Chapter- 2

REVIEW OF THE STUDY
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In this chapter an attempt has been made to describe those studies which have adequate relevance to the present problem. Before going into the details of the study in hand it will not be out of place to review the research work on the subject carried out in India and abroad. Though it will not be feasible to go through all of them, some of them, however, mentioned in this chapter.

Groth and Birnbaum (1978) categorized child sexual offenders into two groups, "fixated" and "regressed." Fixated were described as having a primary attraction to children, whereas regressed had largely maintained relationships with other adults, and were even married. This study also showed that adult was not related to the sex of the victim targeted, e.g. men who molested boys often had adult relationships with women.

Conte and Schuerman (1987) in their study on the effects of sexual abuse on children collected data at the Sexual Assault Centre in Seattle on 369 sexually abused children and a community comparison sample of 318 not-abused children. Data describing the behaviour of these children were also collected from the child's parent and for the abused children from the social worker. Samples differed on a number of variables and these variables were used as control variables in the analysis. Their results indicated that abused and not-abused children appeared behaviourally different on a set of factors and clinical dimensions constructed from the parent-completed measure.

Anxiety and depression seem to be a basic behaviour disorder caused by trauma or abuse. Cohen and Mannarino (1988) in their study found that parents of sexually abused girls (aged 6-12 years) rated them having significance more behavioural problems such as depression, anxiety or low self-esteem as compared to parental ratings of non-abused sample.

Grazino and Mills (1992) studied psychological problems and treatment of abused and neglected children in the light of the factors such as quality of the parent-child
relationship, socio-economic-status, type and severity of maltreatment, child’s developmental stage, and degree to which development is disrupted. The researchers stated that maltreatment children show greater difference with self-control, more aggression, less empathy, poorer cognitive skills and academic performance and less moral development.

Ito et al. (1993) found increased electrophysiological abnormalities in sexually abused children.

Kendall-Tackett, K.A., Williams, L. M., Finkelhor (1993) after reviewing 45 studies stated that the studies clearly demonstrated that sexually abused children had more symptoms than non-abused children, with abuse accounting for 15-45% of the variance. Fears, posttraumatic stress disorder, behaviour problems, sexualized behaviours, and poor self-esteem occurred most frequently among a long list of symptoms noted, but no one symptom characterized a majority of sexually abused children. Some symptoms were specific to certain ages, and approximately one third of victims had no symptoms. Penetration, the duration and frequency of the abuse, force, the relationship of the perpetrator to the child, and maternal support affected the degree of symptomatology. About two thirds of the victimized children showed recovery during the first 12-18 months. The findings suggest the absence of any specific syndrome in children who have been sexually abused and no single traumatizing process.

Maletzky (1993) found that, of his sample of 4,402 convicted paedophilic offenders, 0.4% were female. Another study of a non-clinical population found that, among those in the sample that had been molested, as much as a third were molested by women.

Teicher et al. (1993) found that child sexual abuse was associated with a reduced corpus callous area; various studies have found an association of reduced volume of the left hippocampus with child sexual abuse.
Teicher et al. (1993) found that an increased likelihood of "octal temporal lobe epilepsy-like symptoms" in abused subjects.

Deror (1994) found fear, anxiety and depression amongst subjects who encountered at least one severe level of sexual, physical or emotional child abuse. Holmes (1995) found that in comparison to patients having no history of abuse, those with a history of abuse showed no improvement in anxiety scores after therapy.

Thus child abuse is rampant and widespread in Indian society as well. Segal and Ashtekar (1994) attempted to assess whether the abuse of children by caregivers/parents is prevalent in Indian society. In this connection, 515 children were interviewed in Bombay approximately 50% of the respondents reported of physical violence from parents or caregivers and over two-thirds reported the use of abusive violence. In addition, over 60% of the children who had run away from their homes cited violence by parents as the primary reason for their leaving. The investigators proposed that this might be one of the variable adding to the number of street children in India.

Berger (1995) studied parental bonding patterns amongst Japanese females having eating disorders and childhood physical and/ or sexual abuse. Histories of physical abuse only had significantly different parental bonding and dissociation as compared to those who had no physical abuse.

Buist and Barnett(1995) in order to establish the link between childhood sexual abuse and post partum depression studied the cases of 4 women, classified adult sequelae child sexual abuse, focusing on four aspects viz, emotional/psychological, sexual adjustment, interpersonal relationship, and social functioning. Women with a history of child sexual abuse are characterized by low self-esteem, anxiety, and poor relationship. This puts them at a higher risk of depression.

In USA over the 20 years information pertaining to child sexual has been reported. It has been observed that the number of cases of child abuse and neglect especially
sexually abuse cases steadily increase. According to the National Committee for the Prevention of Child Abuse (NCPCA), sexually abuse constitute about 11 percent of cases reported, in 1995 almost 350,000 cases, currently, approximately one-third of reports are substantiated after investigations of Child Protection Services (CPS) i.e., about 110,000 of sexually abuse annually. Although the number of cases from the CPS report is considerable study of 1000 parents conducted by the Gallop Poll in 1995 yielded a projection 10 times larger, of one million children during the previous year.

Maltas and Shay (1995) in an interesting interpretation of the findings of their study, examined the partners of childhood victims of sexual abuse. They found that the early abuse on the couple’s intimate relationship is so often the cause of confusion and unhappiness. Partners of survivors of childhood sexual abuse may develop a “trauma contagion” marked by high levels of stress, doubts about by personal values and assumptions about the world, a tendency to be drawn into unconscious re-enactment with the survivor of the abusive relationship. The metaphor of contagion suggests a process by which the trauma is communicated, like a virus to an intimate sexual partner and is thus experienced more pervasively than it is by someone in a close but different kind of relationship to the survivor.

Liem, O’Toole, James, and other (1996) hypothesized that adult childhood sexually abused survivors characterizations of interpersonal relationship would reflect greater power motivation and more preoccupation with themes of powerlessness (THP) and Betrayal (THB) than non-abused adults. The hypothesis was tested on 19-54 years old women with child sexual abuse histories and found that women with child sexual abuse histories had both stronger power motivation and lingering fear of power. Although THP was more frequent in the narratives of child sexual abuse.

Mannarino and Cohen (1996) conducted a follow-up study of several child and family factors and investigated their impact on the development of psychological symptomatology in sexually abused girls. Sixty abused girls aged 8 to 13 were compared
with 85 normal controls at 6- and 12-month follow-up assessments. The mediating variables examined included abuse-related attributions and perceptions, general attributions, locus of control, parental support, the parent's emotional reaction to the abuse, and family cohesion and adaptability. At both follow-ups, abuse-related attributions and perceptions, as measured by the Children's Attributions and Perceptions Scale, were significantly correlated with and predictive of self-reported symptoms in the abused group. Also, at the 12-month follow-up, locus of control and the parent's emotional reaction to the abuse emerged as significant predictor variables of symptom development in abused subjects. Mediating factors from the 6- to 12-month follow-up in the abused group did not change. Locus of control at the 6-month follow-up correlated significantly with trait anxiety at the 12-month follow-up.

According to Pienaar, (1996) Child abuse is one of the major problems that demand urgent attention in South Africa. The Child Protection Units of the South African Police Services identified during the first 6 months in 1996, 19805 cases of crimes against children less than 18 years; of which child sexual abuse were 7968 (40%) rape: 7363, sodomy: 480 and incest).

Although research over many years have established the negative effects of child sexual abuse, but in 1998, Bruce Rind, Philip Tromovitch, and Robert Bauserman published a meta-analysis of the effects of child sexual abuse using college samples in the Psychological Bulletin. Contradicting the popular view that child sexual abuse inevitably causes severe and long-lasting psychological damage; the authors reported that the relationship between a self-reported history of child sexual abuse and psychopathology was quite weak. They concluded that the subjects who had been sexually abused were nearly as well-adjusted as those who were not. Their results were similar to earlier studies using community samples (Bauserman & Rind, 1997; Rind & Tromovitch, 1997). In the article, they reported even more provocative findings - that 11% of female and 37% of male respondents retrospectively indicated their short-term reactions to the sexual contact had been positive.
Bohan (1997) assessed adult women sexually abused in childhood for values by testing them on Rokeach value survey to assess inner and outer values. The sexually abused women ranked personal values such as inner harmony, self-respect, wisdom, and as most important to them, indicating that they may not have developed inner values as children. The non-abused women ranked the outer values of equality, a world of peace, national security, and world of beauty as most important which may indicate greater psychological maturity.

Bryant and Range (1997) studied lifetime suicidality amongst subjects who reported childhood sexual abuse, physical abuse or both. Subjects were categorized according to the severity of abuse. Subjects having more severe level of sexual or physical or both abuses were found more suicidal than those who reported less severe abuse.

Jarvis and Copeland (1997) in a study to explore assessment between child sexual abuse (CSA) and psychological co-morbidity among 180 women (aged 1-69 years) found that women with a history of both child sexual abuse and substance abuse more likely to have attempted suicide than other women.

Adedoyin and Adegoki (1998) administered semi-structured questionnaire on teenage prostitute in Nigeria. Their findings suggested, among other things, that childhood sexual abuse perhaps leads to prostitution. Half of the sample used in their study had their first sexual experience early in life, and about the same number lived with their parents when they began prostituting. Investigators noted that this phenomenon occur in a society that has come to crode some of the sexual constrains in the traditional Africa. Due to this society’s openness today towards sexuality and sexual expression, adolescent comments sexual activity at an increase earlier age and the average marriage comes much later. It is therefore not surprising that an increased proportion of adolescents in Nigeria are engaging in teenage prostitution. This conclusion may lead to a
notion that modern day values towards sexuality and earning (economic) ‘values have relationship with child sexual abuse.

Ito et al. (1998) found "reversed hemispheric asymmetry and greater left hemisphere coherence in abused subjects;"

Lawson (1998) in a quest to study the long-term impact of child abuse on religious behaviour and spirituality in men tested two hypothesis (1) past experience of child abuse (sexual, physical, or emotional) will be related to higher levels of reported alienation from religion and God as shown in lower rates of current religious behaviour higher frequency of spiritual “injury,” and lower stability of religious behaviour and experience; (2) more “severe” forms of abuse will be associated with higher indications of alienations. Result showed that the history of sexual abuse was related to significantly greater spiritual injury and lower stability of spiritual behaviour and expression. Multivariate analyses indicated that the effect size is relatively small and the type of abuse was less important than the presence of any form of abuse. The finding further suggested that the impact of childhood abuse is complex and affected significantly the construct of personal beliefs and might also affect the value adversely.

Ratna and Mukergee (1998) in a quest to establish relationship of child sexual abuse with PTSD estimated that approximately 20% of victims go on to have serious long-term pathology. It was concluded that there is high incidence of PTSD following sexual trauma. Furthermore, evidences of neurocholocrine disturbances similar to those seen in war veterans with PTSD were also found among the victims.

Cahill, Kaminer and Johnson (1999) in order to discuss developmental, cognitive behavioural sequelae of child abuse, explored the literature on the short and long term sequelae of physically and sexually abused and neglected children, and concluded that abuse and neglect effects on child’s neurologic, behaviour and cognitive system.
Dillon (1999) conducted a case study with 19 years old girl who was sexually abused between ages 6 and 12 and got pregnant at the age of 16. She was tested on “Draw- A- Person Questionnaire”, “Karp Objective Word Assessment Test” and the “Appreciative Personality Test”. The researchers concluded that the girl’s responses reflected many problem, the most consistent being reflection of emotional immaturity and distorted use of sex.

Childhood psychopathology has been a major concern for the researchers in the field of child abuse, particularly for understanding the impact of child abuse in the later life of victims. Doyle and Stoop (1999) reported the case of a 10 year old boy diagnosed with Post Traumatic Stress Disorder (PTSD) resulting from chronic, severe abuse and torture. The investigators further noted that the boy was born to a heroine addicted mother, who herself had the history of extreme physical abuse and emotional abuse and neglect in childhood.

Dubner and Motta (1999) studied and compared three groups of children comprising 50 sexually abused, 50 physically abused and 50 non-abused children. All subjects completed child Post- Traumatic Stress Reaction Index. Results indicated that sexually and physically abused children demonstrated a high incidence of PTSD. They further noted that preadolescents demonstrated more severe PTSD than early adolescent subjects. Widom (1999) observe that 37.5 percent victims of childhood sexual abuse, 32.7 percent of childhood physical abuse and 30.6 percent of childhood neglect meet DSM-III R criteria for lifetime PTSD.

Child abuse has its detrimental effects on behavioural pathology leading to the psychotic or neurotic problem in victims. Read and Argyle (1999) studied three positive symptoms of schizophrenia namely hallucinations, delusions and thought disorders amongst physically and sexually abused children. It was seen that there is a relationship between specific symptoms. Hallucination was found highly associated with sexual abuse whereas delusion and thought disorder were assessed with physical abuse. The study
findings of a high frequency of auditory hallucination particularly command held to kill oneself, and paranoid ideation among inpatient with a history of abuse.

The notion that PTSD may be found in children who have experience abuse (Sexual in Particular) has become an important issue in research and clinical practice (Morrissette, 1999). Children who have been exposed to violence are at risk for developing PTSD (VanFleet, Lilly and Kaderson, 1999).

Saunders et, al. (1999) conducted a study on US based national sample drawn by probability method and interviewed adult women with a history of childhood rape. Result showed that childhood rape dramatically increased risk for development of psychological problem such as PTSD, major Depression and substance use.

Silber and Stock (1999) administered Appreciative Personality Test and Draw-A-Person Questionnaire among 163 females (16-50 years) who were sexually abused in childhood and 163(15-52years) and also on a control group who were sexually abused in their childhood. They found abusers more depressed, passive, hostile and less trusting than controls.

Impact of physical and sexual abuse during childhood may become permanent resulting in long-term sequelae related to the abuse (Stevenson, 1999). Abnormalities caused by the childhood experiences may surfaced up during adulthood. Sheldon and Bannister (1998) studied problems of adult female survivors of childhood sexual abuse. They noted major long –term consequences of child sexual abuse and divided them in three categories. In the first category were the psychological problems with a psychiatric presentation such as depression, anxiety, sleeping difference, eating disorders, self-harm and alcohol and drug dependence. Second, severe interpersonal difficulties characterized by feelings of isolation, alienation, distressed, fear of men, repeated victimization in an adult relationship with their own children. Third category includes sexual problems such as avoidance of sex, sexual anxiety and guilt, promiscuity and prostitution.
Several researchers have proposed conceptual models to explain the adverse behavior effects of child abuse (Thompson and Wyatt, 1999). According to them children’s emotional or behavioral problems, learning disabilities or other difficulties often reflect broader problems that are associated with abuse or neglect.

Child sexual abuse independently predicts the number of symptoms for PTSD a person displays, after controlling for possible confounding variables, according to Widom (1999), who wrote "sexual abuse, perhaps more than other forms of childhood trauma, leads to dissociative problems ... these PTSD findings represent only part of the picture of the long-term psychiatric sequelae associated with early childhood victimization ... antisocial personality disorder, alcohol abuse, and other forms of psychopathology." Children may develop symptoms of post traumatic stress disorder resulting from child sexual abuse, even without actual or threatened injury or violence.

Hooper, Carol-Ann and Warwick, Ian (2000) reviewed the evidence on the relevance of gender to the prevalence and impacts of sexual abuse in childhood, and to the interaction between adults with a history of child sexual abuse (‘survivors’) and services. It is a widely acknowledged now that child sexual abuse increase the risk of a range of services can offer reparative experience and that there is also a risk of retraumatization if the dynamics of abuse are replicated. Points where gender may affect whether experience of service provision is reparative or retraumatization include disclosure, allocation of workers and group work. In a context in which the voluntary sector plays a significant role in provision, the potential gains and losses in the current trend for formerly single-sex specialist voluntary organizations to ‘go-mixed’ are discussed. They suggested that the politics of recognition adds a useful frame for considering survivors’ needs and the relevance of gender to their experience journal abstract.

Kendler et al. (2000) found that most of the relationship between severe forms of child sexual abuse and adult psychopathology in their sample could not be explained by
family discord, because the effect size of this association decreased only slightly after they controlled for possible confounding variables. Their examination of a small sample of CSA-discordant twins also supported a causal link between child sexual abuse and adult psychopathology; the CSA-exposed subjects had a consistently higher risk for psychopathologic disorders than their CSA non-exposed twins.

Futa, Hsu and Hanson (2001) discussed how child sexual abuse affects the victims’ families. Review of the relevant literature with reference to Asian American families throws light on the adverse effects of child sexual abuse on Asian American values such as collectively conformity, inconspicuousness, middle position virtue, shame, self-control and fatalism.

Anderson et al. (2002) recorded abnormal transverse relaxation time in the cerebella vermin of adults sexually abused in childhood.

Browne, et. al. (2002) in their survey of Romanian families found that 0.1 percent of parents admitted to having sexual abused their children, while 9.1 percent of children reported having suffered sexual abuse. Findings reported in international studies conducted since 1980 reveal a mean life time prevalence rate of childhood sexual victimization of 20.0 percent among women and 5 to 10 percent among men (Finkelhor, 1994). Life time prevalence rate for childhood sexual victimization among adult women ranged from 0.09 percent (Choquet et al, 1997) when rape is used as the definition of abuse, to 45.0 percent, with a much wider definition.

Initially there was no response to the article for several months. Then, what has been called the "political storm of the century for the field of psychology" (Garrison & Kobor, 2002) began. The article came to the attention of several conservative groups, including radio personality Dr. Laura Schlessinger, whose "Dr. Laura" radio show attracts millions of listeners. Dr. Laura criticized the article and its authors as well as the APA for publishing it. She called it "junk science at its worst" and claimed the point of the article
was to normalize pedophilia. She even implied that two of the authors traveled over the world to promote adult-child sex (Lilienfeld, 2002b, p. 178).

Tang (2002), aimed to explore the prevalence rate and profile of abusers and victims of child sexual abuse in a Chinese society. A convenience sample of 2,147 taken from Hong Kong Chinese college students completed questionnaires which included items on definitions of child sexual abuse, recall of sexual abuse incidents and personal demo-graphics. As compared to western studies, the study showed lower rate for more intimate or severe forms of child sexual abuse. The Chinese victims were more reluctant to disclose their sexual victimization than their western counter parts. Limitations and practical implications of the study were also discussed.

Walsh et al. (2002) examined the relationship between a history of parental psychiatric disorder and a history of child abuse in a general population sample of Ontario residents. A representative community sample of 8548 respondents who participated in the Ontario Mental Health Supplement (OHSUP) were interviewed about parental psychiatric history and completed a self report measure of childhood physical and sexual abuse. Respondents reporting a parental history of depression, mania, or schizophrenia had a two to threefold increase in the rates of physical, sexual, or any abuse. Parental history of antisocial disorder increased the risk of exposure to physical abuse. There was no statistically significant difference between parental psychiatric disorder and childhood physical or sexual abuse by gender of the respondents. There was a trend for increasing risk associated with father only, mother only, and both parents having any psychiatric disorder. The elevated risk for physical and sexual abuse among respondents reporting a parental history of psychiatric illness highlights the need to examine the mechanism for this association. Such information is important in developing approaches to assist families where the risk of child maltreatment is increased.

In Indian study carried out by Pagare (2003) in an observation home in Delhi covering 189 boys, sexual abuse was reported in case of 38.1 percent of children. On
clinical examination, among the sexually abuse children, physical signs were seen in 23.8 percent and behavioral signs were seen in 16.3 percent. In case of sexually abuse the most common perpetrators of sexually abuse were strangers. Sexually abuse was found to be significantly associated with domestic violence, solvent /inhalant use and working status. In another study carried out in south Kolkata among migrant child labor, Investigators found that 11.0 percent of girl children working as maid servant was subjected to sexually abuse and /or harassment (Deb and Mitra, 2002).

Dong et al, (2003) assessed the relationship of childhood sexual abuse (CSA) to nine other categories of Adverse Childhood Experiences (ACEs), including childhood abuse, neglect and multiple types of household dysfunction. Retrospective cohort study data were collected from 17,337 adult health plan members who responded to a survey questionnaire. CSA was reported by 25 percent of women and 16 percent of men. In comparison with persons who were not exposed to CSA, the likelihood of experiencing each category of ACE increased 2-3.4-fold for women and 1.6-: 2.5-fold for men (p<0.05). The adjusted mean ACE score showed a significant positive graded relationship to age at first occurrence of CSA. CSA is strongly associated with experiencing multiple other forms of ACEs should be considered in the design of studies, treatment and programmes to prevent CSA as well as other forms of ACEs.

Goodman-Brown et al. (2003) obtained data for 218 alleged child sexual abuse victims whose cases had been referred to District Attorneys offices. There was significant support for the model, suggesting that children, who were older, came from incestuous families, felt greater responsibility for the abuse and feared negative consequences of disclosure took longer to disclose children’s cognitive appraisal of others, tolerance of disclosure of child sexual abuse, developmental, cognitive and socio-emotional factors need to be taken into consideration.

In the study conducted by Lamb et al. (2003) twenty-six alleged victims of child sexual abuse (aged 5-14years; m=9.8years) and 26 children who had victims but not
experienced similar events were interviewed by experienced youth investigators about the alleged abuse. All children were interviewed using the NICHD investigative interview protocol. Witnesses and victims provided similar amounts of information about the incidents of abuse. These results confirmed that young children can be informative witnesses about events that they have either experienced or witnessed.

Offen, et.al. (2003) tried to determine whether reported childhood sexual abuse is related to the severity of symptoms in patients who experience auditory hallucinations. A sample of 26 adult male and females with psychotic disorders involving auditory hallucination were interviewed and were asked to complete three self-report measures: the Dissociative Experiences Scale (DES-II and DES-taxon versions); the Beck Depression Inventory (BDI); and the Beliefs about Voices Questionnaire (BAVQ). These results require replication and refinement in future research, but indicate a need for greater attention to be paid to the possible role for childhood sexual abuse when understanding and treating auditory hallucinations.

Rosenthal et al. (2003) investigated age and gender differences in perceived emotional support in children and adolescents who experienced sexual abuse from the time of discovery to 1 year later. Also examined were the relations among sources of support and adjustment and whether support explained resilience, defined as better adjustment over a year’s time. One hundred and forty seven sexually abused youth were interviewed at the time of discovery (T1) and 1 year later (T2). Findings suggested that treatment should include a focus on helping caregivers provide appropriate emotional support.

Swanston et al. (2003) made an effort to understand the psychosocial adjustment of 103 sexually abused children in Sydney after nine years as compared to non-abused young people of similar age and gender to assess group differences and examine potential risk factors. A comparison group of similar age and gender was selected from schools in the catchments area of the CPUs. Six years after presentation for the abuse, records of the
statutory child protection authority were checked to determine any further notifications for abuse and/or neglect. Nine years after intake, 49 of the abused young people and 68 of the non-abused young people and/or their parents were interviewed and assessed. The sexually abused young people performed more poorly than non-abused young people on psychometric tests of depression, self-esteem, anxiety, behaviour (child behaviour checklist; youth self report; young adult self report), and despair. They were also more likely to have a history of bingeing, self-inducing; vomiting, smoking cigarettes, and using amphetamines, ecstasy and cocaine. Potential risk factors were in two groups, family and child. Rather than focusing only on the individual’s functioning and the individual’s feelings of despair.

Walrath et. al. (2003), examined multiple empirically based perspectives (i.e., child, caregiver, and clinicians) of behaviour and functioning as they contribute to the clinical and psychosocial profile of children (aged 5 to 17.5 years) with reported histories of sexual abuse. Seven hundred and fifty nine children with a reported history of sexual abuse were compared to 2772 without such a history on caregiver and child reported behaviour, clinician rated functioning, diagnosis, demographic variables and life challenges. The findings indicated that the profile of children entering into comprehensive Community Mental Health Services with reported histories of sexual abuse, as compared to those without such histories is complex and best understood via multiple perspectives, caregivers, child and clinician rated information, when taken together, provide a comprehensive clinical and psychosocial profile around which to plan and implement individualized service plans.

Biswas and Gupta (2004) investigated relationship between quality of work life, subjective well-being, personal well-being and work related stress among police personnel. The study was conducted in two phase, qualitlated data were collected from 200 male and 117 female constables and head constables. The second phase involved data collected through in depth interviews with senior officials ranging from PSI’s to the commissioner. Part of the data that has already been analyzed show sharp variations in
how the police perceive their public image. Future analysis would be aimed at understanding factors affecting organizational performance, thereby enabling us to make feasible recommendations to bring changes in the system and policies through which then police work.

Ghufran (2004) investigated the effect of women empowerment on mental health. For this purpose a sample of 88 elderly women subjects (age ranging from 60-75 years) were selected after administering women empowerment scale developed by Ghufran and Bisht. Mental health inventory order to assess the extent of their mental health. The result of the study revealed that the empowerment of women’s affects their mental health significantly. Women who are highly empowered were found to be better on mental health.

Rani and Agarwal (2004) presented an Indian theory of positive health and well-being. This is a study of positive health and well-being of the organism. A beautiful parallelism was found in between the concept of the need of positive health, mental as well as physical in psychology and well-being of the organism and Atam Gyan in India Vedic literature and Pauranic Scriptures. There is a hierarchy in human needs developed and established by Maslow. Well-being of the organism or the happiness due to self actualization is the highest level of motivational needs, under laying human behavior. The well-being of organism is possible only in persons whose other needs like esteem, love, belongingness, safety and physiological needs have been fulfilled.

According to singh (2004) the Indian approach to life as a whole is unique. It is an approach which not only encompasses health and happiness; rather it includes the successful achievement of the mundane as well as the ultimate goal of spiritual enfoldment- God/self realization. The four goals of life (Purusharthas) namely dharma (righteous living), Artha, (righteous earning) Kaama (desire fulfillment righteously) and Moksha (God/self realization) and four ashrams of life namely Brahmcharya, student life, Grihasth (householder), Vanaprastha (the post retirement) and Sannyas (the renunciation)
are the milestones for the fulfillment of life in an ascending order in the first, second, third and the fourth quarter of the life span. The goal of life are inter linked with the ashrams (stages of life). These four ashrams are further linked to the for psychological categories of men kind giving us four Varnas. Following the bounden duties according to one ashram and Varna one achieves health and happiness.

Relationship of resilience, happiness and self esteem with well-being were exposed by Srivastava (2004) using a sample of 30 undergraduate students from a premier technical institute located in North India. Data was analyzed through factor analyses, regression analyses, and T. Test. results showed that resilience and happiness were positively related to well-being, where as happiness and positive association with resilience and negative association with self-esteem. Self-esteem was negatively associated with resilience and well-being. Experimental learning in a T-group type intervention seemed to a cause an increase in all core variables except self-esteem, which suffered a setback, as evidenced through data obtained at a second time point. Results are discussed toward the importance of resilience, happiness and experimental learning for increased well-being.

Child sexual abuse occurs frequently in Western society. The rate of prevalence can be difficult to determine. In the UK it is estimated at about 8% for boys and 12% for girls. The estimates for the United States vary widely. A literature review of 23 studies found rates of 3% to 37% for males and 8% to 71% for females, which produced an average of 17% for boys and 28% for girls, while a statistical analysis based on 16 cross-sectional studies estimated the rate to be 7.2% for males and 14.5% for females. The US Department of Health and Human Services reported 83,600 substantiated reports of sexually abused children in 2005. Including incidents which were not reported would make the total number even larger.
Agarwal (2005) studied the intuitional climate of PAC men and studied their subjective well-being. It was found that the idea of social empowerment was based on the welfare of human behavior.

Cantarella (2005) in his article on sexual abuse in family today: group resonance as a cure, focused on the sexual abuse of females in families with in a social context, as a social phenomenon which involves more families than we knew about or believed existed in the past, a phenomenon also involving “ordinary” families we meet in everyday life and which is one aspect of the violence of the world in which we live. Probability from alterations in conscience of the victim and for the therapist in recognition non-verbal communication are examined before the author identifies causes of feelings of self guilt in the therapist. The therapeutic effectiveness of group resonance is demonstrated in a clinical case study, also showing how group therapy can help a victim of sexual abuse to work through post traumatic experience.

Cecil, Heather and Matson, Steven (2005) examined levels of sexual victimization among a sample of 249, 14 -19 years old African American Adolescent Women. Victimization was common: 32.1 percent reported having been raped, 33.7 percent had experienced sexual coercion, and 10.8 percent reported and attempted rape. Only 23.4 percent had never been victimized. They further investigated whether levels of psychological health and family dysfunction varied as a function of the type of sexual victimization. Girls who had been raped had lower levels of self-esteem and mastery and higher levels of depression compared of girls who reported no sexual victimization. Significant higher levels of family cohesion and significant lower levels of family support were reported by girls who had been raped verses girls who reported no sexual victimization. These findings are a starting point for future studies by providing evidence that levels of mental health and family dysfunction vary by the type of sexual victimization experienced.
Coldwell, Barbara and Maneg (2005) in their study reviewed the current literature on the significant and characteristics of sleep disturbances occurring in the context of trauma observed that sleep disturbance is common after traumatic events of various types. Such as combat, physical trauma, and sexual abuse and closely intertwined with PTSD, a common outcome of severe and prolonged trauma and examined the relationship between sleep disturbance and PTSD, identifies gaps in knowledge relative to the role of sleep disturbance in trauma and PTSD, and discussed the implications of this body of knowledge for clinical practice.

Shukla (2005) has discussed the relative importance of emotional balance in subjective well-being. She has stated that well-being is co-related with courage, emotion balance, faithfulness, intelligence and forgiveness. It is a bipolar process. Dealing with the hazards of well-being she has discussed ANT (Automatic Negative thought).

Hasnain and Kumar (2006), studied psychological well-being of women reporting sexual abuse in childhood. For this purpose the investigators selected 24 severe sexually abused and 33 moderate sexually abused and 20 women as controlled group and administered PGI well-being scale. Their results indicated that both moderately and severely abused participants had significantly lower well-being than normal participants.

Jennie, Penelope; Elizabeth and Frank (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 [example, depression and PTSD]. Sleep disturbances in 147 females (78 sexual abuses; 69 comparisons) were assessed 10 years after disclosure of substantiated abuse. The follow-up protocol included self-report questionnaire regarding typical sleeping pattern and sleep disturbances as well as majors of depression, PTSD, and lifetime victimization histories. Their results suggested that sleep disturbances co-related significantly with both depression and PTSD. Hierarchical regression analysis showed that sexual abuse participants reported significant 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. Conclusion: assessment of sleep disturbances should be integrated into standard of care for adolescence who have experience sexual abuse.

Mujgan, A., Ethem, E., Oya, E. and Deniz, A-K., et.al (2006) in their study attempted to determine the prevalence of sexual abuse in female adolescence in Istanbul, Turkey from data collected as part of a school based population study on healthy and healthy behavior. A stratified cluster sampling procedure was used for this cross-sectional study. The study sample included 1,955 randomly selected 9th through 11th grade female students attending 26 randomly selected high schools in Istanbul. A self-report questionnaire was administered anonymously in the class rooms. Information on sexual abuse history was collected through the questions investigating “touching” and “intercourse”. Of 1,955 female students, 1,871 (95.7 percent) provided answers to the questions addressing unwanted sexual experience. Of these, 250 (13.4 percent) reported sexually abusive experience. 213 (11.3 percent) students reported that someone touched their private parts in a way they did not like; 91 (4.9 percent) reported they were forced to have sexual intercourse; 54 (3.0 percent) reported both types of sexual abuse. Incest was reported by 1.8 percent of the subjects 93 percent of the perpetrators were reported to be male. Journal abstract.

Navalta et al. (2006) found that the self-reported math Scholastic Aptitude Test scores of their sample of women with a history of repeated child sexual abuse were significantly lower than the self-reported math SAT scores of their non-abused sample. Because the abused subjects verbal SAT scores were high, they hypothesized that the low math SAT scores could "stem from a defect in hemispheric integration." They also found a strong association between short term memory impairments for all categories tested (verbal, visual, and global) and the duration of the abuse.
Offenders are more likely to be relatives or acquaintances of their victim than strangers. A 2006–2007 Idaho study of 430 cases found that 82% of juvenile sex offenders were known to the victims (acquaintances 46% or relatives 36%).


Deb and Mukherjee (2009) conducted a study to understand the impact of sexual abuse on personality disposition of girl children. In order to achieve the objectives of the study, three study tools were used and data were collected from a group of 120 sexually abused girl children and 120 non-sexually abused girl children for comparison of data. Findings revealed that majority of the victim girls (93.3%) came from nuclear families and a large number of them were illiterate. Nearly half of the girls were sexually abused between the ages 14 -17 years of age; about one-third was sexually abused between 10-13 years, and others were sexually victimized at a very young age, between 6-9 years. They were mostly abused by the strangers, followed by relatives and known local acquaintances. Majority of the incidents were not reported to police because of social stigma, harassment and threat from the perpetrators. Out of a total of 120 sexually abused girl children covered in the study, about 58.3% perceived counselling to be beneficial while the remaining 41.7% perceived it not to be facilitative. Multidimensional Personality Inventory explored five personality dimensions of the sexually abused children i.e., extroversion/introversion, self-concept, temperament, independence-dependence, and anxiety. Statistically significant differences were found in case of all the personality variables except dependence-independence. Sexually abused children were found to be more introvert, possessed low self-concept and more anxious than that of their counterparts i.e., non-sexually abused children. However, counselling improved
self-concept of the sexually abused children and reduced their level of anxiety to some extent.

Dante Cicchetti found that 80% of abused and maltreated infants exhibited symptoms of disorganized attachment. When some of these children become parents, especially if they suffer from posttraumatic stress disorder (PTSD), dissociative symptoms, and other sequelae of child abuse, they may encounter difficulty when faced with their infant and young children's needs and normative distress, which may in turn lead to adverse consequences for their child's social-emotional development. Despite these potential difficulties, psychosocial intervention can be effective, at least in some cases, in changing the ways maltreated parents think about their young children.

A study funded by the USA National Institute of Drug Abuse found that "Among more than 1,400 adult females, childhood sexual abuse was associated with increased likelihood of drug dependence, alcohol dependence, and psychiatric disorders. The associations are expressed as odds ratios: for example, women who experienced non-genital sexual abuse in childhood were 2.93 times more likely to suffer drug dependence as adults than were women who were not abused."

It is very difficult to project the incidence rate and magnitude of forms of child abuse in India, as there is no maintaining record as maintained in the developed country.

The study's main findings included: 53.22% of children reported having faced sexual abuse. Among them 52.94% were boys and 47.06% girls. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls, as well as the highest incidence of sexual assaults. 21.90% of child respondents faced severe forms of sexual abuse, 5.69% had been sexually assaulted and 50.76% reported other forms of sexual abuse. Children on the street, at work and in institutional care reported the highest incidence of sexual assault. The study also reported that 50% of abusers are known to the child or are in a position of trust and responsibility and most children had not reported the matter to anyone.
A number of welfare organizations work for the welfare of disadvantaged children but a good number of them are not professionally trained to document the data and write an article for publication in the journal for dissemination, as a result experience of NGOs. In this field, especially in the developing countries, remains unknown to other organizations, academicians, and researchers. However, some of the researchers reported their findings in different journals and/or periodicals for dissemination of the same for creating awareness.

In the following sections, findings of some of the reported studies in India are provided to give some idea about the incidence, nature, and magnitude of the problems of child abuse and neglect in comparison with findings of selected study carried out in the developed countries.

Research has shown that traumatic stress, including stress caused by sexual abuse, causes notable changes in brain functioning and development. Various studies have suggested that severe child sexual abuse may have a deleterious effect on brain development.

The most-often reported form of incest is father-daughter and stepfather-daughter incest, with most of the remaining reports consisting of mother/stepmother-daughter/son incest. Father-son incest is reported less often, however, it is not known if the prevalence is less, because it is under-reported by a greater margin. Similarly, some argue that sibling incest may be as common, or more common, than other types of incest: Goldman and Goldman reported that 57% of incest involved siblings;

Finkelhor reported that over 90% of nuclear family incest involved siblings; while Cawson et al. show that sibling incest was reported twice as often as incest perpetrated by fathers/stepfathers.

More offenders are male than female, though the percentage varies between studies. The percentage of incidents of sexual abuse by female perpetrators that come to
the attention of the legal system is usually reported to be between 1% and 4%. Studies of sexual misconduct in US schools with female offenders have shown mixed results with rates between 4% to 43% of female offenders.

In U.S. schools, educators who were offend range in age from "21 to 75 years old, with an average age of 28 years with teachers, coaches, substitute teachers, bus drivers and teacher's aides (in that order) totaling 69% of the offenders.

According to the Mayo Clinic, approximately 95% of incidents of sexual abuse of children age 12 and younger are committed by offenders who meet the diagnostic criteria for paedophilia; and that such persons make up 65% of child molestation offenders. Paedophilic child molesters commit ten times more sexual acts against children than non-paedophilic child molesters.

A study by Lawson & Chaffin indicated that many children who were sexually abused were "identified solely by a physical complaint that was later diagnosed as a venereal disease...Only 43% of the children who were diagnosed with venereal disease made a verbal disclosure of sexual abuse during the initial interview." It has been found in the epidemiological literature on CSA that there is no identifiable demographic or family characteristic of a child that can be used to bar the prospect that a child has been sexually abused. That most of the relationship between severe forms of child sexual abuse and adult psychopathology in their sample could not be explained by family discord, because the effect size of this association decreased only slightly after they controlled for possible confounding variables. Their examination of a small sample of CSA-discordant twins also supported a causal link between child sexual abuse and adult psychopathology; the CSA-exposed subjects had a consistently higher risk for psychopathologic disorders than their CSA non-exposed twins.

According to Cling, "By the early 21st century, the issue of child sexual abuse has become a legitimate focus of professional attention, while increasingly separated from second wave feminism...As child sexual abuse becomes absorbed into the larger field of
interpersonal trauma studies, child sexual abuse studies and intervention strategies have become degendered and largely unaware of their political origins in modern feminism and other vibrant political movements of the 1970s. One may hope that unlike in the past, this rediscovery of child sexual abuse that began in the 70s will not again be followed by collective amnesia. The institutionalization of child maltreatment interventions in federally funded centers, national and international societies, and a host of research studies (in which the United States continues to lead the world) offer grounds for cautious optimism. Nevertheless, as Judith Herman argues cogently, 'The systematic study of psychological trauma...depends on the support of a political movement.'

Thus this controversy reached its height in 1999 when the media, conservative organizations, and the United States Congress condemned a 1998 meta-analysis in the Psychological Bulletin by Rind, Tromovitch, and Bauserman. The American Psychological Association's response to the furor was to distance itself from the article and its authors. This episode demonstrates the difficulty of doing and reporting research where conclusions contradict strongly held beliefs.

But the critics ignore the fact Rind and his colleagues were not the first or only researchers to report not all victims of child sexual abuse suffer serious and lasting psychological damage. Other researchers also report many respondents showed few or no symptoms and found the relationship between adult-child sexual contact and later physical or psychological problems to be highly complex (e.g., Berliner & Conte, 1993; Beitchman, et al, 1991, 1992; Dolezal, & Carballo-Dieguez, 2002; Finkelhor, 1990; Friedrich, Whiteside, & Talley, 2004; Levitt & Pinnell, 1995; Parker & Parker, 1991; Pope & Hudson, 1992; Runtz, 2002; Stander, Olson, & Merrill, 2002).
One out of every three girls will be sexually assaulted by the age of 18...

1 out of 7 children are abused...

How many do you know?

You can't afford to ignore it...

EDUCATE:
Yourself and others...