abuse survivors report higher levels of experiential avoidance and high-risk sexual behavior with persons other than their primary partners. Implications of these findings for theory development, therapy with Child Sexual Abuse survivors, and HIV prevention programs are discussed.

Depression

Noll., et. al. (2006), examined the relationship between childhood sexual abuse and later sleep problems in adolescence while taking into account co-occurring psychopathology that is closely related to sleep disruption [e.g., depression and posttraumatic stress disorder (PTSD)]. Method Sleep disturbances in 147 females (78 sexually abused; 69 comparison) were assessed 10 years after disclosure of substantiated abuse. The follow-up protocol included self-report questions regarding typical sleeping patterns and sleep disturbances as well as measures of depression, PTSD, and lifetime victimization histories. Results Sleep disturbances correlated significantly with both depression and PTSD. Hierarchical regression analysis showed that sexually abused
participants reported significantly greater rates of sleep disturbances than comparison participants above and beyond depression and PTSD. Sleep disturbances were related to revictimization rates independent of sexual abuse, depression, and PTSD. Conclusions Assessments of sleep disturbances should be integrated into standard of care for adolescents who have experienced sexual abuse.

Swahnberg., et. al.(2003), suggest validation of new measures of emotional, physical, and sexual abuse, and abuse in the health care system among women” that the literature about abuse, large variations in prevalence rates exist. Validated research instruments are scarce and are needed urgently. Our aim was to validate the 13 questions concerning the experiences of abuse among women in the NorVold Abuse Questionnaire against an interview and two validated questionnaires. Data collection was in two parts. i) The NorVold Abuse Questionnaire was sent to a random sample of 2000 women in Östergötland. ii) A sub sample of 64 women was interviewed, and filled in the Conflict Tactic Scale, the Sexual Abuse Questionnaire, and the NorVold Abuse Questionnaire for a second time. The interview had open questions about abuse and was considered our gold standard. The response rate was 61%. The abuse variables in The NorVold Abuse Questionnaire showed good test–retest reliability (84–95%). Specificity was 98% for all kinds of abuse except physical (85%). Sensitivity ranged from 75% (emotional) to 96% (physical). The likelihood ratio ranged from 38 to 43 for all kinds of abuse except physical (likelihood ratio 6). NorAQ performed better against the interview than against the Sexual Abuse Questionnaire and equally against the Conflict Tactic Scale. High lifetime prevalence rates of abuse were found: emotional 21.4%; physical 36.4%; sexual 16.9%; abuse in the health care 15.6%. Prevalence rates of abuse dropped considerably when a criterion of current suffering was added. The abuse variables in NorAQ have good reliability and validity.
Zlotnick., et. al. (1997), aimed to compare the effectiveness of an affect-management treatment (AM) group to a wait list control condition for female survivors of childhood sexual abuse with PTSD. Systematic research on effective treatment for survivors of childhood sexual abuse with posttraumatic stress disorder (PTSD) is virtually non-existent. Forty-eight female survivors of childhood sexual abuse with PTSD were randomly assigned to either a 15-week affect-management treatment group or to a wait list control condition. All subjects received individual psychotherapy and pharmacotherapy for the duration of the study and for at least 1-month prior to the study. Controlling for pretreatment scores, subjects who completed the affect-management treatment group (n = 17) reported significantly fewer post treatment symptoms of PTSD and dissociation than subjects in the wait list control condition (n = 16). Our findings suggest that an affect-management group treatment is beneficial as an adjunct to individual psychotherapy and pharmacotherapy for survivors of childhood sexual abuse with PTSD.

Lipschitz., et. al. (1999), assessed the consistency of adolescents' reports of sexual and physical abuse via two self-report questionnaires with different measurement approaches and examines demographic and psychopathological characteristics that influence abuse reporting. Seventy adolescent inpatients completed the Childhood Trauma Questionnaire (CTQ) (Likert-type items are summed to form dimensional scales, and cutoff scores determine abuse status), the Traumatic Events Questionnaire—Adolescents (multiple-choice items determine abuse status) and measures of depression, suicidal ideation, and dissociate symptoms. Consistent reports of physical and sexual abuse were given by 86% and 71% of youngsters, respectively. Discrepant reporters of sexual abuse were significantly more likely to be male, whereas consistent reporters were significantly more depressed and suicidal and reported higher levels of sexual abuse and
emotional and physical neglect. Adolescents, for the most part, were consistent in their responses about sexual and physical abuse on both a Likert scale and a direct-answer-format questionnaire. The CTQ had a lower threshold for detection of sexual abuse, particularly for boys.

Maikovich., et. al. (2009), Using the National Survey of Child and Adolescent Well-Being, examined sex differences in posttraumatic stress symptoms and symptom trajectories in youth victimized by childhood sexual abuse. This addresses the question in a relatively large sample of children, drawn from the National Survey of Child and Adolescent Well-Being, who were between the ages of 8–16 years and who were reported to Child Protective Services for alleged sexual abuse. Sex differences were examined using t tests, logistic regression, and latent trajectory modeling. Results revealed that there were not sex differences in victims' posttraumatic stress symptoms or trajectories. Whereas caseworkers substantiated girls' abuse at higher rates than boys' abuse and rated girls significantly higher than boys on level of harm, there were not sex differences in three more objective measures of abuse severity characteristics. Overall, higher caseworker ratings of harm predicted higher initial posttraumatic stress symptom levels, and substantiation status predicted shallower decreases in trauma symptoms over time. Implications for theory and intervention are discussed.

Trangkasombat, (2008), studied the sexual abuse in the Thai context, the impact of abuse, and the health problems of abused children. This is a qualitative research. Sixty substantiated cases of child sexual abuse was recruited (56 girls and 4 boys). Participants were interviewed with a semi-structured interview instrument. Data were coded and content analysis was done to identify common themes. Most children were first-born and came from families with multiple psychosocial stressors. About 77% were abused by
family members. Most abuse was chronic and occurred when caretakers were not available or did not closely supervise the children due to economic and work-hour problems. Sixty-three percent of the children made purposeful disclosures. After disclosure, 65% of the children were placed in rehabilitation centers. At least 16.7% of the sample had intellectual limitations, and 28.3% had physical problems resulting from abuse. Frequent mental health problems included guilt feelings and aggressive behavior. Family dysfunction and cultural factors place many children at risk for sexual abuse. Important preventive strategies include empowering families so they can take better care of their children, as well as educating parents and professionals about child sexual abuse.

Hebert., et. al. (2009), sought to explore patterns of disclosure of child sexual abuse (CSA) in a sample of adult men and women. A telephone survey conducted with a representative sample of adults (n = 804) from Quebec assessed the prevalence of Child Sexual Abuse and disclosure patterns. Analyses were carried out to determine whether disclosure groups differed in terms of psychological distress and symptoms of posttraumatic stress, and a logistic regression was used to examine factors associated with prompt disclosure. Prevalence of Child Sexual Abuse was 22.1% for women and 9.7% for men. About 1 survivor out of 5 had never disclosed the abuse, with men more likely not to have told anyone, than women. Only 21.2% of adults reported prompt disclosure (within a month of the first abusive event), while 57.5% delayed disclosure (more than 5 years after the first episode). Child Sexual Abuse victims who never disclosed the abuse and those who delayed disclosure were more likely to obtain scores of psychological distress and posttraumatic stress achieving clinical levels, compared with adults without a history of Child Sexual Abuse. In the multivariate analysis, experiencing Child Sexual Abuse involving a perpetrator outside the immediate family and being female were factors independently associated with prompt disclosure. A significant number of adult
women and men reported experiencing Child Sexual Abuse, and most victims attested to either not disclosing or significantly delaying abuse disclosure.

**Attitude towards School**

**Concern for Personal Safety**

Zoysa, (2002), focused on child sexual abuse in Sri Lanka. The background of child sexual abuse in the country and its current status are discussed. The role of the National Child Protection Authority, the primary governmental body concerned with child protection, is also explored. The article also brings to light various cultural dimensions that serve to call attention to the issue of sexual abuse of children in Sri Lanka. These are explored and illustrated with case vignettes from the author's clinical experience. Finally, he elucidates the main issues and barriers in Sri Lanka that need to be surmounted in order to have an integrated service delivery in the care of the sexually abused child.

Cutler, et.al. (1991), reviewed that child sexual abuse can account for a significant portion of the differences in the rates of depression between females and males. Unipolar depression is nearly twice as prevalent in women as men (Nolen-Hoeksema, 1987). Several theories attempting to account for this disparity have been proposed, but none has yet systematically considered women’s victimization experiences as a possible significant contributor to their high risk for later depression. One type of victimization that is much more common in females than males is child sexual abuse. Recent research indicates that the long-term effects of child sexual abuse include anxiety, depression, and low self-esteem. Because the rates of Child Sexual Abuse are so high for women compared with men, and because women are more likely to have depression following abuse than are men, a large percentage of the rates of depression in women may be
accounted for by Child Sexual Abuse. The rates of depression in men do not change as substantially when Child Sexual Abuse is considered. Because our estimates of the contribution of Child Sexual Abuse to sex differences in depression were based on data from several different studies, they must be viewed as tentative. In addition, other studies are needed to account for similar contributions to depression from spousal battering and rape. Child physical abuse may be one area where boys are more likely to be victims, but the nature of the long-term effects needs to be investigated. Although our estimates of the contribution of childhood sexual abuse to the sex differences in depression are suggestive, we must emphasize that they can only point to a correlation between Child Sexual Abuse and depression. They do not prove that Child Sexual Abuse causes the sex differences in depression. We also caution that the results of our analyses do not suggest that Child Sexual Abuse is the only contributor to the sex differences in depression. Sex differences in poverty, stressful life events, personality, and neuron transmitter regulation, as examples, could also contribute to the sex differences in depression (Nolen-Hoeksema, 1990). They intend our results simply to heighten awareness of the potential contribution of Child Sexual Abuse to the sex differences in depression. Such awareness could have important consequences for the way depressed women are treated. A very tangible consequence would be that therapists might view victimization as an extremely likely element of a depressed woman's past, and deal directly with those experiences. There is already evidence that therapists under assess victimization experiences in women clients. Hartman et al. (1987) found that although only one-third of women therapy clients had spontaneously identified past childhood sexual abuse in their therapy, 70% recalled abuse when specifically asked abuse several kinds of abuse experiences. The evidence suggesting that Child Sexual Abuse-related depressions make up a substantial portion of
women's depression further points to the need for victimization experiences to be carefully assessed in depressed women.

**Hopelessness**

Oaksford., et. al. (2004), employed both quantitative and qualitative approaches to studying the immediate and long-term coping strategies adopted by survivors of child sexual abuse, focusing on how strategies evolve over time. Qualitative findings showed that coping with child sexual abuse is not static, but changes over time. The narratives of these non clinical survivors suggest that an adaptive outcome may be associated with a particular evolution of strategies across time, i.e., survivors reported coping predominantly by engaging in psychological escape methods initially, and then adopting cognitive appraisal and positive reframing strategies in the longer term. It appears that coping processes can affect psychological outcome following child sexual abuse. This study offers insight into the evolution of coping methods associated with an adaptive outcome.

Elsegood, et.al. (2010), in their study compared a group of non incarcerated child sex offenders (n = 46) with a group of community controls (n = 46) matched for age, socioeconomic status, ethnicity, and status as a parent. Child sex offenders are typically characterized by empathy problems, cognitive distortions, and social skills deficits. It has been proposed that these characteristics may be attributable to an underlying impairment in the ability to attribute mental states to others (i.e., theory of mind). Both groups completed two measures of theory of mind: one that measures the ability to infer the mental states of adults and another that measures the ability to infer the mental states of children. Offenders were significantly worse than controls at inferring the mental states of adults. In contrast, there were no differences between offenders and controls in their
ability to infer the mental states of children. The results are discussed with regard to psychological theory, clinical work, and future research.

Pagare., et. al. (2005), conducted a study to assess the magnitude and pattern of sexual abuse among male inmates of an observation home in Delhi. A total of 189 boys aged 6 to 18 years were assessed for sexual abuse using Finkelhor’s scale and Child Maltreatment History Self-Report followed by clinical examination using American Medical Association’s guidelines. Majority of boys were runaways and 38.1% had suffered sexual abuse. On clinical examination, 61.1% showed physical signs and 40.2% showed behavioral signs of sexual abuse. Forcible sex was reported by 44.4% of victims and 25% had signs suggestive of sexually transmitted diseases. Strangers were the most common perpetrators of sexual abuse.

Santos, (2009), aimed to investigate how mothers of sexually abused girls reacted when they had taken knowledge of the abuse. The literature has indicated that mothers of children victims of sexual abuse, when taking knowledge of the abuse situation of their children, can present a variety of manifestations that can include anxiety, depression and post-traumatic stress disorder. Moreover, the reaction facing abuse disclosure can be support and protection or, still, avoidance, indifference or ambivalence. Ten participants who were being sheltered at a specialized service for victims of domestic violence and sexual assault in a public hospital of Porto Alegre were interviewed. The mother's reactions were classified in positive and ambivalent. The majority of the mothers believed in the report of their daughters and denounced the abuse, although not all had been protective in the sense of keeping their children safe from the abuser or immediately looking for help and carrying out the denunciation. The factors that contribute to mother's reactions are also discussed.
Bae., et.al. (2009), described the development of an interactive, educational computer-assisted instruction (CAI) program using a multimedia CD-ROM for child sexual abuse prevention. Needs assessment was conducted through qualitative and quantitative studies on randomly selected parents, teachers, and lower grade schoolers in Korea. Assessment results revealed a high number of children having insufficient knowledge on child sexual abuse and a high level of parental concern about the issue. The program was developed and evaluated through a pre- and post-assessment of the subjects’ knowledge and attitude regarding child sexual abuse. Evaluation findings demonstrated an increase in the subjects’ knowledge after exposure to the CD-ROM. The use of this program will make child sexual abuse a public health issue and will promote further awareness of child sexual abuse among children, parents, teachers, and other concerned authorities. Sexual abuse of children has been ignored and most studies focused mainly on child sexual education and a few dwelt on sexual abuse. It contributes preventive education regarding sexual abuse in children, proper preventive strategies, and promotional awareness of knowledge and attitude towards child sexual abuse through the development of CAI. It found that CAI education is effective on improving knowledge suggesting that continuous and consistent preventive educational programs for children should be provided to promote attitude change towards child sexual abuse in the future. This educational CAI program not only provides information about child sexual abuse but also serves as a gateway to access important resources, such as crisis intervention and professional counseling centers. This CDROM may also be used as a resource material for educators, administrators, and other public agencies requiring a program to reduce child sexual abuse cases and promote child sexual abuse prevention. A future work for this study is a wider evaluation of its effectiveness as this study only applied a preliminary one group test, without a control group. This limitation however, did not
hinder the achievement of this study's g because this paper focuses on the development process of the CAI program on child sexual abuse.

**Self Esteem**

Dykman., et. al. (1997), evaluated the behavioral consequences of childhood abuse (sexual, physical, or both), with particular focus on prevalence of posttraumatic stress disorder (PTSD). Three abuse type groups and non abused controls were contrasted on behavioral rating scales and on structured psychiatric interview data. The participants (109 abused children and 16 normal control children) were recruited from Arkansas Children's Hospital and local agencies for abused children. As expected, proportionately more females than males were sexually abused. Overall, males were rated as more disturbed than females. Type of abuse did not consistently influence behavioral ratings. Externalizing scores were significantly higher than internalizing scores in all abused groups. PTSD was diagnosed in 50% of the abused children, with a higher rate for boys who had been sexually abused as opposed to physically abused only (58% versus 13%). The most frequent co morbid condition with PTSD was Separation Anxiety. Sexually abused boys were hospitalized for psychiatric treatment at a higher rate than were other abused children.

Gabora., et. al. (1993), viewed a videotape of a simulated child sexual abuse trial and then deliberated to a unanimous verdict. The complainant was described as either a 13- or 17-year-old female child. Jurors voted to convict more often when the younger complainant was seen, and the younger complainant was rated as more credible than the older complainant. Female jurors voted the defendant guilty more often and rated the complainant as being more credible than male jurors. Jurors voted to convict more often and rated the defendant as less credible when expert psychological testimony was specific
to the case than when they were presented with either general expert testimony or no expert testimony. Jurors who saw a psychological expert testify became less accepting of child sexual abuse misconceptions than those in the no expert control condition. The implications of these findings are discussed.

Harding, et al. (2010), suggests in their study among Respondents with Child Sexual Abuse Histories: The Role of Abuse Similarity to a Hypothetical Victim” that similarity to a victim may influence attributions of responsibility in hypothetical child sexual abuse scenarios. One aspect of similarity receiving mixed support in the literature is respondent child sexual abuse history. Using a sample of 1,345 college women, this study examined child sexual abuse history, similarity to victim, and attributions of responsibility to a hypothetical victim, family member, and perpetrator in a child sexual abuse vignette. Results revealed no group differences in responsibility ratings among respondents with and without child sexual abuse histories. However, among the 133 respondents with child sexual abuse histories, results indicated that similarity to victim moderated the relationship between vignette characteristics, respondent history, and responsibility attributions. Results suggest that similarity to a victim may influence ratings in a self-preserving manner.

Nguyen, et. al. (2009), in their study examine the prevalence of multiple types of maltreatment (MTM), potentially confounding factors and associations with depression, anxiety and self-esteem among adolescents in Viet Nam. In 2006 we conducted a cross-sectional survey of 2591 students (aged 12–18 years; 52.1% female) from randomly-selected classes in eight secondary schools in urban (Hanoi) and rural (Hai Duong) areas of northern Viet Nam (response rate, 94.7%). Sequential multiple regression analyses were performed to estimate the relative influence of individual, family and social
characteristics and of eight types of maltreatment, including physical, emotional and sexual abuse and physical or emotional neglect, on adolescent mental health. Females reported more neglect and emotional abuse; whereas males reported more physical abuse, but no statistically significant difference was found between genders in the prevalence of sexual abuse. Adolescents were classified as having nil (32.6%), one (25.9%), two (20.7%), three (14.5%) or all four (6.3%) maltreatment types. Linear bivariate associations between MTM and depression, anxiety and low self-esteem were observed. After controlling for demographic and family factors, MTM showed significant independent effects. The proportions of the variance explained by the models ranged from 21% to 28%. The combined influence of adverse individual and family background factors and of child maltreatment upon mental health in adolescents in Viet Nam is consistent with research in non-Asian countries. Emotional abuse was strongly associated with each health indicator. In Asian communities where child abuse is often construed as severe physical violence, it is important to emphasize the equally pernicious effects of emotional maltreatment.

Police Related Variables

According to the U.S. Department of Justice. (2000), 1 of every 7 victims (or 14% of all victims) of sexual assault reported to law enforcement agencies were under the age of 6. Persons under 18 years of age account for 67% of all sexual assault victimizations reported to law enforcement agencies. Children under 12-years-old account for 34% of the cases, and children under six years old account for 1 of every 7 victims (14%) of the cases. Brown, (2000) Five to 15% of all males, and 15 to 30% of all females report some type of exposure to child sexual abuse.
Moran-Ellis, et. al. (1996), in their article report a national survey of social services and police arrangements for investigating child sexual abuse (CSA). It is now officially accepted as good practice for police and social workers to jointly investigate such allegations. To evaluate investigative practice, the survey aimed to (i) document existing arrangements for police/social services investigation and management of Child Sexual Abuse cases; (ii) identify the main organizational models informing such work, and (iii) explore the perceptions of police and social services managers of the key policy and practice issues posed by such work. The criteria for judging the benefits of joint work were: reduction in the number of occasions children were interviewed, clarification of the role of professional’s involved, increased coordination of service delivery, and establishment of group support for difficult decisions. While there were signs that some benefit was being achieved, there were also indications of the endurance of problems long associated with multiagency work.

Boonma., et. al. (2007), in their study, found the incidences and physical effects of sexually abused children and adolescents. Rape records and records of 250 sexually abused children and adolescents treated at Taksin Hospital between January 1, 1999 and December 31, 2004 from child-Women Protection Center were studied retrospectively. The incidence of sexual abuse in children and adolescents was 4.74 per 10,000 cases of age-adjusted patients at the OPD and 22.97 at the emergency department. Most of the cases (97.20%) were females. Mean age was 13.74 ± 4.27 (2-20) years old. Most of the cases were early adolescents (52.40%), late adolescents 32.40%, and children 15.20%. Thirty-nine cases (15.60%) had physical injuries, 36 cases (14.40%) had external genital injuries, 25 cases (10.00%) had gonococcal infections, 15 cases (6.20%) had bleeding in the vaginal canal, and eight cases (3.20%) were pregnant. Two hundred and twenty six cases (90.40%) were reported to the police. There was correlation between age group and
hymen tearing (p-value < 0.001), gonococcal infection (p-value < 0.01) and sperm finding (p-value < 0.001). However, there was no correlation between age group and gender, physical injury, genital injury, bleeding in the vagina and acid phosphates finding. In addition, there was correlation between physical injury and bleeding in the vagina (p-value < 0.01) but no correlation between genital injury and hymen findings. Sexual abuse victims need immediate attention for the traumatic impacts of their physical, psychological, and emotional conditions, as well as on their social impact. Thus, it is imperative that protection be exerted over the treatment to prevent recurrence.

Mitchell., et. al. (2010), in their study tries to identify the incidence (Study 1) and characteristics (Study 2) of juvenile prostitution cases known to law enforcement agencies in the United States. Study 1 revealed a national estimate of 1,450 arrests or detentions (95% confidence interval [CI]: 1,287–1,614) in cases involving juvenile prostitution during a 1-year period. In Study 2, exploratory data were collected from a subsample of 138 cases from police records in 2005. The cases are broadly categorized into three main types: (a) third-party exploiters, (b) solo prostitution, and (c) conventional child sexual abuse (CSA) with payment. Cases were classified into three initial categories based on police orientation toward the juvenile: (a) juveniles as victims (53%), (b) juveniles as delinquents (31%), and (c) juvenile as both victims and delinquents (16%). When examining the status of the juveniles by case type, the authors found that all the juveniles in Child Sexual Abuse with payment cases were treated as victims, 66% in third-party exploiters cases, and 11% in solo cases. Findings indicate law enforcement responses to juvenile prostitution are influential in determining whether such youth are viewed as victims of commercial sexual exploitation or as delinquents. Until recently, social service agencies and the criminal justice system have largely viewed prostitution among juveniles as part of the spectrum of delinquency engaged in by adolescent
runaways and "street youth" (Flowers, 2001; Gray, 2005; Kreston, 2005). This is beginning to change, however, and the problem of youth involved in prostitution is increasingly being defined as "commercial sexual exploitation," a particularly serious form of sexual victimization. Our findings from law enforcement agencies about their responses to juvenile prostitution support the notion that views about the nature of juvenile prostitution appear to be evolving. The results from the current study have bearing on a variety of matters related to policy and practice issues surrounding this crime. When juveniles who are involved in prostitution come into contact with law enforcement, its responses are influential in determining whether such youth are viewed as victims of commercial sexual exploitation or as delinquents. Multi component response systems specifically designed for this population of youth that can use the tools of different agencies and respond to youth in a variety of different kinds of situations appear to be needed.

Endrass, et. al. (2009), aim in the study "The consumption of Internet child pornography and violent and sex offending" to examine the recidivism rates for hands-on and hands-off sex offenses in a sample of child pornography users using a 6 year follow-up design. There is an ongoing debate on whether consumers of child pornography pose a risk for hands-on sex offenses. Up until now, there have been very few studies which have analyzed the association between the consumption of child pornography and the subsequent perpetration of hands-on sex offenses. The current study population consisted of 231 men, who were subsequently charged with consumption of illegal pornographic material after being detected by a special operation against Internet child pornography, conducted by the Swiss police in 2002. Criminal history, as well as recidivism, was assessed using the criminal records from 2008. 4.8% (n = 11) of the study sample had a prior conviction for a sexual and/or violent offense, 1% (n = 2) for a hands-on sex
offense, involving child sexual abuse, 3.3% (n = 8) for a hands off sex offense and one for a nonsexual violent offense. When applying a broad definition of recidivism, which included ongoing investigations, charges and convictions, 3% (n = 7) of the study sample recidivated with a violent and/or sex offense, 3.9% (n = 9) with a hands-off sex offense and 0.8% (n = 2) with a hands-on sex offense. Consuming child pornography alone is not a risk factor for committing hands-on sex offenses – at least not for those subjects who had never committed a hands-on sex offense. The majority of the investigated consumers had no previous convictions for hands-on sex offenses. For those offenders, the prognosis for hands-on sex offenses, as well as for recidivism with child pornography, is favorable. Among the subjects of the present study, only 1% were known to have committed a past hands-on sex offense, and only 1% were charged with a subsequent hands-on sex offense in the 6 year follow-up. The consumption of child pornography alone does not seem to represent a risk factor for committing hands-on sex offenses in the present sample – at least not in those subjects without prior convictions for hands-on sex offenses.

Anson., et al. (1993), states that Statement Validity Analysis (SVA), an assessment system for the credibility of children's allegations of sexual abuse, has recently undergone quantification and empirical testing. Twenty-three videotapes of investigative interviews of confirmed child sexual abuse victims were obtained for an interrater reliability analysis. Each tape was rated by two of four trained raters according to the criteria-based content analysis (CBCA) procedure of the SVA method. The average proportion agreement (.75) was equivalent to the value (.72) reported by Steller (1989) but the chance-corrected reliabilities of the CBCA criteria varied from moderate to low (Maxwell's RE coefficient of agreement range = -.22 to 1.00). The criteria need more explicit, behaviorally anchored definitions, and rater training needs to focus on the identified problem criteria. Potential limitations of interpretation include the small
restricted sample, the use of uncontrolled community interviews, and the rating of videotapes rather than transcripts of the interviews. The interrater reliability of the CBCA criteria of Statement Validity Analysis was only moderate (mean Maxwell's RE coefficient = .49) and should continue to be improved and analyzed in future studies that include older children and children falsely alleging abuse. Suggestions for future research emphasize improving criteria definitions (e.g., providing a coding manual with behavioral anchors and focusing rater training on the identified problem criteria). These suggestions can be readily incorporated into the ongoing development of the CBCA criteria of Statement Validity analysis.

Darin, (1998), examined the relationship between felony prosecutors' discretion and the legal and social factors present in cases of child sexual abuse. Prosecuting attorneys from 20 rural circuits in Kentucky were targeted for semi structured interviews in order to determine what influences them to accept or not accept a case for prosecution. Findings show a relationship between rural Kentucky prosecutors' decision to accept a case and the availability of physical evidence, victims' age and competence, potential trauma inflicted upon the victim, and the situation in which the allegation of sexual abuse originated. The relationship between prosecutors' discretion and various factors is discussed regarding the impact on other criminal justice officials in their pursuit to combat child sexual abuse in Kentucky and in other rural communities as well.

Judicial Related Variables

McIntosh., et. al. (1993), characterize the magnitude of the problem, the present study attempted to determine whether and to what extent child sexual abuse allegations predominate in family court litigation. The conflict and animosity that sometimes accompany child custody disputes can give rise to the propagation of allegations of child
sexual abuse. The entire one-year caseload of a county family court docket was systematically reviewed and coded. Methodical evaluation of 603 family court files yielded base rates of pertinent allegations and other information profiling the cases. The findings did not support the contention that sexual abuse allegations are commonplace in child custody disputes. Sexual abuse allegations were made in 2% of cases in which custody or access was contested and in only 0.8% of the cases overall. Implications of the findings for future research were discussed.

Victim Perception of Judiciary

Newman., et. al. (2007), confirm that child protective service (CPS) and child abuse law enforcement (LE) investigators have been required by the majority of states to work together when investigating criminal cases of child abuse. Child Advocacy Centers (CACs) and other multidisciplinary models of collaboration have developed across the United States to meet these requirements. This study surveyed 290 CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse. Reasons given for using, centers, include legal or administrative mandate and protocol, child appropriate environment, support, referrals, capacity for medical exams, expertise of center interviewers and access to video and audio technology. Respondents also identified ways that centers could be more helpful.

Pierce, (2004), explore the notes of 214 children who, over a period of 7 years, had been referred after an allegation or a suspicion of any form of child abuse, were examined retrospectively to establish the pattern of injury found, especially with regard to anal fissures or scars. These were all children who had had their genitalia examined at the time of their referral. In 81 children (Group A) who had no history or evidence of sexual abuse, two fissures were found, both with medical explanations for their presence. In 83
(Group B) who alleged sexual abuse but denied anal abuse, nine (11%) had fissures or scars, and in four of the nine there was a history of significant constipation at some time. In 50 children (Group C) who had a strong history of anal abuse, 41 (84%) had fissures or scars. The diagnosis in 13 of these cases was considered definite because there was a confession or guilty plea from the abuser; in the remainder, the diagnosis was “not proven” despite a strong history or gross anal signs and regardless of the verdict in court proceedings. The significance of the findings was discussed with a view to clarifying the relative importance of anal fissures in children with a strong history of anal abuse.

Froner, et. al. (2008), presents a literature review about the children victims of sexual abuse assistance in the Judiciary scope. Several methodologies of listening children are argued, accomplished by professionals of the health area and by the judiciary operators. The demands and the legal system rites, as well as the needs and children's demands who suffered sexual abuse are also argued, with base in the national and international available literature. The complexity and the peculiarity of this assistance, and the importance and need of an interdisciplinary work were boarded.

Anderson, et. al. (2004) reveals the child sexual abuse in “Child Sexual Abuse: A Public Health Issue”. Child sexual abuse is an American crisis that has reached epidemic proportions. The criminal justice system typically responds with punitive sanctions against the offenders, neglecting the suffering and trauma experienced by the victims. This comes short of addressing the dynamics associated with child sexual abuse. Because of this, epidemiologists have declared this crime a public health issue and have offered the public health approach for the prevention and treatment of everyone involved in child sexual abuse.
McIntosh, et. al. (1993), characterize the magnitude of the problem, the present study attempted to determine whether and to what extent child sexual abuse allegations predominate in family court litigation. The conflict and animosity that sometimes accompany child custody disputes can give rise to the propagation of allegations of child sexual abuse. The entire one-year caseload of a county family court docket was systematically reviewed and coded. Methodical evaluation of 603 family court files yielded base rates of pertinent allegations and other information profiling the cases. The findings did not support the contention that sexual abuse allegations are commonplace in child custody disputes. Sexual abuse allegations were made in 2% of cases in which custody or access was contested and in only 0.8% of the cases overall. Implications of the findings for future research were discussed.

Weiss, (2002), discusses that child sexual abuse by a person in a position of authority, such as the child's teacher, guardian, relative, sports coach, or other person with authority over a child because of his/her particular position. It tracks the recent trend toward recognizing position of authority in both state legislation and judicial precedent. Understanding the confusion and intimidation surrounding a child's experiences as a result of being sexually abused by a person in a position of authority often explains why children often fail to report or delay in reporting such abuse. Thus, existence of a perpetrator's position of authority in a particular case of child sexual abuse should influence a court's rulings on the elements of sexual abuse or assault in particular state statutes, as well as what evidence should be admissible. Ultimately, the author concludes that all states should recognize position of authority in their child abuse statutes, that such statutes should be interpreted broadly by the courts, and, finally, that evidence of the defendant's prior acts of sexual abuse should almost always be admissible at trial.
Kite, et. al. (2004), indicates that professionals involved in the investigation of child sexual abuse cases have differing perceptions of seriousness, punishment and impact on the child, based on the professional's gender and the perpetrator's gender. The aim was to investigate if such gender effects are prevalent in Australian child-abuse investigators, specifically the police. To assess this, 361 Australian police officers responded to a self-report questionnaire relating to a vignette describing child sexual abuse. The questions examined the police officer’s perception of seriousness of the incident, the police action they would take and the perceived impact on the child. The vignette described the perpetrator as either male or female, with 172 police officers responding to the female perpetrator vignette and 189 responding to the male perpetrator vignette. The results indicated that, unlike overseas research findings in this area, the police officers' gender did not influence their perception of child sexual abuse, their perceived impact on the child, or the police action they would take. The gender of the perpetrator did however influence these factors, with a gender bias in favor of the female perpetrator. This finding is consistent with overseas research and is a factor that those working in the area should be aware of to ensure incidents involving female perpetrators are not underestimated or dismissed.

Neoh, et. al. (2009), focuses on the challenge of dealing with allegations of child sexual abuse in the context of the Family Court of Australia. Of all cases that come before the Court, those involving such allegations are relatively uncommon. They tend to be the most difficult cases, however, and are more likely to require a trial and the involvement of qualified practitioners. The review establishes that parental separation is a special circumstance in which sexual abuse may be more likely to occur, and many allegations of sexual abuse are found to be true. There is evidence, however, that a proportion of allegations made by people other than the child concerned may be false. Whether these
false allegations are well intentioned and genuinely believed, or maliciously motivated has been a contentious issue. Issues considered include the mishandling of cases, the failure by professionals to consider equally plausible alternative hypotheses than the sexual abuse of a child, confirmation bias, and the profound repercussions of allegations for all members of the family. It is concluded that all allegations of child sexual abuse must be evaluated in a thorough and sensitive manner to separate the few false allegations from the many that are true.

Alexander, (1995), state that considerable changes have occurred in criminal proceedings involving sexually abused children. As a result, perpetrators of child sexual abuse have been convicted more easily and sentenced to long prison sentences. However, a number of these convictions have been taint and, thus reversed on appeal, based on either problems in the investigatory process or expert witnesses' exceeding the limits of proper testimony. Because many investigators and some expert witnesses were social workers, the author discusses recent decisions where appellate judges have criticized child protection workers' behaviors. By becoming familiar with cases such as these, child protection workers should gain a better understanding of the limits of their roles in the investigatory process and court proceedings. The result more likely would be that just convictions would be upheld by appellate courts, and falsely accused defendants would be spared the stigma of accusation, trial, and perhaps conviction.

**Medical related variables**

Adolescents with a history of sexual abuse are significantly more likely than their counterparts to engage in sexual behavior that puts them at risk for HIV (Brown et al., 2000).
Lawson., (1991), explored the possibility that cases of mother-son incest are underreported in the literature on child sexual abuse. Clinical cases of mother-son incest are presented and factors which may account for an underreporting of such cases are discussed. A cultural bias viewing mothers as asexual and males as sexual aggressors are suggested as the primary reason that cases of maternal sexual abuse are rarely identified or reported. Guidelines are provided for clinical assessment of possible cases of mother-son sexual abuse.

Nelson-Gardell., (2001), had explained dealing with victims had two goals: (1) to ask child and adolescent sexual abuse victims/survivors what they believed counseling and/or therapy designed to help them should entail; and (2) to learn from survivors how others (e.g., parents, social service workers, law enforcement, siblings, etc.) may have helped them deal with the negative impact of child sexual abuse victimization. A focus group methodology, using thematic analysis, was used to learn about how child and adolescent sexual abuse survivors saw these matters and to evaluate the usefulness of focus groups with this population.

Cheung., et. al. (2004), examine the relationship between colposcopic and genital findings and overall assessment of sexual abuse. Seventy-seven children (mean age, 6.5 years; range, 6 months-16 years) referred consecutively for sexual abuse evaluation between July 1999 and June 2002 were included. Colposcopic and genital findings (categorized as normal, non-specific, concerning for abuse, or clearly abnormal) were correlated with the overall assessment of likelihood of abuse (classified as no evidence of abuse, possible abuse, probable abuse, or definite abuse). The sensitivity and specificity of clearly abnormal findings in detecting definite abuse were computed, and the diagnostic impact of colposcopy findings was expressed as likelihood ratios. A genital
finding was normal in 45% of patients, non-specific in 29%, concerning for abuse in 13%, and clearly abnormal in 13%. Seven of the 16 confirmed cases of sexual abuse had normal or non-specific findings. Overall assessment showed that 46% of all patients had no evidence of abuse, 20% had cases of possible abuse, 13% had cases of probable abuse, and 21% had cases of definite abuse. The sensitivity and specificity of abnormal genital finding in detecting definite abuse was 56.3% and 98.4%, respectively. Colposcopy showed a fair correlation with the overall assessment of abuse (weighted kappa, 0.245). The diagnostic impact of normal, non-specific, concerning, and clearly abnormal findings in terms of likelihood ratios were 0.23, 1.12, 0.00, and 34.30, respectively. A genital finding is often normal or non-specific in sexual abuse. In general, colposcopy examination findings do not directly reflect the final diagnosis. A category-4 finding on colposcopy is very helpful in confirming definite abuse, whereas other findings do not rule out the diagnosis. Sexual abuse takes on all forms of acts that may or may not result in physical injuries. Genital trauma often heals rapidly. Clinicians are often asked to identify and interpret medical findings of sexual abuse, however, they need to avoid substantiating a false accusation by misinterpreting medical findings, and to avoid excluding sexual abuse on the basis of a normal examination. We have shown that physical examination results are often normal, and that colposcopic examination can aid child sexual abuse evaluation. In general, it does not reflect the final assessment directly and one should not only rely on this approach to conclude on the nature of abuse. It is, however, a useful examination to confirm class-IV definite abuse. Moreover, a category-4 finding on colposcopy is very helpful in confirming definite abuse, whereas findings in categories 1 to 3 do not rule out the diagnosis. The diagnosis of sexual abuse should stem from a found analysis of the medical history, behavior changes, and physical findings. No single factor should be relied on to formulate the final assessment. A normal examination
should not be taken as evidence that sexual abuse has not occurred, and an important piece of information in diagnosis is a clear statement from the child. On one hand, clinicians should be vigilant for abuse if positive physical findings were present, but on the other hand they should not reach the conclusion of abuse purely on the basis of trivial genital findings.

Wenninger, et. al. (1998), made an attempt to found the cognitive-affective body image variables and their relation to long-term psychological and sexual functioning were investigated in a community sample of 57 female adult child sexual abuse (CSA) survivors and 47 comparison subjects. The Body-Self Relations Questionnaire and the Body Esteem Scale were administered to assess cognitive-affective body image. Group comparisons indicated that, after controlling for actual weight status, survivors evaluated their health more negatively and reported less body esteem regarding their sexual attractiveness than comparison subjects. Body image variables related to health and sexual attractiveness significantly explained variance on symptom measures that reflect the diverse CSA long-term sequelae. Results suggest the need for careful assessment of body image disturbances and the development of effective interventions targeting body image in the treatment of CSA survivors.

Almonte., et. al. (2002), explained sexual abuse with the help of the data obtained from clinical records. Sexual abuse is described in a population of 44 children and adolescents of both sexes, 24 girls (54.5%) and 20 boys (45.5%) that were seen at the Pediatric Mental Health Service of Roberto del Rio Hospital during 1998 either directly for the sexual abuse, for psychiatric pathologies associated with the situation, or because of a past history of CSA. The sexual abuse was generally the more serious type carrying more serious legal penalties (mouth, vaginal or anal penetration, or attempted penetration)
and affected 62.5% of the girls and 55% of the boys. The abusers included adults (over the age of 18) and adolescents (under 18), 79.5% and 20.5% respectively. Abusers were relatives or acquaintances in 90.9% of the cases, and 66.7% were cases of intra family sexual abuse. Sexual abuse is an emerging pathology in the pediatric psychiatric services, and it must be intentionally sought so that it does not go undetected. The need to establish multi professional groups is suggested in order to protect minors from subsequent abuse and to facilitate the recovery of the family members affected.

Thamilkitkul., et. al. (2009), in their study try to explore and understand the nursing practice processes of psychiatric nurses for school-aged sexually abused children admitted to psychiatric wards. Twelve psychiatric nurses, aged between 35-59 years old, experienced with sexually abused child patients, participated in this study. Data was collected by using in-depth interview that were tape-recorded and transcribed verbatim, line by line. It was then analyzed using grounded theory method. “Remolding child” was the basic social process by which psychiatric nurses provided nursing care for school-aged sexually abused children admitted to psychiatric wards. It was composed of three stages happening continuously in sequence. Each stage consisted of sub-stages that had no sequence in their occurrence and were simultaneous and reciprocal. The first stage started with establishing trust, arranging effective communication, and providing physical care. The second stage was fostering socialization, building will-power, and arranging a safe and supportive environment. The final stage was assisting living in society. Two other important characteristics of this remolding child process were working as a team and self-development. The substantive theory derived from the study recommends new understanding in the holistic nursing practice process for school-aged sexually abused children admitted to psychiatric wards in Thailand. It can be used as a guideline to
develop interventions to prevent residual effects of chronic psychiatric problems occurring in later years.

Katern Dahl., et. al. (2006), sought to identify factors that predict how women label their own experiences of childhood sexual abuse. Despite the psychological impact of child sexual abuse, many victims do not acknowledge that their experiences were "abuse." This cross-sectional study was conducted in a family medicine clinic with adult female patients. Subjects completed structured interviews about their childhood environment and their sexual abuse history. Logistic regression analysis showed that labeling of abuse was dependent upon intercourse ($\beta = 7.43$, $p = .006$), the frequency of abuse by the first perpetrator ($\beta = 5.08$, $p = .024$), and paternal overprotection ($\beta = 6.69$, $p = .010$). Findings suggest that the severity of abusive acts is most important and an over-protective father may enhance the victim's acknowledgment that sexual touching is abusive.

Griffith., (2001), reviews the beliefs and practices of professionals working in child sexual abuse cases. Child sexual abuse assessments are influenced by professionals' beliefs. The emphasis of child sexual abuse histories in treatment planning is also discussed. Based on the review, many professional practices are consistent with present scientific knowledge, while others are inconsistent. Recommendations are made to further integrate the philosophy of science into clinical and forensic practice. More research is needed to further examine the importance of factors that mediate the effects of child sexual abuse, as well as how sexual abuse information influences treatment planning and clinical decision-making.

Lawson., (1991), explores the possibility that cases of mother-son incest are underreported in the literature on child sexual abuse. Clinical cases of mother-son incest
are presented and factors which may account for an underreporting of such cases are discussed. A cultural bias viewing mothers as asexual and males as sexual aggressors are suggested as the primary reason that cases of maternal sexual abuse are rarely identified or reported. Guidelines are provided for clinical assessment of possible cases of mother-son sexual abuse.

Rubenzahl, et. al. (2002), shows despite the large body of research on childhood sexual abuse, virtually no one has examined the coverage of sexual education in treatment. Agencies from across the United States that specialize in treating child and adolescent victims of sexual abuse were surveyed. The results indicate that sexual education is covered in treatment with children of all ages, with male and female clients, and in both individual and group therapy. There was a statistically significant difference in the coverage of sexual education based on clients' age, but not based on gender or treatment modality. Parents are often included in treatment; however, the amount of parental involvement varies. Published materials, such as children's books and videos, are frequently used. Participants (i.e., clinicians) are satisfied with their coverage of sexual education in treatment even though clients often experience negative reactions. Results suggest that covering sexual education in treatment helps decrease some of the negative effects of sexual abuse. This study also serves as a test of Dillman's Total Design Method of conducting mail surveys.

Ciuffo, et. al. (2009), in their study brings reflexions and contributions about nurse attendance in child sexual abuse suspicion, in view the gravity and seriousness of this issue in society and the possibilities of actions to be undertaken by nurse face the child and his family, considering health promotion, protection and prevention. The objective was to analyze nurse actions in child sexual abuse suspicion context. Qualitative
research based on sociological phenomenology of Alfred Schutz, which emphasizes social relations and define the action as human conduct with a purpose, namely, has an intent, the In - Order- To motives of the action, that were captured by phenomenological interview. The questions that guided the interview were: When you attend a child with sexual abuse suspicion, what do you do? ; What you have in mind with nurse actions triggered in this type of attendance? Why? The analysis of speech allowed the apprehension of four categories: interact with other professionals for child care; establish a dialogue and an open allowing, a care with a prospect from the other, to attend the children and fulfilling the routines of the unit. From interviews comprehension and interpretation the understanding was that nurse's actions can propel nurses in child health area research and offering possible interferences in family and child assistance and in yours healthy growing and development. Relevance to clinical practice: the study contributes to a better attendance and identification of child sexual abuse suspicion by the nurse and a wide vision in violence cases assistance.

Sakellaidis., et. al. (2009), explain that sexual abuse includes any activity with a child, before the age of legal consent, that is for the sexual gratification of an adult or a significantly older child. Sexual mistreatment of children by family members (incest) and non relatives known to the child is the most common type of sexual abuse. Intra familiar sexual abuse is difficult to document and manage, because the child must be protected from additional abuse and coercion not to reveal or to deny the abuse, while attempts are made to preserve the family unit. The role of a comprehensive forensic medical examination is of major importance in the full investigation of such cases and the building of an effective prosecution in the court. The protection of the sexually abused child from any additional emotional trauma during the physical examination is of great importance. A brief assessment of the developmental, behavioral, mental and emotional status should
also be obtained. The physical examination includes inspection of the whole body with special attention to the mouth, breasts, genitals, perineum, buttocks and anus. The next concern for the doctor is the collection of biologic evidence, provided that the alleged sexual abuse has occurred within the last 72 hours. Cultures and serologic tests for sexually transmitted diseases are decided by the doctor according to the special circumstances of each case. Pregnancy test should also be performed in each case of a girl in reproductive age. The diagnosis of child sexual abuse often can be made based on a child's history. Physical examination alone is infrequently diagnostic without the history and/or some specific laboratory findings. The duty of the doctor is to interpret trauma, collect specimens, treat injury and above all, help and support the vulnerable patient. It is not part of a medical practitioner's remit to assess guilt, comment on anyone's truthfulness or state whether or not a crime has been committed; all of these are in the province of the court. Injuries often speak for themselves and are usually more eloquent for being allowed to do so. Close adherence to protocols and procedures that preserve the integrity of medical records, meticulous documentation and all clinical and forensic science evidence gathered can only enhance the value of medical evaluation of sexual violence. Attention to detail will benefit the patient by improving the identification of trauma, providing better prophylaxis for pregnancy and infection, and ensuring more effective investigation and prosecution of the assailant.

Fussell, et. al. (2009), determined whether medical status improves and whether medical status changes predict reentry into care. Three hundred and ninety-two school-age children reentering foster care received comprehensive medical evaluation on each foster care entry. Results indicated that students reentering care had worsened medical status. Comparison with matched students having a single foster care placement did not
show medical status predictive of foster care reentry but suggested that some medical status declines were age related.

Laraque., et. al. (2006), discussed the forensic medical and psychological assessments of children and adolescents suspected of being victims of sexual or physical abuse/neglect. Evaluation of the whole child and the need to minimize trauma during the investigative and assessment processes are stressed. The forensic medical examination is reviewed, including the specifics of the pediatric an genital examination. The key components of the forensic medical examination in sexual assault cases are also reviewed, with particular attention to maintaining the integrity of the process. Special emphasis is placed on the forensic interview in child sexual abuse cases, the best evidence available and areas in need of further research. This review has sought to describe current protocols for medical and psychological evaluations in case of suspected child abuse. Much progress has been made over the past two decades in the field of child abuse. The literature continues to indicate that only a minority of cases go to trial. In case flow analyses, most cases were accepted for prosecution, and a large proportion carried forward for prosecution resulted in guilty pleas (12, 57, 61). In one study using bivariate analyses, cases likely to be dropped have involved young children, boys, certain ethnic groups (e.g., Native American), and a family member as the alleged perpetrator. Research is needed using multivariate analyses of these kinds of data. Continued diligence in improving the investigative and prosecutorial processes is critical. Research findings must be translated to the clinical situation to improve the forensic investigative process in this most difficult area.
Family related variables

Burgess., et. al. (1990), examined in their study the stress responses of parents to whether or not their child testified in a sexual abuse trial against defendants from a day care center. Parents completed a questionnaire and the SCL-90-R. Impact of Events scale, and Life Events Survey. Parents of 17 testifying children presented higher symptoms of psychological distress than parents of 50 non testifying children sexually abused in day care centers. In addition, the reported stress was higher in fathers than mothers. Following disclosure of their child’s sexual abuse, stressful life events of death in family, loss of income, and separation were associated with parents of testifying children.

Ankara., et. al. (2009), explain about the child abuse/neglect is a very important problem in our country as it is in the world. It may be as physical, sexual, psychological abuse and child neglect. A previously healthy baby at the age of 2.5 months was brought to the emergency service with complaints of not breathing and cyanosis. Evaluation of the patient and the history obtained suggested a diagnosis of hemorrhagic shock and encephalopathy syndrome. During the following period, problems of spasticity and vision impairment appeared. The family history of the patient revealed a case of child abuse/neglect and consultation with the social service resulted in a committee decision of transfer of the custody of the baby to the child protection department.

Carvalho., et. al. (2009), aimed to grasp the perception of mothers whose daughters were sexually abused. Domestic violence affects all members in a family and children are considered the main victims. Data were collected between February and March 2007 in a governmental facility in Fortaleza-CE, Brazil through semi-structured interviews with ten mothers of sexually abused children. Data were submitted to the Collective Subject Discourse Technique from which three themes emerged: Guilt is
rooted in the motherhood myth, unhealable pain and despair as a consequence of a feeling of powerlessness. Results evidenced that mothers experience a range of feelings in which pain, revulsion and powerlessness are highlighted. Society should be engaged in the subject and interested in understanding violence, its magnitude and the whole affected chain, otherwise, only good intentions will remain, lost in the void from the lack of action.

IJzendoorn., et. al. (2009), in their study analyze whether does child maltreatment occur more often in adoptive and stepfamilies than in biological families? Data were collected from all 17 Dutch child protective services (CPS) agencies on 13,538 cases of certified child maltreatment in 2005. Family composition of the maltreated children was compared to a large national representative sample of the Netherlands Kinship Panel Study (NKPS). Larger families, one-parent families, and families with a stepparent showed elevated risks for child maltreatment. Adoptive families, however, showed significantly less child maltreatment than expected. The findings are discussed in the context of parental investment theory that seems to be applicable to stepparents but not to adoptive parents.

Waterhouse., et.al.(1991), fifty-one cases of child sexual abuse randomly selected from Child Protection Registers of four local authority social work departments in Scotland in 1987 (Waterhouse and Carnie, 1990). The overall purpose of the study was to examine the way in which familial child sexual abuse was identified and responded to by social workers and police officers in the early investigative stage. Of major interest was the nature of their inter-agency practice, their respective expectations and the range of problems encountered. Case records were examined and one hundred individual interviews, divided equally between police officers and social workers involved in the
sample, were carried out. Each front-line practitioner was asked to trace the development of the case from her or his point of view. By this means attitudes towards, as well as experiences of, investigating child sexual abuse were elicited.

Gilligan., et.al.(2006), states that there is apparent under-reporting of child sexual abuse in Britain's Asian communities and a varied capacity amongst professionals to respond with cultural competence. Professional approaches originate in cultural contexts, which are often different from those of most British Asians. If the proportion of children and non-abusing cares from Asian communities who access relevant services is to increase, professionals need to develop better understandings of cultural imperatives which determine behavior in those communities. Consultations with Asian women in Bradford reinforce the view that culturally competent practice and respectful dialogue are essential to the protection of children. They also highlight a number of recurring themes. Members of Asian communities are aware of child sexual abuse, they recognize that the issue needs to be addressed by all communities and they report that many of those affected within their own communities have found it difficult to access relevant services. These consultations, like reports of similar work elsewhere, indicate that difficulties, which appear to arise from Asian women's fears about how agencies will respond, are frequently compounded by the impact of cultural imperatives arising from izzat (honor/respect), haya (modesty) and sharam (shame/embarrassment), which have a considerable influence on how many will behave. In all communities, it remains difficult, and frequently traumatic, to disclose sexual abuse. In many Asian communities, some cultural imperatives appear to make it even more difficult. Cultural beliefs and values may also impact on the effects of abuse (Fontes, 1995). Professionals must, therefore, take full account of such issues both in designing services and in responding to service users. At the same time, one need to avoid practice based in generalized assumptions.
about ethnicities, cultures or religions (Ahmad, 1990; Carby, 1992; Robinson, 1995). Researchers must recognize and respect the uniqueness of individuals and families, including those aspects that are rooted in culture and religion. In doing so, one needs to listen carefully to what members of different communities tell us and to engage in respectful dialogue about what will be effective in meeting individual, family and community needs in the context of the sexual abuse of children. As noted in more detail elsewhere (Gilligan, 2005), Cameron et al. (2001) point out that policy and practice with regard to the protection of children frequently individualism. They note that, ‘Other settings have constructed quite different responses reflecting their own priorities and desired outcomes’ (p. 1). Such a recognition that professional responses to ‘child protection’ issues are socially and culturally constructed must, arguably, be central to ongoing discussions about how to make responses to child sexual abuse more culturally competent. Policy planners need to develop policies and procedures that can respond to specific cultural contexts. At the same time, there is a need to maximize the protection of children. In doing so, one must also ensure that individuals who need therapeutic services feel able to disclose their abuse, in the first place. Only culturally competent practice which facilitates and empowers children, young people and non-abusing cares to seek relevant services will provide effective protection for them.

Lisa Graham., et al, had analyzed Family Response and Respondent Gender” It examines the impact abuse type, family response, and respondent gender have on attributions of blame in a hypothetical child sexual abuse (CSA) case. Three hundred and ninety three respondents read a hypothetical child sexual abuse scenario describing the sexual assault of a 14 year old girl by a 25-year-old man and completed 14 attribution items. Overall, the assault was deemed more serious, the perpetrator more culpable, and the family less culpable when child sexual abuse involved (vaginal) penetration. Contrary
to expectations, respondents were more negative towards a family who denied the abuse took place versus one which blamed or supported the victim. Finally, male respondents deemed the abuse to be less serious, were more negative towards the victim and their families, and more positive towards perpetrators than were female respondents. The role these factors play in child sexual abuse attributions, together with ideas for future research, are discussed. Findings of the study suggest that level of abuse, family response, and respondent gender are important factors when making attributions in cases of child sexual abuse. While respondents were generally pro-victim, it was evident that child sexual abuse victims are not seen as completely blameless. The finding that respondents blamed the victim less in response to family blame indicates that people do realize the importance of support for child victims of sexual assault. Despite this, it appears that society, especially the male population, requires further education about the prevalence and consequences of child sexual abuse. This, in turn, may help to ensure that victims are treated compassionately and encouraged to disclose (sooner) so that their abuser(s) are brought to justice.

Parental Attachment

Hestick., et. al. (2009), in their study examined perceptions of child sexual abuse and attributions of responsibility in a cross-sectional convenience sample of 384 African-American undergraduates using a scenario manipulating the age of the victim, gender of the victim, and gender of the perpetrator. Multiple interactions of respondent, victim, and perpetrator gender on perception of intra familial child sexual abuse and attributions of responsibility for victim, perpetrator, and parents were obtained. These results extended previous research conducted on primarily Caucasian samples and highlighted the moderating role of gender of the respondent for this ethnicity.
Sinclair., et.al. (2006), in their article explain the development of a psychotherapeutic model for mothers of girls and boys who have undergone intra-familiar sexual abuse. Our model considers that maternal support is the most significant factor minimizing the abused child's traumatic impact. Traditional literature has focused in explaining the mother's role in the origins of sexual abuse with a predominating blame approach, which contributes to her disqualification as a protective figure. Far from a blame approach, our method proposes a responsibility approach highlighting the importance of interventions prompting the activation of the mother's protective resources and allowing them to deal with her traumatic impact when they have to face her child's sexual abuse and its consequences. This model describes both, therapeutic goals with the mother and process stages.

Breckenridge., (2006), presents the tendency to cast mothers in a negative light has featured in much of the literature researching child sexual abuse. More recently however, this trend has become increasingly evident in any number of empirical discussions focusing on mothers who themselves have a history of child sexual abuse. A detailed thematic analysis of the ways in which the literature presents these mothers, particularly concentrating on research examining their parenting post disclosure of their child's sexual abuse. A critical reading of the literature supports commentary on methodological problems in research design as well as assumptions made about mothering, the nature of support, and the focus on the effects of childhood sexual abuse to the exclusion of the influence of other childhood experiences and difficulties.

Salvagni, et.al. (2006), in their study evaluate the measuring instrument is that easy to apply and helps in the identification of sexual abuse victims. The study aims to develop an instrument to determine the probability of child sexual abuse and to estimate
the questionnaire's discriminant validity. Case-control study of 201 children seen at pediatric clinics and referral centers for the victims of sexual violence, between March and November 2004. Cases comprised children who had either been reported or suspected of being sexually abused and controls comprised children with no such suspicion. They applied a questionnaire to a parent or guardian of each child that consisted of 18 items, each with five Likert scale responses, dealing with the behavior and physical and emotional symptoms exhibited by the children. They excluded nine children for lack of sphincter control. One question was discarded since very few people replied to it. We evaluated the discriminant validity and internal consistency of the items, calculating correlation coefficients (Pearson, Spearman and Goodman-Kruskal), Cronbach's a coefficient and area under the ROC curve. They calculated likelihood ratios and positive predictive values for the five items on the questionnaire that performed best. The questionnaire comprises the five items that best discriminate sexually abused children from non-abused children in two contexts. The score resulting from the sum of responses weighted at 0 to 4 points (overall amplitude of 0 to 20) indicates the post-test probability of sexual abuse by means of the application of Bayes theorem (likelihood ratios). The instrument is easy to apply and helps in the identification of sexual abuse victims. A cutoff point was defined to indicate the probability of sexual abuse, which can be very useful to guide management of children.

Humphreys., (1997), in his article argue that when mothers raise concerns about child sexual abuse during divorce proceedings these are often construed as vindictive or misguided. The investigation and assessment of allegations of child sexual abuse constitute a difficult and contentious area for practitioners involved in this process. When these allegations emerge in the context of divorce, the problems of assessment appear to be compounded. Such constructions of mothers have significant implications for the
protection, or lack of protection of children in these circumstances. The way in which this 'knowledge' about mothers has developed is explored and held up against the results of empirical studies which show that there is little basis for this construction of mothers. Possible explanations for this incongruity are suggested with a view to progressing child protection in this area. As the court cases go on I can see the hopelessness of the whole thing. It's getting stronger in me to want to take the law into my own hands. I wouldn't say it's revenge, it's not... I mean a mother protects its young. You wouldn't see a lioness letting something attack its young. (A mother expressing her desperation that the Family Court of Australia has ordered her to send her child on visits to her ex-husband who she believes sexually abused their child.) It is probably predictable those allegations of child sexual abuse in the context of divorce will be treated with great suspicion and that mothers will bear the brunt of much of that suspicion. Disclosure of child sexual abuse is a source of huge controversy. It challenges the power of adults and particularly men, fragments a cherished notion of social cohesion based around a protective family, and highlights the abusiveness which occurs in sexual relations more generally. Focusing on the mother and her inadequacies, rather than the offender, has a long tradition within the literature on child sexual abuse. Divorce is similarly an arena in which powerful emotions are unleashed and where women are frequently construed as self-seeking and vitriolic, and as disadvantaging men by their claims for custody and financial settlements. The meeting point between the two arenas provides a volatile conjunction which goes some way towards explaining why, in the face of cogent and rational critiques, practices persist which lead some children to remain unprotected from sexual abuse when disclosure occurs in the context of divorce. This holds particular challenges for both welfare and court personnel. In the first instance, appropriate networks and supervision need to be established. The emotionally charged nature of the area is compounded for workers by the
far-reaching implications of their recommendations and decisions in the lives of children and their mothers and fathers. Moreover, there is currently a sustained 'backlash' against women and children who disclose sexual abuse which increases the need for professionals not to be isolated when making decisions that challenge these formidable forces in the courts. Secondly, literature in this contentious area needs to be read critically. A 'common-sense' knowledge, based on popular misconceptions rather than empirical evidence, has been established. Recognition needs to be given to the fact that disclosure of child sexual abuse should not be unexpected when parents separate, and that these disclosures will not follow set patterns but will each require careful individual assessment. As with other areas of child protection, referral by mothers will often be the route through which these allegations are first brought into the public arena. Thirdly, both the welfare and legal arenas have been sites which have contributed to 'disciplining women', casting a normative gaze on their behavior and actions at the expense of placing the same critical attention on men. Higher thresholds have been expected of children's evidence in this context as against other child protection areas, and little consideration has been given to the fact that the safety of the children's mother cannot necessarily be separated from the safety of children. Disrupting these entrenched patterns is not an easy task. It will be assisted by research, practice and activism focused on women and equivalent endeavors focused on children being combined to create new understandings which foster protective practice.

Hoagwood., (1990), in his analyzed eighty-two mothers and 46 fathers of emotionally disturbed youth in a day treatment program completed the Family Assessment Device (FAD) at time of intake. Interviews with therapists enabled classification of families into three groups: those whose client (the youth) had been sexually abused, those where sexual abuse was suspected but not confirmed, and those
without a sexual abuse history. All cases of abuse were non-incestuous. Comparisons of the confirmed abuse and non-abuse groups were made, using three types of analyses. ANOVA of parental responses to the FAD by group yielded significance for mothers but not for fathers, with mothers of abused children reporting more family dysfunction in problem-solving and roles than mothers of non-abused children. Second, significant differences between parents according to group were found in the abused sample in problem-solving, communication, and general functioning, but not in the non-abused sample; mothers reported significantly greater pathology in their families than did fathers. Third, comparison of differences between mothers and their children within families yielded a greater number of differences in the non-abused group. Significance was obtained in affective responsively and behavior control in both samples. Additionally, however, significant differences in communication and roles were obtained in the non-abused group. Caution in differentiating between incestuous and non-incestuous families is suggested. Implications of this research for family interventions, especially with regard to mother/child perceptual congruence, are discussed.

**Family Bonding**

Maida., et. al. (2005), had explained that the mothers of sexually abused children have a complex role both in the event of abuse and in its psychological treatment. They aim to establish a relationship between childhood sexual abuses across the generations, explored the key issues in the mother's history and related it to the children. With the help of questionnaire two groups of mothers were interviewed; those with sexually abused children and those not. The study describes the characteristics of abuse in both mother and child. The mothers of sexually abused children had suffered abuse as children in comparison with mothers of non-abused children. There exists a relation between mothers
reportedly sexually abused during childhood and the abuse of their child. This needs further investigation to explore factors involved in this relationship and the possible association with parental capacities.

Leifer., et. al. (2003), assessed the relationships between maternal adult attachment style, children's perceptions of maternal support following disclosure of sexual abuse, and maternal perceptions of children's behavioral and emotional responses to sexual abuse among African-American child sexual abuse victims aged 4 to 12 (n = 96) and a comparison group of non abused subjects (n = 100). Mothers with insecure attachment styles reported significantly higher rates of internalizing behaviors in their sexually abused children than did securely attached mothers. Among mothers of non abused children, those with insecure adult attachment styles reported significantly higher rates of externalizing behaviors shown by their children in comparison with mothers with a secure adult attachment style. Mothers with insecure adult attachment styles also reported higher rates of overall behavior problems in their non abused children that approached statistical significance. Sexually abused children's perceptions of maternal support were not related to maternal attachment style not to child functioning. Contrary to our prediction, mothers of sexually abused children did not show lower rates of secure attachments when compared to mothers of non sexually abused children. The findings indicate that fostering parent-child attachment is important in order to decrease the risk for behavior problems and symptomatology in sexually abused children.

Gilligan., et. al. (2005), discusses child sexual abuse in their study “Child sexual abuse among Asian communities: Developing materials to raise awareness in Bradford”. It starts from recognition that child sexual abuse is perpetrated in all communities, but appears to be under-reported to varying degrees in different communities. It
acknowledges that children who have been sexually abused will usually benefit from services designed to assist them in moving on from this experience and to provide future protection from perpetrators. It notes, in particular, the apparent disproportionately low take-up of relevant services by members of Asian communities in Britain. It places this in the context of reported responses to child sexual abuse in Pakistan, India and Bangladesh and explores the likely impact of factors arising from cultural norms in relation to family structure and role relationships. It reports on work begun within Asian communities in Bradford to increase awareness of and appropriate responses to child sexual abuse which hopefully address issues which are of relevance elsewhere. In particular, it discusses responses to a preliminary questionnaire, discussions with community groups, a consultation event held in April 2003, and a multilingual information booklet produced as a result. It urges respectful dialogue with women, men, children and young people in Asian communities as being essential to progress regarding appropriate responses to child sexual abuse.

Hooper., et.al. (2004), in their article concerned about the parenting capacity of adults with a history of childhood sexual abuse have often been framed in individualizing and pathologizing ways. It draws on qualitative research with twenty-four women survivors of childhood sexual abuse to develop a new framework for understanding the possible vulnerabilities of their children that may help inform anti-oppressive practice. The framework places the mother–child relationship in its broader context, taking account of the role of the immediate family, the extended family, the community and the state. Within each level of context we identify the range of issues that could contribute to children’s vulnerability, elaborating the processes involved. Some issues recurs within different contexts, for example the impacts of survivors’ issues around attachment and others connect across contexts, such as the impact on children of deterioration in their
mothers' mental health when appropriate services are not available. All of these issues
may affect survivors' well-being and access to social support and hence their ability to
care effectively for their children. Ways of supporting both survivors and their children
involving greater collective responsibility for children, effective collaboration between
mental health services and child-care services, and professional responses which take
account of contextual issues are identified.

Presence of Domestic Violence

Beitchman., et. al. (1992), had the existing literature on the long-term sequelae of
child sexual abuse. The evidence suggests that sexual abuse is an important problem with
serious long-term sequelae; but the specific effects of sexual abuse, independent of force,
threat of force, or such family variables as parental psychopathology, are still to be
clarified. Adult women with a history of childhood sexual abuse show greater evidence of
sexual disturbance or dysfunction, homosexual experiences in adolescence or adulthood,
depression, and are more likely than non abused women to be revictimized. Anxiety, fear,
and suicidal ideas and behavior have also been associated with a history of childhood
sexual abuse but force and threat of force may be a necessary concomitant. As yet, there
is insufficient evidence to confirm a relation between a history of childhood sexual abuse
and a post sexual abuse syndrome and multiple or borderline personality disorder. Male
victims of child sexual abuse show disturbed adult sexual functioning. The relation
between age of onset of abuse and outcome is still equivocal. Greater long-term harm is
associated with abuse involving a father or stepfather and abuse involving penetration.
Longer duration is associated with greater impact, and the use of force or threat of force is
associated with greater harm.
Berger, et. al. (2009), in their study used data on 2,297 families from the Fragile Families and Child Well being Study to examine whether Child Protective Services (CPS) involvement varies by maternal relationship status. Families were categorized according to whether the mother was living with a (male) partner or spouse, was involved in a dating relationship, or was not romantically involved. Families in which the mother was romantically involved were further delineated by whether her partner was the biological father of none, some, or all of the children in her household. Results indicated that families in which the mother was living with a man who was not the biological father of all children and those in which she was not romantically involved were significantly more likely to be contacted by CPS than those in which she was living with the biological father of all resident children. These findings withstood the inclusion of detailed controls for the mother’s characteristics and behaviors and (in two-parent families) her partner’s characteristics and behaviors, suggesting that they are not fully explained by observable social selection factors. The results suggest that children living in single mother families and families that include social fathers are at elevated risk of CPS involvement. Furthermore, the increased risk of CPS involvement associated with social fathers appears to be only partially due to social selection. As such, CPS agencies may be justified in viewing unrelated men’s involvement in children’s lives as a risk factor for maltreatment. Although we cannot conclude that such risk is greater for children living with a social father than for those living with a single mother (given that CPS involvement did not significantly differ between these two groups of families after accounting for the full set of covariates), it may nonetheless be important for CPS to devise appropriate interventions to address the presence and roles of social fathers in children’s lives in order to promote children’s safety. Most existing CPS interventions focus primarily on mothers. When they do involve men, they focus mainly on children’s resident biological fathers.
and, to a lesser degree, on their resident stepfathers. In light of evidence that maltreatment, however, CPS agencies should attempt to include and engage a wider range of men with whom mothers are romantically attached and to whom children are exposed. At the very least, CPS should work with mothers to minimize the potential dangers of children's exposure to unrelated men vis-à-vis child maltreatment, while also operating under the assumption that most unrelated men do not engage in child abuse or neglect.

Carvalho., et. al. (2009), insist that domestic violence affects all members in a family and children are considered the main victims. This qualitative study aimed to grasp the perception of mothers whose daughters were sexually abused. Data were collected between February and March 2007 in a governmental facility in Fortaleza-CE, Brazil through semi-structured interviews with ten mothers of sexually abused children. Data were submitted to the Collective Subject Discourse Technique from which three themes emerged: Guilt is rooted in the motherhood myth, unhealable pain and despair as a consequence of a feeling of powerlessness. Results evidenced that mothers experience a range of feelings in which pain, revulsion and powerlessness are highlighted. Society should be engaged in the subject and interested in understanding violence, its magnitude and the whole affected chain, otherwise, only good intentions will remain, lost in the void from the lack of action.

Deblinger., et. al. (2010), examined parental efforts to educate their children about sexual abuse. Approximately 750 surveys were distributed to parents of kindergarten through third grade youngsters (mean age 8.5) in three New Jersey elementary schools. Participants were 289 guardians (39% response rate) who voluntarily completed a survey assessing demographic characteristics, caregivers' direct or indirect experience with child sexual abuse, and their efforts to educate their children about the issue. As found
previously, parents continue to disproportionately focus on strangers as potential offenders and provide limited information particularly in terms of the nature of sexual abuse and the secrecy associated with it. Parents with no direct or indirect experience with child sexual abuse were least likely to talk with their children about the issue in general and when they did so provided less information. These findings were surprisingly similar to earlier investigations despite methodological and sampling differences across investigations. Implications and limitations of the current survey findings discussed.

Alaggia, (2010), in their study indicate a concerning number of children and youth, between 60-80%, withhold disclosure until adulthood suggesting that many children endure prolonged victimization or never receive necessary intervention. The study aim to qualitatively identify factors that impede or promote child sexual abuse (CSA) disclosure.: Using a phenomenological design, forty adult survivors of Child Sexual Abuse were interviewed about their disclosure experiences to provide retrospective accounts of their childhood and adolescent abuse experiences, disclosure attempts, and meaning-making of these experiences. Findings show that disclosure is multiply determined by a complex interplay of factors related to child characteristics, family environment, community influences, and cultural and societal attitudes. An ecological analysis is offered to understand these complexities. Unless barriers to disclosure are eradicated, negative effects of Child Sexual Abuse can persist manifesting in serious mental health issues. Practitioners can expect to work with children, adolescents and adults who have withheld disclosure or attempted to tell over time having experienced a wide range of responses. Multi-level intervention is recommended at the individual, community and macro levels. Future investigations should focus on how to identify and measure the impact of community and macro level factors on disclosure, aspects that have received much less attention.
Consequences of abuse

Pritchard., et. al.(2004), in their study compare Mental-Disorder-Related (MDR) suicide rates with Child-Sex-Abuse-Related (CSAR) suicide of 'Victims' and 'Perpetrators' of child sex abuse, based upon an examination of all Coroners' inquest files over a six-year period (n = 1,017). Census data, psychiatric case register and police records were used to calculate the potential MDR and CSAR populations. There were five main findings: (i) male and female CSAR victim suicide rates were 2.2 and 2.5 times the General Population Suicide Rate (GPSR), respectively; (ii) every female, and 80 per cent of male CSAR victim suicides, also had a mental disorder but none of the CSAR perpetrator suicides; (iii) male and female MDR suicide rates were 5 and 6 times the CSAR Victim rates; (iv) the sex abuser perpetrators' suicide rate was more than 3 times the male MDR rate; (v) the intra- and extra-familial perpetrator suicide rates, were 25 and 78 times the GPSR, respectively. Possible explanations for these surprising results are briefly discussed. They confirm the overrepresentation of people with mental disorder amongst suicides, and identify an overrepresentation of CSAR suicides, particularly perpetrators. The results have implications for suicide prevention programmes, whilst highlighting the importance of the child protection-psychiatric interface, and indicate the futility of simple explanations in an area of practical and moral complexity.

Ullman., (2003), had examined the disclosure of child sexual abuse to determine the correlates and consequences of telling others about this form of victimization. This article reviews the current empirical literature on disclosure and reactions to adult survivors to assess what is known about the process of disclosure and whether telling others is therapeutic and leads to positive outcomes. Most studies assessing social reactions in detail have concerned adult survivors retrospectively reporting on their
disclosures of child sexual abuse. Few empirical studies have been conducted in this area but research suggests that few victims tell anyone about child sexual abuse as children, and that the type of reactions to disclosure vary according to when disclosure occurs (childhood or adulthood), the extent and nature of the disclosure, and the person to whom one discloses. Clear evidence shows that negative social reactions are harmful to survivors' well-being, but better assessment of specific reactions and their effects are needed in theoretically-based studies to evaluate how these responses affect survivors' recovery in the context of other variables. Suggestions for future research on social reactions of others to adult survivors disclosing child sexual abuse are presented.

Pinzón-Rondón., et. al.(2009), presents the characteristics of a group of children who have been sexually exploited in Bogota, determining the prevalence of sexually-transmitted disease (STD) in this group of children and establishing the factors associated with STD in this population. This was a descriptive, cross-sectional study. The medical charts of children aged 10 to 17 years who sought medical attention at Foundation Renacer between January 2002 and June 2004 were reviewed. The analysis included descriptive statistics, correlations and binomial logistic regression. 255 children's charts were included, producing the following characteristics: being female (58.8%), average age was 15.4, 5.9% were affiliated to social security, 89.8% engaged in substance abuse, 41.2% used family planning, 3.9% used a condom during every intercourse and there were 0.86 average pregnancies per female adolescent. Sexually-transmitted disease prevalence was 30.9%. The most common diseases were condilomatosis and Neisseria gonorrhoeae infection. Substance abuse and infrequent condom use were associated with a diagnosis of STD. Child sexual exploitation is a reality in Colombia. In spite of the limitations of this study, it can be concluded that STDs are an important problem in the sexually-abused child population in Bogota. Preventing child sexual exploitation and
integral attention for these children (including health service provision) must become a priority.

Social Problems

Moncrieff, et al. (1998), quotes that literature on sexual abuse and alcohol problems has been reviewed. Various methodological issues are relevant in determining whether there is merely an association or also a causal relationship. These include the definition of sexual abuse, the degree and timing of abuse, the methods of data collection, sample selection, the presence or absence of control groups, possible recall bias, and difficulties with prospective studies for this subject, and the definition of alcohol misuse or dependence. Results with community and victim samples are conflicting, but studies on samples of problem drinkers suggest an association between severe alcohol problems and previous sexual abuse, at least in women. The association may be especially strong for earlier and more severe forms of sexual abuse. Possible mechanisms for an association were examined and are: (1) sexual abuse as a cause of alcohol misuse; (2) alcohol misuse predisposing people to sexual assault; (3) sexual assault and alcohol misuse both results from another factor; (4) sexual abuse predisposing to other conditions associated with alcohol misuse; and (5) an art factual association. Regardless of the role of sexual abuse in causing alcohol problems, the available evidence suggests that victims of sexual abuse may present to services with more problematical patterns of drinking and more concurrent psychiatric disorder. Different studies have adopted different methods and this need to be considered in interpreting their findings. Studies of the prevalence of alcohol misuse or dependence in the sexually abused compared to those without a history of sexual abuse have given conflicting results. There appears to be an association, however, between relatively severe alcohol problems and a history of sexual abuse, at least in women. This
Association seems to be greater for more severe and traumatic forms of abuse, such as those involving penetration or violence and if the abuse has been in childhood. Several studies have confirmed the occurrence of sexual abuse before any alcohol misuse, but there is some evidence that heavy drinking may occur first and might be a risk factor for sexual abuse especially in those first abused in adolescence. In some studies, a family history of alcohol misuse has been associated with the occurrence of both alcohol problems and sexual abuse. It appears that alcoholic parents may more often fail to protect their children against sexual abuse by others, than perpetuate abuse themselves, as problem drinkers are more likely to have been abused by someone outside the family. The mechanisms by which sexual abuse might lead to alcohol problems and the role of putative mediating factors such as psychiatric disorders remain unclear. A prior experience of sexual abuse appears to be associated with more severe and complicated presentation of alcohol problems, with, for instance, more concurrent psychiatric disorder.

Johnson., (2001), in his study explore the later effects of sexual abuse in females in pre or early adolescence. Based on interviews with a sexually abused group and a comparison group. The study found that incidents of sexual abuse led to numerous harmful later outcomes for their victims. In contrast to a similar but non-abused sample, the victim of abuse was characterized by: harboring thoughts of depression, death and suicidal ideation; experiencing lower self-esteem; having fewer close friends; experiencing more verbal altercations with their parent or parents; running away from home; having multiple sexual partners; engaging in sexual activity at an earlier age; not using birth control; having an increased chance of becoming pregnant. And/or an increased risk of contracting sexually transmitted disease, including HIV and AIDS. Based on these harmful later outcomes. There are many serious implications for child policy and practice. The study's respondents valued assistance that had helped them
recover from the profound emotional trauma. However, they also indicated that longer term services based in a multi-disciplinary setting, a one-stop facility in essence, would have provided them with more sensitive and effective assistance at the point of disclosure and subsequently.

Kalichman., et. al. (2004), states that the childhood sexual abuse is associated with high-risk sexual behavior in men who have sex with men. It examined psychological and behavioral correlates of HIV risk behavior associated with childhood sexual abuse in a sample of men who have sex with men. Men attending a large gay pride event (N = 647) completed anonymous surveys that assessed demographic characteristics, childhood sexual abuse history, symptoms of dissociation and trauma-related anxiety, borderline personality characteristics, substance use, and sexual risk behavior. Results indicated that men who have a history of childhood sexual abuse were more likely to: engage in high-risk sexual behavior (i.e., unprotected receptive anal intercourse), trade sex for money or drugs, report being HIV positive, and experience non-sexual relationship violence. Results of this study extend previous research to show that men who have sex with men and who have a history of child sexual abuse are more likely to be at high risk for HIV infection.

Lemmey., et. al. (2001), views the Child sexual abuse is a largely invisible enigma. The persistence and pervasiveness of two forms of child sexual abuse in particular, pornography and prostitution, undoubtedly lie in the perpetuation of societal norms that unwittingly support such tragic behaviors. Rooted in the eroticization of power and control in Western culture, as well as in many other countries, it produces a complex set of social problems of unknown scope and magnitude. For the millions of children at risk throughout the world, the overall problem of child sexual abuse must be
reconceptualized, and in-depth, long-term investigations of both child pornography and child prostitution must be undertaken.

Descamps., et. al. (2000), had analyzed mental health of the child victims. They studied the prevalence and mental health sequelae of child sexual abuse, rape, intimate partner violence and hate crimes are examined in a national sample of 1925 lesbians who participated as respondents in the National Lesbian Health Care Survey (1984-1985), the most comprehensive study on U.S. lesbians to date. Multivariate analyses of covariance indicated that, relative to a comparison group, lesbians who had experienced child sexual abuse and intimate partner violence reported significantly more daily stress, depression, and alcohol abuse; those who had been raped reported significantly more depression and alcohol abuse; and those who had experienced hate crimes reported significantly more daily stress, depression and alcohol and drug abuse. Lesbians who experienced a physical hate crime reported significantly more daily stress and drug abuse compared to lesbians who experienced a physical assault that they did not perceive as hate-motivated. MANCOVAs were performed to examine the impact of cumulative violence among lesbians who experienced child sexual abuse and adult violence and showed that lesbians with a history of child sexual abuse and intimate partner violence reported significantly more daily stress and alcohol abuse.

Kogan., (2005), in his study of additional unwanted sexual experiences, investigated in a sub sample of 111 adolescents from the National Survey of Adolescents who reported child sexual abuse. Results indicated that prompt disclosure of sexual abuse to an adult moderated the influence of penetration during the abuse on the number of symptoms at assessment. Thus, prompt disclosure buffered the influence of more severe abuse. Disclosure also had a main effect on the likelihood of further victimization.
Participants who told an adult promptly after the abuse were less likely to report additional unwanted sexual experiences.

Reynolds., et. al. (2009), reviewed the empirical evidence on whether early childhood primary prevention programs can reduce rates of child abuse and neglect. Fifteen studies of 14 programs for children ages birth to 5 years were completed from 1990 to 2007 and assessed impacts with methodological rigor. All but one of the programs intervened from birth to age 3 through home visits, parent education classes, or the provision of health services. The weighted average effect size of program participation was a 2.9 percentage-point reduction in maltreatment (6.6% vs. 9.5%), which is equivalent to a 31% reduction in the rate of maltreatment and a fifth of a standard deviation. Of the five programs showing significant reductions in substantiated rates of child maltreatment, three provide strong evidence of preventive effects. Only the Child-Parent Centers (CPCs) and the Nurse–Family Partnership (NFP) assessed longer term preventive effects. Common elements of these effective programs included implementation by professional staff, relatively high dosage and intensity, and comprehensiveness of scope. The major conclusion is that the evidence base for programs in early childhood to prevent child maltreatment remains relatively weak. To advance the field, longer term studies of a variety of intervention models are needed.

Stewart., et. al. (2009), briefly reviews about mental health policies on these issues and reports on a WPA survey of them. The reporting of child sexual abuse (CSA) and physician-patient sexual relationships (PPSR) are currently the focus of professional, legal and media attention in several countries. While the WPA Madrid Declaration permits breaching confidentiality for mandatory reporting of child sexual abuse and clearly prohibits PPSR, it is not known how or to what extent these policies are
implemented in WPA Member Societies' countries. It is also not known whether policies or laws exist on these topics nationally or to what extent psychiatrists and the public are aware of them. Representatives of WPA Member Societies were e-mailed a survey about issues pertaining to child sexual abuse and PPSR. Fifty-one percent of 109 countries replied. All reporting countries had laws or policies regarding the reporting of child sexual abuse, but this was often voluntary (63%) and without protection for reporting psychiatrists either by law (29%) or by Member Societies (27%). A substantial number of psychiatric leaders did not know the law (27%) or their Society's policy (11%) on these matters. With respect to PPSR, some reporting countries lacked laws or policies about PPSR with current (17%) or past (56%) patients. Fewer than half of responding representatives believed that their Society's members or the public were well informed about the laws and policies pertaining to child sexual abuse or PPSR. There is clearly a wide range of laws, policies and practices about child sexual abuse and PPSR in WPA Member Societies' countries. There is a need in some countries for laws or supplemental policies to facilitate the protection of vulnerable child and adult patients through clear, mandatory reporting policies for child sexual abuse and PPSR. Mechanisms to protect and support reporting psychiatrists should also be developed where they do not already exist. There is also a need in some countries to develop strategies to improve the education of psychiatrists, trainees, and the public on these issues.

Collin-Vézina, et al. (2009), provided a broad review about the available data regarding child sexual abuse rates in Canadian Aboriginal communities. Child sexual abuse (CSA), a prevalent problem across cultures and countries, threatens the well-being of victims, their families, and communities. Reports on the rates of child sexual abuse among Aboriginal people in Canada differ on the extent of this problem in the communities, with some studies reporting epidemic rates of sexual exploitation of
Aboriginal children. Careful analysis and interpretation is required to more accurately capture the scope of child sexual abuse in Canadian Aboriginal communities. This broad review of evidence on child sexual abuse clearly shows the striking differences between adult reports of child sexual abuse experiences that occurred many years or decades ago and current cases of children and youth investigated for child sexual abuse. On one hand, after discarding misquoted research and studies conducted with at-risk populations, we find an estimate of 25–50% child sexual abuse prevalence rate in Aboriginal adults surveyed across Canada in the past 20 years. Based on the review of this literature, child sexual abuse seems to be a prevalent social problem in both Aboriginal and non-Aboriginal adults, although research indicates the former group is more at risk than the latter. On the other hand, recent cases investigated by the Canadian child protection services show child sexual abuse is a less common problem for Aboriginal children and youth (0.53 by 1000) than for their non-Aboriginal counterparts (0.62 by 1000). Given that most child sexual abuse cases, across all cultures, never come to the attention of the authorities, the striking difference between current child sexual abuse rates among children and youth and adult reports of child sexual abuse experiences raises several critical questions. Are Aboriginal children experiencing significantly lower rates of sexual abuse than their parents, or is sexual abuse being dramatically underreported both for Aboriginal and non-Aboriginal children? Exploring both sides of this problem increases our understanding of child sexual abuse in Aboriginal communities and brings critical new light to this social problem. Future directions for research are proposed to generate sound statistical data that will provide the basis for developing appropriate policies, legislation, and services for victims. However, divergent results and explanations raise even more questions. If under-reporting is leaving most victims unprotected, what kinds of services need to be developed to reach out to these children more effectively? If
rates of sexual abuse have significantly decreased for the current generation of Aboriginal children, what can we learn about this change to help Aboriginal communities develop effective strategies for other social problems, such as neglect? If Aboriginal peoples have lower rates of child sexual abuse, then what can they teach non-Aboriginal peoples about reducing their rates? The need for more data on child sexual abuse is an ethical issue; sound statistical data would provide a basis for developing appropriate policies, legislations, and services for victims. It is our hope that upcoming nation-wide surveys, such as the First Nations Regional Longitudinal Health Survey, will collect data on child sexual abuse experiences, along with other past and current events affecting people's well-being, among First Nations communities across Canada. Robust incidence and prevalence studies including representative samples of Canadian Aboriginal and non-Aboriginal communities are needed to provide an accurate picture of the current trends of child sexual abuse among the diverse cultural groups that make up Canada. Data collected among more Canadian Aboriginal groups will allow an assessment of whether communities are all affected by child sexual abuse to the same extent. We know from the ground-breaking work of Canadian researchers Chandler and Lalonde (1998) that some communities present alarming rates of suicide (800% of the national rate) while, in others, suicide is virtually unknown. They suggested several factors to explain this wide range of experiences regarding suicide, including a sense of cultural continuity. The studies of child sexual abuse rates have so far failed to capture the local reality of communities. Canadian researchers, Aboriginal and non-Aboriginal, should devote time, energy, and conviction to resolve these issues because they are crucial to the well-being of future generations of children. We must remember that, regardless of whether there are fewer or more victims of child sexual abuse, those who are sexually victimized continue to need our help. Sexual abuse prevention, intervention, and treatment activities need to
be part of an overall community wellness plan (Bopp and Bopp, 1997). Sexual abuse cannot really be dealt with unless a community begins to take responsibility for creating health in all aspects of individual, family, and community life.

**Academic Performance**

Carvajal., et. al. (2009), in their article explain the child victimization is a complex phenomenon of the society known for centuries. In 1946, UNICEF was created as first international organization to protect childhood, being the basis for the Convention on the Rights of childhood and subsequently the Summit on the childhood in 1990. The increased child victimization is closely linked to the globalization. The child violence is associated to lack of concern by the states regarding legislation and putting into effect laws that protect the infants. This article categorizes some crimes against children as well as different forms of child exploitation (children traffic, infant pornography and child prostitution as well as organ smuggling.) It is stated that in most of the countries, child work is not a way of training but exploitation and violation of the child's rights. Violence is present regardless of sex, race or ethnic origin leading to sexual abuse. Violence against children is present in all the spheres of the capitalist society, being more acute in the Third World countries. The actions undertaken by Cuba, Venezuela and others are examples of the achievements that can be attained in the defense of the children's rights with much political willingness and few resources.

Bolen., (2002), considered attachment theory as it is applied to child sexual abuse might also be susceptible to biases. The child sexual abuse knowledge base has developed within a highly charged political and social context. As such, early theories of sexual abuse were susceptible to biases that reflected the larger socio cultural context. Although this article concludes that attachment theory can potentially add an important dimension
to the conceptualization of child sexual abuse and its dynamics, it is also suggested that attachment theory may remain at risk for becoming a vehicle for transmitting political and ideological agendas.

Chouliara., et. al. (2009), sought to summarize and evaluate evidence regarding vicarious traumatization (VT) in practitioners working with adult survivors of sexual violence and/or child sexual abuse (CSA). Relevant publications were identified from systematic literature searches of PubMed and PsycINFO. Studies were selected for inclusion if they examined vicarious traumatization resulting from sexual violence and/or child sexual abuse work and were published in English between January 1990 and June 2008. Ten studies met the criteria of the present review. In summary, VT levels in the field of sexual violence/child sexual abuse are high with negative effects, but do not appear to exceed those reported by professionals working with non-sexual violence or with sexual offenders. Further investigation is needed into predisposing and mediating factors before clear conclusions can be drawn. Previous research has suffered a number of methodological limitations regarding definitions, sampling, comparison groups, support arrangements and measurement. These factors compromise not only the rigor and general disability of findings but also ability to define VT as a useful concept. These limitations are discussed and recommendations made for a future research agenda.

85% of runaways in Toronto are sexual abuse victims (Conference on Child Victimization & Child Offending, 2000). Doyle, (1996), provides an overview of the current debate and concerns in child protection work as reflected in current, mainly British, academic and professional journals. Some of the concerns which have been expressed during the past twenty years are still part of contemporary discourse. These include the divide between physical punishment and abuse, child fatalities, assessment,
procedures, intervention and prevention. Some more recent themes have also emerged, in particular ritual abuse, the links between domestic violence and child maltreatment, children as witnesses and the plight of children with disabilities and young cares. Perhaps the most prominent feature is the overwhelming pre-eminence of articles about child sexual abuse. Physical neglect remains on the sidelines while emotional abuse, as the main or sole form, merits barely a mention. Journal articles are contributing to the debate, which has been ongoing for some twenty years, about physical abuse, child fatalities, intervention, training, prevention and procedures. They are also advancing knowledge in some more recently recognized areas of concern such as ritual abuse, the links between domestic violence and child mistreatment, children as witnesses, the plight of children with disabilities and young cares. The greatest change since twenty or even ten years ago is that sexual abuse is clearly centre stage. But the most obvious deficiency is the lack of a vibrant debate on the emotional abuse of children where it is the main or sole form of abuse—to the possible detriment of frontline workers dealing with these cases and the victims of emotional abuse themselves.

Prevention

Cheit., et. al. (2010), analyzed trends in the coverage of child sexual abuse in popular magazines since the early 1990's. The article employs systematic analysis to identify and analyze articles in four popular magazines. Articles are analyzed by subject, length, and publication. The results affirm established theories of newsworthiness related to the coverage of specific stories over time. However, interest in the subject waned in the past 10 years, with the brief and dramatic exception of coverage connected to the Catholic Church in 2002. The findings demonstrate systematic differences between the slants of the four magazines studied. The findings also suggest that child abuse professionals could
improve the quality of coverage by agreeing to interviews in connection with articles about childhood sexual abuse.

Wurtele., (2009), described briefly the child sexual abuse. It is a widespread social problem that negatively affects victims, families, communities, and society. He briefly describes the scope and consequences of child sexual abuse and briefly critiques child-focused personal safety educational programs designed to prevent sexual victimization. The final section offers suggestions for expanding the focus of child-directed efforts and also includes recommendations for alternative approaches to primary prevention.

Hurley., (2004), examines the spiritual impact of child sexual abuse from a Christian perspective and discusses some of the implications this has for teacher education programs. Child sexual abuse (CSA) is a phenomenon that sadly impacts millions of children. Considerable attention has been paid to the immediate and long term effects of child sexual abuse, notably in relation to the impact on psycho-social functioning. Few studies, however, have focused on what may be called the spiritual impact of childhood sexual abuse, despite the devastating consequences child sexual abuse has to the child's perception of, and relationship with, God. The Child Abuse Prevention and Treatment Act of 1974 mandates teachers and other school personnel to report suspected cases. However, few teacher education programs prepare educators adequately for this responsibility. Although the author addresses primarily a Christian audience, the arguments are inter-religious and have applicability across a wide spectrum of faiths.

Beier., et. al. (2009), while aiming to prevent child sexual abuse by targeting men who fear they may sexually abuse children, and who seek help without being mandated to do so. It aims to demonstrate that a pedophilic or hebephilic sexual preference is very
common among these men, to show how these men can be reached, and to document their determination to find help. The target group was informed of the project and encouraged to respond via a media campaign. A telephone screening was conducted over the first 18 months. Of the 286 who completed the screening (60.1% of the respondents), 84.3% (N = 241) were interviewed by a clinician. Of the interviewees, 57.7% (N = 139) and 27.8% (N = 67) expressed a sexual preference for prepubescent and pubescent minors, respectively, and 10.8% (N = 26) for mature adults. The remaining 3.7% (N = 9) could not be reliably categorized. As (potential) child molesters with a respective sexual preference can be reached via a media campaign, efforts to prevent child sexual abuse ought to be expanded to target this group.

Itzin., (2000), provides the findings of research and clinical work by leading figures in the UK and USA. It makes visible the prevalence of sexual abuse and exploitation of children by normal, ordinary, heterosexual family men, both within and outside the family. Comprehensive and multidisciplinary in approach, it covers the many different aspects of child sexual abuse including: phenomenology, definitions and terminology, epidemiology, explanatory frameworks, concepts and theory, the contribution of radical feminism, constructs, classifications and typologies, policy, treatments, multi-disciplinary and multi-agency work, medical advice, gender issues and criminal justice. The book provides the evidence and knowledge base necessary to begin to achieve effective prevention. It offers professionals, researchers and policy makers an invaluable source of reference and an informed basis for action.

França-Junior. (2003), examines the possibilities and limits of the epidemiological and human rights approaches to child sexual abuse (CSA). To this end, it examines epidemiological literature as to prevalence and risk factors and concludes that child
sexual abuse occurs on a large scale, primarily affecting youths, especially girls; it is not occasional or isolated in the life of people and communities and its determinants are largely unknown. The article discusses the problems of this production and indicates possible reasons for its limitations. Analysis from the human rights standpoint included an examination of the intersubjective nature of the law and of the nature of the legal sphere (private or public) and the powers that determine the compliance of individuals with a given legal rule. From this angle, one concludes that the right to grow and to live free of sexual molestation during childhood is a right pertaining to freedom and integrity (private autonomy). There are explicit mechanisms in Brazil's laws forbidding such behavior, but they have little efficacy and do not effectively cover most of the population. The operating conditions of Brazilian law cause children to become socially vulnerable to child sexual abuse. The conclusions are that these approaches, although distinct, can complement each other, so as to foster intersectorial activity for the eradication of child sexual abuse.

Skarbek., et. al. (2009), states that children with disabilities are 3.4 times more likely to be sexually abused than their nondisabled peers. Moreover, the abuse will likely be committed by someone they know and trust such as a parent, sibling, teacher, day care provider, priest, or coach. Given this, it is critical that schools implement sexual abuse prevention and intervention programs for children with disabilities. Prevention and intervention programs based on Bronfenbrenner’s ecological model infused with the three categories of prevention: primary, secondary, and tertiary as espoused by the Centers for Disease Control is proposed. Child sexual abuse in special education can be prevented or if a child with a disability has been sexually abused, schools can become a collaborative component of intervention. Prevention and intervention strategies for child sexual abuse for children with disabilities were presented. Scant research is available on the
effectiveness of prevention and intervention programs [9]. However, many [9] have recognized the importance of connecting theory base to any prevention or intervention program. Prevention and intervention programs based on Bronfenbrenner’s Ecology of Human Development and the three categories of prevention: primary, secondary, and tertiary were presented. Clearly more research needs to be conducted on the effectiveness of prevention and intervention programs for sexual abuse, which are specifically inclusive to children with disabilities.

Knowledge

Cheung., (1999), pinpoints in his study that the literature on child sexual abuse stresses the importance of assessing the congruence between the child’s language and developmental level. However, only anecdotal examples have been cited in the literature to describe children's language of sexuality. 90 investigative interviews were randomly selected and content analyzed to identify children's terminology of private body parts and sexual abuse activities. The analyses indicated that 37 different words and phrases were used to describe private body parts. More than one third of the children used the term “private” to represent a vagina, breasts, a penis, and/or an anus. “Touching” was the most frequently used term in describing sexual abuse. Female children were more expressive than male children in describing sexual parts and/or sexual abuse. Younger children used a wider range of words than older children to clarify sexual body parts and sexual activities. In general, children's choice of words can imply various meanings and the interviewer cannot assume the meaning of certain slang terms without clarifying them. Interviewers can use “what” and “how” questions to clarify the meaning directly from the children.
Kuehnle., et. al. (2005), provide a framework for identifying and assembling the interdependent elements of a child custody evaluation with allegations of child sexual abuse. The identification of several myths regarding child sexual abuse (CSA) introduces the subject matter of this article. A forensic evaluation model (Heilbrun, 2001) is then used to organize the custody evaluator's tasks into the following sequential classifications: (a) preparation; (b) data collection; (c) data interpretation; and (d) communication of results. Through this model, the entwined tasks of evaluating the child's needs and the parents' capacities to meet the child's needs, while simultaneously examining the question of child sexual abuse, are addressed. Gumpert., et. al. (2002), had described about the evaluation of suspected child sexual abuse in “A systematic approach to quality assessment of expert testimony in cases of alleged child sexual abuse”. The evaluation of suspected child sexual abuse is one of the most complicated forensic assessments. It describes a method of translating guidelines concerning written expert testimony on child sexual abuse into a quality assessment protocol - the Structured Quality assessment of expert testimony, SQX-12 - thereby creating an evaluative tool to assess written expert testimony regarding child sexual abuse. The proposed tool consists of 12 items referring to different quality aspects of written expert testimony. Integrated reliability and some preliminary metric properties were found to be promising. It is concluded that the SQX-12 may provide a small, first step towards the conceptualization of quality in forensic reports regarding child sexual abuse.

Olley., (2008), studied about association between child sexual abuse (CSA) and risky sexual behaviors among in-school adolescents. This study documents the prevalence and association between child sexual abuse (CSA) and risky sexual behaviors among in-school adolescents in Ibadan, Nigeria. A cross-sectional study with 1,079 boys and 1,211 girls was conducted in 22 socially disadvantaged public secondary schools in a suburb of
Ibadan, Nigeria. A 70-item sexual risk behavior questionnaire was used to collect information on lifetime and current sexual experiences. Fifty-five per cent of students reported to have ever experienced at least one form of child sexual abuse. Thirty-six per cent reported a history of intra-family child sexual abuse whereas 46% had experienced inter-family child sexual abuse. Five hundred and sixty-four (24.6%) of these adolescents were sexually active at the time of the study. There was a strong relationship between having ever experienced child sexual abuse and sexual risk behaviors: adolescent boys and girls with child sexual abuse were three-fold as likely not to use condom at last vaginal intercourse; thrice as likely to engage in casual sex with a partner known for a day; twice as likely to drink alcohol heavily before sex; thrice for tobacco smoking and three-fold for STD. Logistic regression shows that the relationship between child sexual abuse and non-use of condom at last vaginal intercourse remained after controlling for age, family type, parents staying together and hawking after school. They found that experiences of child sexual abuse may precipitate risky sexual behaviors in this population. A structural and educational approach towards educating both adolescents and parents of the possible effect of child sexual abuse to sexual risk behaviors is presented in this article.

Despite extensive research findings on the long-term effects and consequences of child sexual abuse, misinformation on this topic is widespread. Whitfield, et. al. (2002), several forces have worked to support and disseminate this erroneous information. Because it is difficult to comprehend the horror of sexual crimes against children, society's denial and disbelief have often unwittingly supported the agendas of those who want to discount or minimize the impact of these crimes. The media has also contributed to the aura of skepticism surrounding claims of sexual abuse and its mental health impact, and has reported favorably on controversial and unproven claims such as the "false
memory syndrome”. In the hope of countering misinformation and thus raising the level of discourse to the engagement of real scientific issues, a number of well known and respected researchers and clinicians examine various facets of the problem.

Kopp., et. al. (2008), in their study evaluate sexual abuse prevention programs, knowledge measures are typically used to assess the program’s success. In other areas of research on child safety skills, however, skills are typically assessed through behavioral measures such as role-plays. The purpose of this study was to assess the validity and acceptability of a set of role-plays for assessing child sexual abuse prevention skills. To do this they sent surveys to 97 child protective service workers and asked them to rate the validity and acceptability of 35 scenarios for use with 10-year-old children. Data collected from the 23 surveys returned showed that, in terms of average rating, all scenarios were rated as realistic to very realistic on the validity dimension and acceptable to very acceptable on the social acceptability dimension.

Turner., et. al. (2009), examines about the effects of child internalizing and externalizing symptoms on increases in victimization over a 1-year period. Using longitudinal data from the Developmental Victimization Survey (DVS), analyses are based on a national probability sample of 1,467 children aged 2–17. Results indicate that children with high levels of co-occurring internalizing and externalizing symptoms were particularly likely to experience increased exposure to several forms of victimization, including peer victimization, maltreatment, and sexual victimization, controlling for earlier victimization and adversity. The relationship of symptoms to victimization exposure differed across developmental stage. Elementary school-age children with high levels of symptoms were especially vulnerable to victimization by peers, whereas distressed youth in early adolescence were particularly vulnerable to sexual victimization.
Mental health problems in childhood and adolescence appear to represent important risk factors for increased victimization. Future interventions might consider targeting youth with co-occurring internalizing and externalizing symptoms during especially vulnerable developmental stages. In sum, although past research has clearly established the detrimental effects of child victimization on mental health, the current study demonstrates that existing mental health symptomatology in children also creates risk of victimization. Emotional and behavioral problems likely have implications for the “instigation-selection protection” processes of child victimization (Finkelhor, 2008). With respect to “investigation,” child symptoms may influence the perpetrator’s motivation for offending, by creating agitation or by arousing particular desires in the perpetrator. Mental health issues may also affect “selection” processes, making the child a particularly suitable or accessible victim relative to other children. Importantly, emotional and behavioral problems likely influence “protection” processes by damaging the child’s ability to avoid, deter, or escape victimization or by reducing positive network support. Future research would benefit from a more detailed examination of the mechanisms that link child mental health problems to victimization exposure and the specification of particular “instigation-selection protection” processes among symptomatic children. Research must examine in greater detail how developmental processes influence associations between mental health and victimization and how reciprocal processes unfold over time to create long-term trajectories of both victimization and mental health problems. The results of this study highlight the special risks facing children who experience high levels of co-occurring internalizing and externalizing symptoms. Because children who exhibit this constellation of emotional and behavior problems often experience multiple forms of victimization, including peer victimization, maltreatment by caregivers, and sexual victimization, they represent an important target group for
intervention. Educators and counselors should identify children with mental health problems early in elementary school and make special effort to target safety interventions and peer-victimization education to this group of vulnerable children. Similarly, children in early adolescence with mental health symptoms should be targeted for counseling on issues of sexuality that includes education about negotiating safe sexual relationships and avoiding behavior and situations that may contribute to victimization.

Moreover in India, the various forms of child sexual abuse and the causes and consequences of child sexual abuse are need to be investigated. In this study an attempt will be made to study the above statement and the relationship between the variables, also to find out. Thus the present attempt is a pioneering one, trying to explore the causes and consequences of child sexual abuse which will be useful in the future to develop programme of prevention of child sexual abuse in the developing countries like India.