Chapter –II

THEORETICAL FRAMEWORK AND
REVIEW OF LITERATURE
**Theoretical Framework & Review of Literature**

**Introduction**

Chapter II is divided into two parts i.e. the Theoretical Framework and Review of Literature. The first part (Theoretical framework) includes the following aspects in detail:

- A brief explanation on right based approach which is the base of theoretical framework
- Attachment Theory
- Biological Theory
- Psycho dynamic Theory
- Behavioural Theory
- Cognitive Behavioural Theory
- Integrated Theory
- Sexual Abuse Cycle
- Theories of Offending by Clergy
- An integrated table of all theories mentioned above

**Theoretical Framework of Research**

The theoretical framework for this research is drawn from, major theories in the field of child sexuality. But mainly it tries to understand the issues using a right based approach with emphasis on rights of the child. Adoption of this sort of theoretical framework has enabled the researcher to include the elements of UNCRC in to the picture. UNCRC is considered as the major corner stone based on which most of the child related laws and policies were framed internationally. In India major legal measures like POCSO Act, JJ
Act etc were also created based on UNCRC. All these major legal documents were also included in this research to make sure that the right based approach is put forward in detail.

Theories of Child Sexual Abuse

Why few individuals sexually abuse children is a puzzling question which probe researchers in the field of sexually deviant behavior. Of course there are various explanations of such deviant behaviors, still none explain all the aspects of this process. Within the specialist literature, biological, psychological and sociological theories have been formulated to mention the onset of deviant sexual fantasies and behavior. However, due to the result of heterogeneity of the perpetrators of such abuse and the complex nature of this behavior, no one theory adequately explains: (a) the motivating factors that lead an adult male to have sexual relations with a child and (b) the sustaining factors that contribute to the continuance of such relations. (Bickley & Beech, 2001). Still it’s very important to analyze and understand the essence of various theory in this area to get insights about child sexual abuse. Few major theories are quoted below.

Attachment Theory

According to attachment theory, humans have an inclination to establish strong emotional bonds with others, and when individuals have some loss or emotional distress, they act out as a result of their loneliness and isolation. The period surrounding pubescence and early adolescence is critical in the development of both sexuality and social competence. With adequate parenting up to this point in development, boys should have by now acquired appropriate inhibitory controls over sexual and aggressive behavior and, thus, the transition to adult functioning, with both social constraints against aggression and the skills necessary to develop effective relationships with age appropriate partners,
should not be compromised. Parents also fulfill the role of instilling a sense of self-confidence in the developing boy as well as a strong emotional attachment to others. Research indicates that there is a relationship between poor quality attachments and sexual offending. It has been found that individuals who sexually abuse children often have not developed the social skills and self-confidence necessary for them to form effective intimate relations with peers. This failure causes frustration in these individuals that may cause them to continue to seek intimacy with underaged partners. (Marshall and Barbaree, 1990)

Marshall (1989) found that men who sexually abuse children often have not developed the social skills and self-confidence necessary for them to form effective intimate relations with peers. This failure causes frustration in these men that may cause them to continue to seek intimacy with underaged partners. Seidman et al. (1994) conducted two studies aimed at examining intimacy problems and the experience of loneliness among sex offenders. According to these studies, sex offenders have deficiencies in social skills (i.e., problems in accurately perceiving social cues, problems in deciding on appropriate behavior and deficiencies in the skills essential to enact effective behavior) that seriously restrict the possibility of attaining intimacy. The evidence suggests that deficiencies in intimacy are a distinctive and important feature of sex offenders. The rapists and non-familial child molesters in the sample appeared to be the most deficient in intimacy.

**Biological Theory**

Biological theorists believe in organic explanations of human behavior. Therefore, when it comes to sexual behavior, these theorists mention that physiological factors, such as hormone levels and chromosomal makeup, have an effect on the behavior. (Marshall & Barbaree, 1990) Androgens, which are male sex hormones, promote sexual arousal, orgasm, and ejaculation, as well as
regulate sexuality, aggression, cognition, emotion and personality (Rösler & Witztum, 2000). Researchers have also came up with hypothesized statements that there is a correlation between aggression and high testosterone levels (Money, 1970).

Biological theories are particularly concerned with the role of androgens and androgen-releasing hormones, which are known to be related to physical changes in the male. When males reach puberty, there is a major increase in testosterone levels in the testes. Because sex drive increases dramatically at this time, there is generally believed to be a correlation between testosterone levels and sex drive, with testosterone being the primary biological factor responsible for normal and abnormal sexual behaviour which finally reflects in sexuality (Pirke, Kockott and Dittmar, 1974).

From a chromosomal perspective, there are explanations about the possibility of a biological condition, such as Klinefelter's Syndrome, inclining a male in the direction of sexually abusive behavior. Klinefelter's Syndrome is a condition wherein males appear to be essentially normal boys until puberty. At puberty, 80% of males with this syndrome display both the physical characteristics and hormonal profiles of women. Males with Klinefelter's Syndrome may experience problems with regard to both their sexual orientation and the nature of their erotic desires. A review of the literature suggests that the prevalence of sexual deviation among individuals who are diagnosed with Klinefelter's Syndrome may be higher than it is among individuals who have not been diagnosed with Klinefelter's Syndrome (Berlin, 1983).

**Psycho dynamic Theory**

The explanations of deviant sexual behavior based on Psychoanalytic perspective were initially attributed to Freud, who proposed four states of childhood development: oral, anal, phallic and genital. He looked at sexual
deviance as an expression of the unresolved problems experienced during the stages of development. These unresolved problems brought about fixations or hindrances during stages of development, with consequent distortion of a sexual object or a sexual aim (Schwartz, 1995).

An example can be the following: psychoanalytic theory proposes that boys go through "the oedipal conflict" during the phallic stage of development. The oedipal conflict is featured by competition between father and son for the affection of the mother. At the same time, boys discover the differences between themselves and girls and conclude girls are actually boys whose jealous fathers have cut off their penises (Schwartz, 2009). He states that castration anxiety leads to the oedipal conflict, which is when boys no longer compete with their fathers for their mother's affections. However, if a boy fails to resolve the oedipal conflict, he may develop a permanent aversion to females as an adult if their appearance brings back this fear of castration.

Psychodynamic theory also asserts that the human psyche is composed of three primary elements: the id, the ego and the superego. In order to understand how all three elements interact, Freud proposed that all human behavior is motivated by wishes that often exist at a preconscious level. The id is the unconscious domain from which all the instinctual human drives like hunger, sex, aggression, etc originate. The id is ruled by the pleasure principle that demands instant gratification of these human drives. The second part of Freud's model, the ego, is the conscious part of the human psyche that works as the mediator between the id and the external environment. This element is primarily conscious and is ruled by the reality principle that accepts that there is a time and a place for everything. It is this aspect of the psyche that interacts with the external environment in order to ensure survival. The final element, the superego, is known as the conscience. This aspect of the psyche has both conscious and unconscious aspects. Thus, the superego is boosted by past
experiences that define the behaviors that provide punishment and reward. These notions are then internalized in such a manner as to allow for the development of a system of morals. (Holmes & Holmes, 2002)

In summary, Freudian theory portrays the human psyche as being in a constant struggle to fulfill the primal desires of the id and the moral authority of the superego. This theory assumes that sexual aggressors are lacking in a strong superego and have become overwhelmed by their primal id. Once it was generally accepted by many psychologists and researchers but later it slowly fallen out of favor due to its lack of empirical evidence in favor of more testable theories, such as cognitive behavioral and integrated theories. (Schwartz, 2009).

**Behavioral Theory**

Deviant sexual behavior is explained as a learned condition by behavioral theorists. Marshall et al (1990) presented a theoretical model of sexually deviant behavior that mention how sexually deviant interests may be learned through the same mechanisms by which conventional sexuality is learned. The model is divided into two major parts: the acquisition processes and the maintenance processes. There are six basic conditioning principles (Pavlovian Conditioning, Operant Conditioning, Extinction, Punishment, Differential Consequences and the Chaining of Behavior); two social learning influences (General Social Learning Influences and Self-Labeling Influences); and three maintenance processes (Specific Autoerotic Influences, Specific Social Learning Influences and Intermittent Reinforcement). The model adopts the position that maladaptive behavior can result from quantitative and qualitative combinations of processes that are intrinsically orderly, strictly determined and normal in origin. Thus, deviant sexual preferences and cognitions are acquired by the same mechanisms by which other individuals learn more conventionally accepted modes of sexual expression.
Cognitive Behavioral Theory

When individuals commit deviant sexual acts, they often try to diminish their feelings of guilt and shame through "neutralizations." These neutralizations generally take the forms of excuses and justifications, with the offenders rationalizing their behavior (Scully & Marolla, 1990). These neutralizations are cognitive distortions (CDs), or distorted thinking patterns that allow the offenders to remove from themselves any responsibility, shame or guilt for their actions (Abel et al., 1984). The offenders try to protect themselves from self-blame and allow them to validate their behavior through such rationalizations and cognitive defenses. Social scientists who believe in Cognitive-behavior theories explore how offenders' thoughts affect their behavior.

CDs are not unique to sex offenders, only the content of the distortions (Marshall et al., 1999). All individuals have some sort of distorted thoughts, and in most situations CDs are quite normal and harmless. However, cognitive distortions of a sex offender can lead to victimization (for example the child didn't resisted me so she must have liked sex). Though sex offenders do not form a homogeneous group of individuals, they show strikingly similar CDs about their victims, their offenses and their responsibility for the offenses. It is unclear as to whether CDs are conscious distortions or whether offenders genuinely believe these altered perceptions of reality. Some researchers suggest that CDs are self-serving, and thus, the offender consciously distorts thoughts initially (Abel et al. 1984). However, it is also suggested that the offenders eventually believe the distortions as they become more entrenched in their behavior (Marshal et al, 1990). Regardless, CDs are considered crucial to the maintenance of offending behavior for both rapists and child molesters because they serve the needs of the offenders to continue their behavior without feeling guilt for their actions. There are many ways in which distortions manifest
themselves in sex offenders. The major five primary neutralization techniques are the denial of responsibility, the denial of injury, the denial of the victim, the condemnation of the accusers, and the appeal to higher loyalties. (Sykes & Matza, 1957).

Social Scientists who believe in cognitive-behavioral theorists have mentioned these techniques in terms of cognitive distortions, the minimization and/or denial of the offense and justification of the offense are found as most common. It is also found that offenders of sex crimes often lack victim empathy and show an inability to recognize the level of planning that went into their offenses which includes grooming of the victims. Some researchers also label sexual entitlement as a specific CD, resulting from the narcissistic attitudes of offenders who seek only to fulfill their own desires (Hanson, Gizzarelli and Scott, 1994). Thus CD’s are considered as distorted thoughts which are encouraging towards the maintenance of deviant sexual practices. There is a tendency from most of the sex offenders to minimize or deny their offenses, including the damage caused to the victim, the violence used, their responsibility for the offense, the planning of the offense and the lasting effects as a result of the offense. Several researchers have categorized types of minimization and denial (Marshall et al., 1999), and these include: complete or partial denial of the offense, minimization of the offense, minimization of their own responsibility, denial or minimization of harm to the victim, denial or minimization of planning, denial or minimization of deviant fantasies and denial of their personal problems that led to the deviant behavior.

It is also observed that In addition to minimizing or denying their offenses, sex offenders find reasons or make excuses about the deviant acts which they committed. By doing so, offenders admit their fault in the wrong deeds, but they do not take responsibility for them. They justify their activities by blaming the victim that the victim may have provoked him/her for sexual
activities. This way of Justification is common in the vast majority of sex offenders as it helps the offender as it assists in relieving the guilt. Scully and Marolla (1990), who interviewed 114 incarcerated rapists, explain five ways in which rapists commonly justify their behavior. The claims of the respondents are the following. The victim is a seductress, and she provoked the rape; women mean yes when they say no, or the victim did not resist enough to really mean no; most women relax and enjoy it, and they are actually fulfilling the woman’s desires; nice girls do not get raped, and prostitutes, hitchhikers and promiscuous women get what they deserve; and the rape was only a minor wrongdoing, so the perpetrator is not really an “offender.” Although the focus of this researchers is on the on the excuses and justifications of rapists who raped adults, but many of their findings are applicable in the cases of child sexual abusers. They also justify their actions by neutralizing their guilt. Ward and Keenan (1999) claim that the cognitive distortions of child sexual offenders emerge from five underlying implicit theories that they have about themselves, their victims and their environment. These implicit theories consider the following factors:

- Children as sexual objects. Children, like adults, are motivated by a desire for pleasure and are capable of enjoying and desiring sex.

- Entitlement. The desires and beliefs of the abuser are paramount and those of the victim are either ignored or viewed as only of secondary importance.

- Dangerous world. The abuser views other adults as being abusive and/or unreliable and perceives that they will reject him in promotion of their own needs.

- Uncontrollability. The abuser perceives his environment as uncontrollable wherein people are not able to exert any major influence over their personal behavior and/or the world around them.
• Nature of harm. The abuser considers the degree of harm to his victim and perceives sexual activity as beneficial and unlikely to harm a person.

Integrated Theory

Finkelhor (1984) has proposed a four-factor model of the preconditions to child sexual abuse, which integrate the various theories about why individuals begin to participate in sexually deviant behavior. This theory is also known as Finkelhor's model theory. Its framework explains the full complexity of child sexual abusers, from the motivation to offend to the rationalization of this behavior i.e. maintenance of behavior. The major focus of Finkelhor's model is on the internal barriers, or "self talk," comments and observations of sex offenders about the world in which they live and people around them. There are various barriers which prevent an individual from wrong doings or from acting out their feelings about perceptions of injustice, loneliness and other such stressors. But this self talk helps the sex offenders to break through barriers. Once these barriers are diminished, this mistaken thinking can lead to actions. In order to better explain this process, Finkelhor constructed an organizational framework consisting of four separate underlying factors that explain not only why offenders abuse, but also why the abuse continues. These factors include: (1) emotional congruence, (2) sexual arousal, (3) blockage and (4) disinhibition.

Finkelhor coined the term "emotional congruence" to mention the relationship between the adult abuser's emotional needs and the child's characteristics. For example, if an abuser's self-perception is child-like (i.e., he has childish emotional needs), he may wish to relate to other children. Similarly, if an abuser suffers from low self-esteem and a low sense of efficacy in social relationships, he may be more comfortable relating to a child due to the sense of power and control.
Sexual arousal, the second component of Finkelhor's theory, evaluates the reasons why children would elicit sexual arousal in an adult. Finkelhor looks to social learning theory in order to explain this phenomenon. One explanation is that the child sexual abuser was molested when he was a child. Through conditioning and imprinting, he comes to find children arousing later in adulthood. Abuser’s experience of being victimized as a child is not conditioned, but modeled by someone (i.e., his abuser) who finds children sexually stimulating.

Blockage essentially deals with the abuser's ability to have his sexual and emotional needs met in adult relationships. Finkelhor looks to both psychoanalytic theory and attachment theory to explain this component. As stated previously, psychoanalytic theory describes child molesters as having intense conflicts about their mothers or "castration anxiety" that makes it difficult or impossible to relate to adult women. With regard to adult attachments, child molesters have failed to develop the appropriate social skills and self-confidence necessary to form effective intimate relations with adults. Finkelhor further breaks down the theory of blockage to incorporate what he calls developmental blockages and situational blockages. Developmental blockages once again refer to psychoanalytic theory wherein an individual is psychologically prevented from moving into the adult sexual stage of development. Situational blockage refers to the event wherein an individual, who has apparent adult sexual interests, is blocked from normal sexual expression owing to the loss of a relationship or some other transitory crises.

The final component, disinhibition, refers to the factors that help a child molester overcome his inhibitions so that he allows himself to molest a child. Finkelhor looks to cognitive-behavioral theories to explain this component. Specifically, he considers the influence of cognitive distortion in the facilitation of child molesting behavior. Further, personality factors, such as substance
abuse and stress, are viewed as entities that contribute to the lowering of inhibitions. Overall, this organizational framework describes who is at risk to offend. It is likely that individuals who offend have been able to cope with many of the above problems (e.g., developmental blockage) and opportunities (e.g., access to children) at different times. However, it is the combination of these problems, in addition to some type of demand on their coping system that contributes towards an attitude supportive of sexual offending, thereby establishing a risk to offend. That risk increases the likelihood that a person may act out in a sexual fashion because his or her belief system has filtered out the normal inhibitions towards sexual offending. Unfortunately, the relief that is associated with sexual offending is reinforcing because it provides an emotional and physical response to coping in a way in which the offenders feel they have control, unlike much of the other parts of their lives.

**Sexual Abuse Cycle**

The sexual abuse cycle theory or the concept of a sexual abuse cycle was developed by Lane and Zamora. Both behavioral and cognitive processes leading up to, during and following the problem sexual behavior are described in the model which views the process as a repeating cycle (Araji, 1997). In their treatment manual, Cunningham and MacFarlane (1996) adopted the modified version of the sexual abuse cycle which was adapted for use with preadolescents. The sexual abuse cycle is described below:

The cycle begins with a negative experience or feeling, which leads to negative or wrong expectations (e.g., expecting to get into trouble, expecting bad things to happen), which results in Cognitive and/or behavioral isolation (e.g., feeling alone, withdrawal symptoms), which is followed by behaviors involving anger and power/control (e.g., rebelliousness, quick temper, starting fights), which lead to negative fantasies (e.g., thinking about sex with other
children, imagining control over other children), resulting in negative behaviors (e.g., creating opportunity, selecting victim, planning, engaging in problematic sexual behaviors), which again lead to negative feelings (point 1, e.g., feeling bad, hating yourself), resulting finally in rationalization/cognitive distortions about the experience (e.g., they wanted it, I couldn’t help it).

The model is conceptualized in terms of a cycle as it is proposed that these processes continue until an appropriate intervention is implemented (Isaac and Lane, 1990). For example, the negative feelings which result from the performance of the problematic sexual behavior serve to again initiate the sexual abuse cycle. For example, negative feelings as to the consequences of the behavior (e.g., fear of getting caught) lead to cognitive distortions which rationalize and minimize the problem sexual behavior. These faulty cognitions are eventually overcome resulting in additional negative feelings about the problem sexual behavior result and the cycle is thus reinitiated.

**Theories of Offending by Clergy**

There are many incidences were priests sexually abused children. Although there is no clear consensus as to why some priests molest children and others do not. Hands (2002) have proposed a psychodynamic model in which experiences of shame interact with unrealistic, moral expectations passed on through Church teachings that have been internalized. This will lead to the formation of a shame cycle, which stun the individual psychosexual development. This can contributes to sexual misconduct. The church has its own teachings and doctrine of celibacy/chastity which is internalized by priests. As per the concept of shame cycle this internalization of church doctrine reinforces many cognitive distortions, which allows the abuse to persist. Hands also hypothesizes that the steps the Church has taken to discourage the formation of close friendships between priests, under the pretense that it may
lead to homosexual behavior, have also played a role in the creation of a pro-offending environment. With this increased social isolation comes a greater alienation from the body. Therefore, sexuality is repressed only to later emerge as an obsession. Hands cite the work of Sullivan, who theorizes that the result of this repression is the development of “primary genital phobia.” The base of this theory is the idea that when the individual experiences any sexual feelings, thoughts, or emotions, they are ignored only to later manifest themselves as obsessions unless they are directly addressed.

Another model which explains about clergy offending was proposed by Krebs (1998.) He claims that the institutional hierarchy of the Catholic Church contributes to the creation of a pro-offending environment. Institutional religion is based upon “hierarchies of unequal power,” which span both spiritual and organizational dimensions. Those in elite positions within the institution have moral authority over the masses, which allow them to control privileges and ostracize individuals. The Church also engages in neutralization tactics in order to protect these offending priests and the image of the institution. In turn, this gives the pedophile approval from superiors to continue offending and establishes an environment in which the behavior can persist.

Table 2.1

<table>
<thead>
<tr>
<th>THEORY</th>
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<tbody>
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arousal, orgasm, and ejaculation, as well as regulate sexuality, aggression, cognition, emotion and personality; abnormal levels of androgens lead to aggressive sexual behavior.

**Psychodynamic Theory**

Sexual deviance is an expression of the unresolved problems experienced during the stages of development; the human psyche is composed of three primary elements: the id, the ego and the superego; sexual deviancy occurs when the id (pleasure principle) is overactive.

**Behavioral Theory**

Deviant sexual behavior is a learned condition, acquired through the same mechanisms by which conventional sexuality is learned; it is acquired and maintained through basic conditioning principles.

**Cognitive-Behavioral Theory**

Addresses the way in which offenders’ thoughts affect their behavior; focuses on the way in which sex offenders diminish their feelings of guilt and shame by rationalizing it through excuses and justifications.

**Integrated Theory**

There are preconditions to child sexual abuse, which integrate the various theories about why individuals begin to participate in sexually deviant behavior; addresses the motivation to offend and the rationalization of the behavior; focus is on the inhibitions of the offenders (internal barriers) and how when these barriers are diminished, distorted thoughts can lead to deviant actions

**sexual abuse cycle theory**

This theory views the sexual abuse process as a repeating cycle, i.e. The cycle begins with a negative experience or feeling, which leads to negative or wrong expectations, which results in Cognitive and/or behavioral isolation, which is followed by behaviors involving anger and power/control, which lead to negative fantasies, resulting in negative behaviors, which again lead to negative feelings, resulting finally in rationalization/cognitive distortions about the
experience. It is proposed that these processes continue until an appropriate intervention is implemented.

No clear consensus as to why some priests molest children and others do not, though many theories address the stunted psychosexual development of the priest; the psychodynamic model addresses the way in which the experiences of shame interact with unrealistic, moral expectations conveyed through church teachings that have been internalized, resulting in the creation of a shame cycle that stunts the individual’s psychosexual development and contributes to sexual misconduct; experience of celibacy interacts with past traumas (e.g., childhood sexual abuse) and may stunt the priest’s psychosexual development at a preadolescent/adolescent stage leading to sexual misconduct
Literature Review

The second part (Literature review) includes the following aspects in detail:

- A brief explanation on research into child sexual behaviour
- Child Sexuality – An overview
- Cultural and religious beliefs and attitudes regarding child sexuality in different societies.
- The stages of human development-Sigmund Freud's psychosexual theory and Erik Erikson's psychosocial theory compared
- Sexuality- appropriate behaviour and inappropriate behaviour among children
- Sexual Behaviour Problems in children
- Definition of CSA/ Child sexual abuse
- Scenario of CSA in International, National and state level
- Risk factors for CSA
- Child Molesters or Paedophiles
- Outcomes associated with childhood sexual abuse
- Effects of disclosure and stability of self Reports and CSA
- Attitudes towards sexual abuse, rape and its victims
- Legal situation in India
- United Nations Convention on the Rights of the Child
- The Protection of Children from Sexual Offences Act of 2012
- Juvenile Justice (Care and Protection of Children) Act, 2000
Research into child sexual behavior

In order to understand the problem of child sexual abuse it’s important to initially go through the concept of child sexuality. Literature on child sexuality has previously mainly been based on theoretical assumptions on child sexual development and has mostly obtained its material from small case studies which is often based on clinical material. Large studies on child sexual behavior have long been noticeable by their absence, possibly partly due to ethical difficulties in directly observing such behavior. This can be linked with the prevailing taboo on child sexuality also.

The Empirical studies on child sexual behavior took place in recent years can mainly be divided into three approaches. First approach involves studying children who have been admitted for treatment due to concern about their sexual behavior. Studies which include children’s games with anatomical dolls can be categorized in this group to a certain extent. Another approach has been to collect retrospective reports from young adults on their childhood experiences of sexuality. The third group of studies includes reports from parents or childcare professionals on their observations of children’s sexual activities. In some studies interviews with the children concerned on their own knowledge of sexuality have been combined with the reports from parents on children’s sexual behavior (Smith 1994)

Understanding the concept of child sexuality requires assessments of family, school, economic, social, and environmental contributing factors. For example, absence of proper parenting maltreatment and violence in the home, substandard parenting practices, neglect, living in highly sexualized environments and exposure to sexually explicit media are all contributing factors that influence child (Chaffin. M, 2008). So this upcoming chapter will give an overall idea about various studies in child sexuality. The literature
review is presented in a way where it begins with studies of the appropriate sexual behavior of the child in developmental stages and then progress to studies about inappropriate behavior. The later part of the literature review includes studies, which explains how such inappropriate behavior can develop in to sexually harmful behavior which can lead to child sexual abuse.

**Child Sexuality – An overview**

The current western world’s assumptions and norms regarding children’s sexuality are largely based on assumptions and theories which derive from Freud’s psychoanalytical view of infantile sexuality and psychosexual stages of development. The basic aspect of this theory was that children are born with sexual energy and are initially entirely controlled by seeking sexual experiences. Development then progresses through various stages, which at the same time involves adapting to the surrounding world and controlling sexual impulses. If something goes wrong during the various stages, the child’s sexuality can stagnate, resulting in deviations in adult sexuality. In recent research Freud’s description of the development phases has been seen as too narrow and in some respects misleading (Rutter, 1971)

Child sexuality has always been an unresolved problem for both parents and professionals all over the world. Irrespective of cultural assumptions, great effort is put into defining the limits of normal sexuality in childhood compared with deviant/problematic behavior. The solutions vary depending both on family norms and the prevailing social and cultural context (Heiman et al., 1998). We all have an attitude to sexuality and the way this is expressed. We may be negative, positive, possibly reluctant or embarrassed but never entirely indifferent (Larsson, 1994). Especially, expressions of sexual desire, curiosity and behavior from the part of children have generated mixed feelings in adults. How this sexuality can and should be expressed has interested behavioral
scientists and other professional groups. In spite of this, empirical research on child sexual abuse has been lacking.

**Cultural and religious Beliefs and attitudes regarding child sexuality**

In traditional developmental psychology the concept of gender has been almost absent. But the recent empirical studies have revealed that there are major differences in the development of boys and girls through childhood and adolescence (Bjerrum Nielsen & Rudberg, 1991). Early studies mainly studied the sexual development of boys. Girls were seen only as a negation of the boy. Girls’ sexuality is invisible to a greater extent than that of men due to anatomical as well as social factors (Langfeldt, 1990). The boys’ sexual identification is linked to the fact that they have a penis. Parents often express acceptance when a boy displays his penis at the ages of two or three, which gives the boy the opinion that he has a valuable body part (Chodorow, 1988). On the other hand when girls are seen to touch their sexual organs, the reactions are often more negative. Such difference in values about acceptable and unacceptable behavior between these two genders may have passed on to the child right from birth as conscious or unconscious aspects of the conceptual world of their mothers and fathers and later from other adults and surrounding society. Turner and Gervai (1995) claim that gender is one of the first and the most obvious characteristic children learn in categorizing other people. Therefore, gender is also important to the development of self-esteem and sexual identity.

Theorists from sociological background prefer to describe sexuality from a social perspective. The focus is on power element in sexuality and emphasizes how from the start the church and subsequently science have influenced how sexuality has been expressed. Theories of sexuality as a social construct have gained ground in recent years. According to this view the social
system and the economic, religious, medical, social as well as the cultural spheres determine meaning and the nature of sexuality. In short from such a viewpoint, sexuality is a relational and contextual concept, in which social processes are assumed to control as well as construct sexuality (Gagnon & Simon, 1973, Weeks, 1985). But the constructivist view was criticized mainly because it does not pay sufficient attention to historical processes of change (Jackson, 1990). On the other hand, a modified form of the constructivist approach accepts that the child has a biological body with the opportunity to react to physiological sensations, but still sees social processes as the most important element in the child’s development into a member of society (Vance, 1991). In this view, each society constructs and shapes a suitable and rewarding sexuality for its own society. The sexuality of girls and boys develops based on their interactions with their surroundings, in accordance with society’s expectations and assumptions. Children are part of the society in which they grow up and thus internalize its norms and values concerning sexual behavior.

The assumptions and expectations on sexuality and gender also form the basis for the way in which individuals address children’s sexual behavior and their socialization in becoming women and men which is consciously or unconsciously part of our child-rearing. Through this socialization process children learn to look on the sexuality constructed by society as ‘normal’. Sexuality is thus derived from the functions of the physical body but gains meaning for the child through interplay with his or her surroundings, thus giving the child the opportunity to determine his or her own identity and what his or her own sexuality really is (Larsson, 2000).
The stages of human development

Sigmund Freud's psychosexual theory and Erik Erikson's psychosocial theory Compared

Sigmund Freud's psychosexual theory and Erik Erikson's psychosocial theory are two important and most discussed theories of development. Although influenced by Freud's ideas, Erikson's theory has so many differences and similarities in its own way. Like Freud, Erikson proposed that personality develops in a series of predetermined stages. Meanwhile unlike Freud’s theory of psychosexual stages, Erikson’s theory describes the impact of social experience across the whole lifespan. An overview of developmental stages provided in the table below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Freud's Stages of Psychosexual Development</th>
<th>Erikson's Stages of Psychosocial Development</th>
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| Birth to 1 year| *Oral Stage*  
A child's primary source of pleasure is through the mouth, via sucking, eating and tasting. | *Trust vs Mistrust*  
Children learn to either trust or mistrust their caregivers. |
| 1-3 years      | *Anal Stage*  
Children gain a sense of mastery and competence by controlling bladder and bowel movements. | *Autonomy vs. Doubt*  
Children develop self-sufficiency by controlling activities such as eating, toilet training and talking. |
| 3-6 years      | *Phallic Stage*  
The libido's energy is focused on the genitals. Children begin to identify with their same-sex parent. | *Initiative vs. Guilt*  
Children begin to take more control over their environment. |
| 7-11 years     | *Latent Period*  
The libido's energy is suppressed and children are focused on other activities such as school, friends and hobbies. | *Industry vs Inferiority*  
Children develop a sense of competence by mastering new skills. |
| Adolescence    | *Genital Stage*  
Children begin to explore romantic relationships. | *Identity vs Role Confusion*  
Children develop a personal identify and sense of self. |
According to Freud, the genital stage lasts throughout adulthood. He believed the goal is to develop a balance between all areas of life.

- **Intimacy vs Isolation**
  - Young adults seek out romantic love and companionship.

- **Generativity vs Stagnation**
  - Middle-aged adults nurture others and contribute to society.

- **Integrity vs Despair**
  - Older adults reflect on their lives, looking back with a sense of fulfillment or bitterness.

### Sexuality- Appropriate behavior and inappropriate behavior among children

Several researchers have described about the differences between normal sexual development and inappropriate sexual behaviors of children. Sexual development and sex play are considered as a normal and healthy process of progression into an individual’s adulthood. It is quite natural and common for babies and toddlers to touch their own genital parts and even to touch others in the same age group. Some sort of sexual play may begin from ages 5 to 7 and this may last until puberty (8 or 9 years of age). Around age 10 to 12, the focus will shift on to social relationships within the family and school and they begin to experience the feelings of sexual things. By adolescence, their body parts and sex organs start developing. While some youth may indulge in sexualized behaviors throughout their childhood, it only become a concern when they are extensive, when they are unwanted by other children, when they suggest a preoccupation with non-consensual acts, and when they cannot stop their behavior once asked by a parent or guardian. (Rich, 2009)

Cunningham and MacFarlane (1991) have mentioned a complete list of behaviors across three different age groups which can be considered as either
problematic or developmentally appropriate. All such behavior has been listed down in 3 tables below. When it comes to the children aged 0-5, developmentally appropriate and inappropriate sexual behaviors include:

<table>
<thead>
<tr>
<th>Developmentally appropriate sexual behaviors (aged 0 – 5)</th>
<th>Developmentally inappropriate sexual behaviors (Aged 0 – 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Masturbation as self-soothing behavior</td>
<td>• Curiosity about sexual behavior becomes obsessive preoccupation</td>
</tr>
<tr>
<td>• Touching self or others is exploratory or a result of curiosity</td>
<td>• Exploration becomes re-enactment of specific adult sexual activity</td>
</tr>
<tr>
<td>• Sexual behaviors are done without inhibition</td>
<td>• Behavior involves injury to self</td>
</tr>
<tr>
<td>• Intense interest in bathroom activities of others</td>
<td>• Children’s behavior involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.</td>
</tr>
</tbody>
</table>

Children aged 0 - 5, developmentally appropriate and inappropriate sexual behaviors are:

<table>
<thead>
<tr>
<th>Developmentally appropriate sexual behaviors (Aged 6-10)</th>
<th>Developmentally inappropriate sexual behaviors (Aged 6-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child continues to fondle and touch own genitals and masturbate</td>
<td>• Sexual penetration</td>
</tr>
<tr>
<td>• Child becomes more secretive about self-touching</td>
<td>• Genital kissing</td>
</tr>
<tr>
<td>• The interest in others’ bodies becomes more game playing than exploratory curiosity (e.g., “I’ll show you mine if you show me yours)</td>
<td>• Oral copulation</td>
</tr>
<tr>
<td>• Boys may begin comparing size of penis</td>
<td>• Simulated intercourse</td>
</tr>
<tr>
<td>• An extreme interest in sex, sex words, and dirty jokes may</td>
<td></td>
</tr>
</tbody>
</table>


Theoretical Framework and Review of Literature

Developmentally appropriate and inappropriate sexual behaviors of children in the age group 10-12 years are the following:

<table>
<thead>
<tr>
<th>Developmentally appropriate sexual behaviors (Aged 10 – 12)</th>
<th>Developmentally inappropriate sexual behaviors (Aged 10 – 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The continuation of masturbation</td>
<td>• It is highly unusual and problematic for children of this age to be involved in sex play with younger children.</td>
</tr>
<tr>
<td>• A focus on establishing relationships with peers</td>
<td>• Sexual activity between children of any age that involves coercion, bribery, aggression or secrecy, or involve a substantial peer or age difference should be considered problematic and warrant attention.</td>
</tr>
<tr>
<td>• Sexual behavior with peers; e.g., kissing and fondling</td>
<td></td>
</tr>
<tr>
<td>• Primarily heterosexual activity but not exclusively</td>
<td></td>
</tr>
<tr>
<td>• An interest in others bodies particularly the opposite sex that may take the form of looking at photos or other published material</td>
<td></td>
</tr>
</tbody>
</table>

Johnson (1999) in his book Understanding Your Child's Sexual Behavior explained that the child’s interest in sexuality is generally balanced by curiosity about other aspects of his/her life. Natural and healthy sexual exploration during childhood can be considered as an information collecting process where children explore each other’s bodies, by looking and touching using games like playing doctor and identifying gender roles and behaviors using role plays like assuming the roles of father, mother etc. This form of
exploration is an extension of regular play behavior. Most children tend to play with other children who they know will keep the secret, because they are aware of the taboo on open expression of sexual behavior. The problem arises when it goes beyond the accepted social limits and start to occur in the form of exploitation for satisfying personal needs. Johnson has enlisted few signs of concern in children. These include:

- Children should not be preoccupied with sexual play, and should not engage in many other forms of sexual play;
- Children should not engage in sexual play with much younger or much older children;
- Children should not have precocious knowledge of sex beyond their age;
- Children's sexual behaviours and interests should be similar to those of other same-age children;
- Children should not be "driven" to engage in sexual activities, and they should be able to stop when told to do so by an adult;
- Children's sexual play should not lead to complaints from or have a negative effect on other children, and should not cause physical or emotional discomfort to themselves or others;
- Children should not sexualize relationships, or see others as objects for sexual interactions;
- Children aged 4 and older should understand the rights and boundaries of other children in sexual play;
- Children should not experience fear, shame, or guilt in their sexual play;
- Children should not engage in adult-type sexual activities with other children;
• Children should not direct sexual behaviours toward older adolescents or adults;
• Children should not engage in sexual activities with animals;
• Children should not use sex to hurt others; and,
• Children should not use bribery, threats, or force to engage other children in sexual play.

Sexual Behavior Problems

There is a possibility that the child may develop sexually harmful behaviors or sexual behavior problems which are very abusive in nature and it falls under the purview of sexual abuse. Children with sexual behavior problems (SBP) have been defined as, children ages 12 and younger who initiate behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others. Childhood sexual behavior problems may involve behaviors that are self-focused or may involve other children. They may be relatively frequent or infrequent, may involve mutuality or coercion, or may occur during times of stress, anger, or frustration. Concern arises when sexual behavior problems involve substantial age or developmental inequalities between the perpetrator and the victim; more advanced sexual behaviors; use of aggression, force or coercion; and harm or potential for harm (Chaffin et al., 2008).

A study by Finkelhor (1987) explains that the sexual abuse perpetrated by children can be just as harmful as that perpetrated by an adult, so it is important to remember the impact on the victim of the abuse as well as to focus on the treatment of the child or young person exhibiting the sexually harmful behavior. He suggests that between 25 – 33% of all sexual abuse is perpetrated by young people between the ages of 10 – 19 years old.
Research indicates that sexual assaults of children under the age of 12 are most commonly committed by adolescents who are 14 years of age (Chaffin, 2008). The sexual victimization of these youths puts them at greater risk for a multitude of anti-social behaviors including sexualized behaviors (Browne & Finkelhor, 1986). While there is not yet sufficient evidence to show how many children using sexually abusive behavior go on to a ‘career’ of sexual abuse, research suggests that 50% of adult sex offenders admit to having started their sexual offending as adolescents (Abel et al, 1984). Another study by Hunter and Figueredo, (2000) has also suggested that a pattern of juvenile sexual offending at an early age may serve as a precursor to later victimization and/or offending.

Schwartz and colleagues (2006) has also documented that offenders themselves were likely to have suffered from prior abuse. Such abuse included neglect (93%), psychological abuse (49%), and sexual abuse (81% females, 63% males). Female offenders were more likely to be the victim of neglect, have an earlier age at onset, and to have witnessed sexual deviance (42% females, 31% males) and domestic violence (84% females, 73% males), in comparison to their male counterparts. Girls were also more likely than boys to be abused for a longer duration and have a greater number of perpetrators.

**Related terms**

Internationally the children who sexually abused other children have been termed differently. Few such different terms used are the following

- Problem Sexual Behaviour
- Sexual Harmful Behaviour
- Peer Abuser
- Juvenile Sex Offender
Child on Child Sexual Abuse

Characteristics of children who have problems in sexual behavior

Schwartz, (2009), in his study pointed out that children who face irregularities in the proper development of his or her sexuality has been diagnosed with other non-sexual behavioral problems like Conduct Disorder, Attention Deficit Hyperactivity Disorder (ADHD). Research by Bietchman et al., (1991) also found learning disorders, Bipolar disorders, Posttraumatic Stress Disorder etc among their respondents who have sexual harmful behavior. Other short term effects include low self-esteem, anxiety, guilt, depression, anger and hostility additionally, other indicators may include suicidal tendency, running away, truancy, and alcohol and drug abuse.

Hall et al. (2002) found out that greater levels of hyperactivity, trickery on others, and blaming of others for own misdeeds among children whose problematic sexual behavior was the most severe (i.e. involved others, was planned, and coercive in nature). Thus, it strongly indicates that children who engage in problem sexual behavior are likely to exhibit other socially deviant behaviors. Indeed, found that in their sample of 127 children who displayed problem sexual behaviors, 123 met the diagnostic criteria for at least one DSM-IV disorder related to problematic behavior.

Schwartz and colleagues (2006) has mentioned a distinct set of risk factors that may be helpful in identifying sexually aggressive adolescents/youth. In their comprehensive analysis of 813 sexually abusive juveniles in Massachusetts, they found that common risks among juvenile sex offenders included the mother’s history of pregnancy and birth complications (25%), mother’s history of alcohol abuse during pregnancy (15%), mother’s history of drug abuse during pregnancy (20%), head trauma (14%), and an increased likelihood of attending special education classes. They also found that offenders
were often characterized by instability within the home including: early age of placement in foster care (average age, 7 years), early placement in a residential facility (average age, 11 years), numerous home placements (5 times on average), and a large number of total changes in the living situation (10 times on average).

**Trauma Outcome Process Approach about Sexual Behavior Problems of children**

Scientists have been long searching to find answers to why few children develop tendencies to engage in sexually harmful behavior and thus to sexually abuse other children. Rasmussen et al. (1992) have identified five factors which are considered necessary for the development of problematic sexual behavior in children. This model focuses specifically on prior victimization, lack of empathy, social inadequacy, lack of accountability and impulsiveness. The model holds that while prior victimization increases the risk of developing problem sexual behaviors it is not a sufficient condition as there are three possible responses to traumatic experiences. In the present context, children who have been victimized may: “a) **internalize their emotions and become self-destructive**, b) **externalize their emotions and become abusive**, and c) **express their emotions and come to understand and integrate the traumatic experience with their other life experiences**” (Rasmussen, 1999, p. 15).

The second principle of the Rasmussen model is that traumatized children have a choice in relation to which of the three outcomes to pursue. This principle follows a cognitive-behavioral approach whereby children who have been victimized need to recognize and rectify cognitive distortions and display responsible thinking. This will allow healthy decisions to be made resulting in recovery from the traumatic experiences (Rasmussen, 1999). The model further indicates that the ability to make healthy choices is mediated by levels of self-
awareness which includes: feelings, motivations, thoughts, physical sensations and actions. Thus, each choice made regarding behavioral outcomes resulting from the traumatic experience is a product of levels of self-awareness. Importantly, Rasmussen also stresses on his finding that recovery from victimization is a dynamic process and that children may choose all three behavioral outcomes at different times during the recovery process.

The trauma outcome process approach also link itself with the concepts of psychodynamic perspectives which emphasizes the role of internal conflicts and unresolved feelings related to past traumatic experiences in facilitating the development of problem behaviors. The humanistic approach is also adopted as it emphasizes self-awareness and choice as powerful motivators of responses to traumatic experiences.

**Definition of CSA/ Child sexual abuse**

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 for which the child is not developmentally prepared and cannot give consent, or that violate 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 sexual activity.
- The exploitative use of child in prostitution or other unlawful sexual practices.
- The exploitative use of children in pornographic performances and materials.

Child abuse across the globe

Study by Pinheiro, P. S. (2006) on Violence against Children has given the following overview of the situation of abuse and violence against children across the globe. ILO estimates that 1.8 million children were involved in prostitution and pornography and 1.2 million were victims of trafficking. 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 abuse in Asia

A report by International Society for Prevention of Child Abuse and Neglect (2006) mention that while certain child abuse and neglect issues are common in almost all countries at the global level such as physical abuse, sexual abuse, emotional and psychological abuse, abandonment and, increasingly, problems of street children, there are also many issues which are prevalent only in certain regions of the world. For instance, in Asia where population density is high, the issues of child labor and child sexual exploitation are also high. Political instability and other internal disturbances, including conditions of insurgency in many countries in Asia are also creating major problems, with increasing number of refugee children, trafficked children and children on the streets. Prevention of child abuse and neglect is still an uncharted field in Asia. The largest population of children in the world live in South Asia and majority of these children lack access to proper health care, nutrition and education. This reflects the socio-economic reality of the developing countries of the Asian region. The main factors that contribute to the magnitude of the problem of child abuse are poverty, illiteracy, caste system and landlessness, lack of economic opportunities, rural-urban migration, population growth, political instability and weak implementation of legal provisions.

Child abuse in India

Loveleen Kacker, Srinivas Varadan, Pravesh Kumar & et al, (2007) in their report for Ministry of Women and Child Development, Government of India mention that traditionally in India, the responsibility of care and protection of children has been with families and communities. A strong knit patriarchal family that is meant to look after its children well has seldom had the realization that children are individuals with their own rights. While the Constitution of
India guarantees many fundamental rights to the children, the approach to ensure the fulfillment of these rights was more needs based rather than rights based. The transition to the rights based approach in the Government and civil society is still evolving. Nineteen percent of the world's children live in India. According to the 2001 Census, some 440 million people in the country today are aged below eighteen years and constitute 42 percent of India's total population i.e., four out of every ten persons. This is an enormous number of children that the country has to take care of.

According to the report published in 2005 on 'Trafficking in Women and Children in India' by Sen. S & Nair P. M., 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

The world's highest number of working children is in India. To add to this, India has the world's largest number of sexually abused children; with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time (Loveleen Kacker & et al. (2007).

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 were 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.

In order to examine the incidence of sexual abuse, Loveleen Kacker, Srinivas Varadan, Pravesh Kumar et al., (2007) has administered a questionnaire to 12,447 child respondents belonging to the five different categories including children in family environment, children in schools, children in institutions, children at work and street children. The study looked into four severe forms and five other forms of sexual abuse. Out of the total child respondents, 53.22% reported having faced one or more forms of sexual abuse that included severe and other forms. Among them 52.94% were boys and 47.06% girls. The age wise distribution of children reporting sexual abuse in one or more forms showed that though the abuse started at the age of 5 years, it gained momentum 10 years onward, peaking at 12 to 15 years and then starting to decline. This means that children in the teenage years are most vulnerable.
The significant finding was that contrary to the general perception, the overall percentage of boys was much higher than of girls. In fact 9 out of 13 States reported higher percentage of sexual abuse among boys as compared to girls, states like Kerala reporting a figure of 55.04%. Among different evidence groups, highest percentage of children who faced sexual abuse were those at work (61.61%) followed by abuse in streets (54.51%), family (53.18%), school (49.92%), and institutional care (47.08%).

**Severe forms of sexual abuse**

Loveleen Kacker, Srinivas Varadan, Pravesh Kumar et al., (2007) explains about different forms of child sexual abuse in their study. It says that out of the total child respondents, 20.90% were subjected to severe forms of sexual abuse that included sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude. Out of these 57.30% were boys and 42.70% were girls. Over one fifth of these children faced more than three forms of sexual abuse. Amongst these sexually abused children 39.58% were in the age group of 5-12 years, 35.59% in the age group of 15-18 years and 24.83% in the age group of 13-14 years.

**Other forms of sexual abuse**

Out of the total child respondents, 50.76% were subjected to other forms of sexual abuse that included forcible kissing, sexual advances made during travel and marriages and exposure to pornographic materials. Out of these 53.07% were boys and 46.93% were girls. Over 50% of children faced more than two forms of sexual abuse.

**Sexual assault**

Sexual assault means penetration of the anus, vagina or oral sex. Out of the 12,447 child respondents, 5.69% reported being sexually assaulted. The study conducted by RAHI (1998) has also reported a 6% figure for severe
sexual abuse (4% penetrating anus or vagina and 2% oral sex). Another study titled Sexual Abuse of Street Children brought into an observation home found that over 15% of the boys in the institution reported penetrative sexual abuse and the maximum proportion of abuse was reported in the age group 8-10 years (42.9%). Of all the children reporting sexual assault, 54.4% were boys and 45.6% were girls. Out of the total children reporting sexual assault, 37.82% were in the age group of 15-18 years. This study also examined categories of persons sexually assaulting children. The findings revealed that majority of children (31%) were subjected to sexual assault by their uncles or neighbors followed by 29% by friends and class fellows, 10% by their cousins and 9% by their employers. Remaining 21% children reported sexual assault by others that included strangers, persons they were faintly acquainted with, teachers, care givers, etc. Study also elicited information on whether or not the respondents had disclosed their experience to anyone. Majority of children subjected to sexual assault kept quiet (72.1%) and did not report the matter to anyone. Among those who reported, the majority of children shared the incident with their parents followed by brother and sister (6.7%). Only 3.4% children reported the matter to police.

**Forced to touch private parts of the body:**

Loveleen Kacker, Srinivas Varadan, Pravesh Kumar et al., (2007) explained out of the total child respondents, 14.5% reported incidence when someone made them fondle or touch their private body parts. Among these children, 58.40% were boys and 41.60% were girls. 38.50% of these children were in the age group of 15-18 years, while 36.87% were in the age group of 5-12 years and remaining 24.62% in the age group of 13-14 years.
Exhibition- Children forced to exhibit private body parts:

Out of the total child respondents, 12.6% of children reported that someone forced them to show or exhibit their private body parts. Among these children, 60.25% were boys and 39.75% girls. Amongst children (15-18 years), 38.66% reported being forced to exhibit private body parts followed by 35.49% among children (5-12 years) and 25.86% children (13-14 years). When asked about the persons who forced them to show or exhibit their body parts, in majority of cases (44.4%), the persons causing such abuse were friends or class fellows of child respondents. This percentage was followed by 23% of children reporting such acts by their uncles or neighbors, 9.5% by their cousins, 5.2% by their employers and 4.8% by their brothers and sisters.

Photographed in the nude

Out of the total child respondents, 4.46% reported being photographed in nude. In different age groups, the majority of cases (48.17%) where children were photographed in nude were among younger children in the age group of 5-12 years. This was followed by 28.02% among adolescents in the age group 15-18 years and remaining 23.81% in the age group of 13-14 years. The fact that brothers and cousins in the list of perpetuators together amount to 21% is also noteworthy.

When percentages of children photographed in the nude were seen across the states, the highest percentages were reported from the states of Andhra Pradesh, Assam, Bihar and Delhi. The fact that these four states seem to repeatedly emerge as having the highest incidence of sexual abuse is disturbing. Actually it is difficult to attribute reasons for this. For example, literacy levels are high in Delhi and low in Bihar and Assam. Andhra Pradesh is a state with highest incidence of trafficking for commercial sexual exploitation of women and children. Poverty is high in Assam and Bihar. There is a correlation
between urbanization and crime but then this argument would hold only for Delhi and partially for Andhra Pradesh.

**Exhibition- Children forced to view private body parts:**

(a) **Forcible kissing:**

21.06% children out of the total child respondents reported being forcibly kissed. Among these children, 44.98% were boys and 55.02% girls, out of which, 41.17% were in the age group of 5-12 years, 25.73% in the age group of 13-14 years and 33.10% in the age group of 15-18 years. One in four girls reported being forcibly kissed. Kerala (54.29%) were the states where children reported high percentage of forcible kissing. It is important to note that the percentage of children in the 15-18 age groups was constantly high in Kerala in all severe forms of sexual abuse and the same trend continues even in the other forms of sexual abuse.

**Sexual advances during travel situation**

Out of the total child respondents, almost 27.9% reported that such incidence had taken place with them. Amongst these children, 39.11% were boys and 60.89% were girls, out of which, 37.25% were in the age group of 5-12 years, 27.61% in the age group of 13-14 years and 35.14% in the age group of 15-18 years. Among the states, 11 out of 13 reported above 50% incidence among girls which meant that more girls were facing this form of abuse compared to boys. Among children in different age groups, 37.25% children who were subjected to sexual abuse during travel situations were younger children in the age group of 5-12 years. This was followed by 35.14% among adolescents in the age group 15-18 years and remaining 27.61% in the age group of 13-14 years.
Exhibition- children forced to view private body parts

When asked about whether anyone has shown or exhibited them his/her private body parts, 16.97% out of the total child respondents admitted such incidence taking place with them. Amongst these children, 55.58% were boys and 44.42% were girls. Among States, the highest percentage of such cases in children in the age group 15-18 years, were reported from Mizoram (60.85%) followed by Kerala (52.23%).

Exposing children to pornographic materials

Out of the total child respondents of the study sample, 30.22% reported that someone had exposed them to such dirty pictures. Further analysis of data pertaining to exposing children to pornographic material revealed that 42.35% of child responds in the age group of 15-18 years, The percentage of boys reporting being exposed to dirty pictures was reported higher compared to girls in all 13 sample states. Amongst the States the highest percentage (86.70%) of boys was from Kerala.

The study conducted by Save the Children and Tulir among school going children in Chennai also corroborated this finding by stating, "Also important to note, with regard to showing children pornography, is the very high percentage of individual and family acquaintances such as friends, neighbors, teachers, drivers and domestic help, etc. The study revealed that a sizable percentage (66.1%) of participants who selected this option, mentioned that they were made to watch pornographic materials by their own friends."

Child sexual abuse in Kerala

Statistics by the State Crime Bureau states that more than 700 child rape cases were reported in 2014. A total of 637 Child Sexual Abuse cases got registered all over Kerala in 2013. It accounts for an increase of almost 9% of
cases compared to the previous year. In 2012, the number of cases registered was 455 and in 2011 the number of cases was 423.

Crime against Children - Kerala

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Crime Heads</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014 (Provisional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Murder</td>
<td>37</td>
<td>44</td>
<td>42</td>
<td>47</td>
<td>34</td>
<td>40</td>
<td>39</td>
</tr>
<tr>
<td>a</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>b</td>
<td>Other Murder</td>
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<td>44</td>
<td>41</td>
<td>46</td>
<td>34</td>
<td>40</td>
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<td>208</td>
<td>423</td>
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<td>709</td>
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<td>Procuration of Minor Girls</td>
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<td>11</td>
<td>Other Crimes against Children</td>
<td>183</td>
<td>206</td>
<td>211</td>
<td>835</td>
<td>664</td>
<td>1024</td>
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</tr>
<tr>
<td></td>
<td>Total Crimes</td>
<td>549</td>
<td>589</td>
<td>596</td>
<td>1452</td>
<td>1324</td>
<td>1877</td>
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</tr>
</tbody>
</table>

http://www.keralapolice.org/newsite/crimein_stat.html
The lack of proper coordination between the various justice systems which provide services to the victims of CSA has always been a much discussed topic in India and Kerala. An article in Malayala Manorama (2013) has reported about the occurrence of child marriage of an inmate in a yatheeem Ghana (Muslim Orphanage) with a foreigner. It is also accused in the report that the CDPO’s (Child Development Programme Officers) who are supposed to prevent such unfortunate incidents hasn’t worked effectively in this case. It shows the lack of coordination in the justice systems in Kerala.

The Intervention by CWC becomes crucial under such circumstances. In a report in Malayala Manorama (August, 2013) it is mentioned that one of the Child Welfare Committee in Kerala has intervened using a suo motu and ordered the police to register a case against a foreigner who did child marriage and sexually abused a 17 year old girl. In this case CWC has suggested the police officials to charge provisions in POCSO act, IPC, and JJ act for sexually abusing a minor. Report also explains that the CWC has made necessary suggestions for the rehabilitation of the victim and came up with a care plan. This care plan has detailed description which suggests the government to provide educational assistance and monetary compensation for the victim. A monetary compensation of Rs 15000 up to 21 years and admission in one of the government educational institution was suggested by CWC.

Indian legal systems have the provisions to provide serious punishments to the offenders of CSA. In cases were severe form of abuse is reported the punishment is mainly given for life imprisonment. Most of the offenders received serious punishments of imprisonment in Paravoor sex racket case. The major feature of the judgment by the additional sessions judge P.G Ajith Kumar court is that the first accused i.e. the biological father of the victim were sentenced for a 92 year imprisonment for different crime he did against the victim. (Malayala Manorama, February, 2015). But there are occasions were
death sentence was given to the offender. In one such case were the victim was brutally killed by the offender after sexually abusing her. The District Court Judge has given verdict for death sentence. (Mathrubhumi, August, 2013).

There are provisions in the laws to charge offences against individual who didn’t inform about CSA to the police. In a report in Malayala Manorama (2014) explains about a case which was registered against the principle of the school for not informing the police about sexual abuse occurred in the premises of the school. The main accuser of the abuse was a teaching staff of the school. Inspite the formal complaint from the victim and her parents principal of the school didn’t took the necessary steps which lead to the reported events. Section 19, 21 of POCSO ACT 2012 was charged in this case.

It is also found that there are efforts to bring out of court settlements in CSA cases were abusers are close relatives. The victim’s family members may come up with pressure tactics to withdraw the case from the court. But in an order by High court of Kerala Justice B. Kamal Pasha has mentioned that the court will never allow the withdrawal and out of court settlement of sexual abuse cases especially when the father is the accused. “This is a case were the protector become the hunter. The welfare of the child is important hence detailed enquiry about these problems is necessary”. (Malayala Manorama, 2014).

Sometimes there are contradictions in the verdict by courts. Delhi additional session court has come up with a verdict that the sexual relationship with a girl less than 18 can’t be considered as a crime if it happens with the permission of the child (Malayala Manorama, August, 2013).This verdict was given on a case where a 15 year girl eloped with her lover and married the accused. The judge has also mentioned that in this case the provisions of recently amended POCSO Act of 2014 can’t be applicable.
Meanwhile Supreme Court of India has come up with a major verdict in this area. Supreme Court under Justice Deepak Mishra has stated that the out of court settlement shouldn’t be allowed in sexual abuse cases and taking such soft stand will be the biggest wrong. This statement was made by the Supreme Court based on the case where a 7 year old child was sexually abused by the offender in Madhya Pradesh. Initially the offender was sentenced for five years imprisonment. But later a settlement was made by the offender and the parents of the victims which lead to the cancelation of 5 year imprisonment of the offender by the High Court of Madhya Pradesh. So the State of Madhya Pradesh has gone for an appeal in this case to Supreme Court. This made the Supreme Court of India to come up with a statement which explains that out of court settlement shall not be allowed in sexual abuse cases. Supreme Court has also ordered to reconsider the verdict made by the high court of Madhya Pradesh and to arrest the offender. (Malayala Manorama, July, 2015).

Another statement made by High Court of Kerala mention that unfortunately there exist a situation where anyone (even innocent individuals) can be named as accused when it comes to sexual offences against children. There are occasions were police arrest the accused without verifying the truth about the statement of the child. Some sort of system is needed to verify the truth about the statement and thus to avoid mishap of innocent individual getting involved in CSA cases. (Malayala Manorama, August, 2013).

The social stigma faced by the victims of CSA has been reported in many cases. In a report in one of the leading daily print media, the parents of a victim has said that the judgment of their case came only after 18 years and during these years they have suffered a lot. They were treated as out caste in the society and because of it they were forced to leave their house and community. (Malayala Manorama, April, 2014).
It is also found out that many a time the victims may suffer from serious mental health problems due to the abuse. On few occasions they may even prefer to end their life. Such an unfortunate event was reported in Malayala Manorama (July, 2014) were a 15 year old girl committed suicide due to the trauma and social stigma faced due to the sexual abuse. Another similar incident took place were a 17 year old girl has committed suicide due to the threat from her neighbor to publish her personal pictures in internet (Malayala Manorama, May, 2014).

Meanwhile there are efforts from the government of Kerala to coordinate various departments and organizations to prevent offences against the children and prevent mishaps from occurring. Child Rights Commission, Child Welfare Committees, Jagratha Samithees, Anganwadis, etc will be coordinated to provide better services for the children. A committee was created to come up with suggestions to unify the efforts of above mentioned bodies. (Malayala Manorama, July, 2013)

There are Boomika centers working in 14 district/general hospitals and 6 taluk hospitals in Kerala. These centers are working to provide counseling and medical services to the victims of sexual abuse. The government of Kerala is planning to convert these boomika centers to One Stop Crisis Cell in future. This will be one of first effort in entire country to bring in all the major services like counseling, medical, legal and police support to a common platform. It will be implemented as the part of Nirbhaya project. (Jose, 2013)

**Risk factors for CSA**

CSA occurs across all socioeconomic and ethnic groups (Finkelhor, 1993). A number of factors, however, have been identified that increase risk for CSA.
Gender

Girls are at about 2.5 to 3 times higher risk than boys, although approximately 22% to 29% of all CSA victims are male (Finkelhor, 1993). Research indicates that mental health professionals rarely ask adult males about childhood sexual abuse (Lab et al., 2000).

Age

Risk for CSA rises with age (Finkelhor, 1993; U.S. Department of Health and Human Services, 1998). Data from 1996 indicate that approximately 10% of victims are between ages 0 and 3 years. Between ages 4 and 7 years, the percentage almost triples (28.4%). Ages 8 to 11 years account for a quarter (25.5%) of cases, with children 12 years and older accounting for the remaining third (35.9%) of cases (U.S. Department of Health and Human Services, 1998). Some authorities believe that, as a risk factor, age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girls.

Disabilities

Physical disabilities, especially those that impair a child’s perceived credibility such as blindness, deafness, and mental retardation, are associated with increased risk (Westcott and Jones, 1999). Three factors seem to contribute to this increased vulnerability: dependency, institutional care, and communication difficulties. There appears to be a gender effect such that boys are overrepresented among sexually abused children with disabilities compared with their respective proportion of sexually abused children without disabilities (Sobsey et al., 1997).

Socioeconomic Status

Although low socioeconomic status is a powerful risk factor for physical abuse and neglect, it has much less impact on CSA. Community survey studies
find almost no socioeconomic effects, but a disproportionate number of CSA cases reported to Child Protective Services come from lower socioeconomic classes (Finkelhor, 1993).

**Family Constellation**

Family constellation, particularly the absence of one or both parents, is a significant risk factor (Finkelhor, 1993). The presence of a stepfather in the home doubles the risk for girls, not only for being abused by the stepfather but also for being abused by other men prior to the arrival of the stepfather in the home (Mullen et al., 1993). Parental impairments, particularly maternal illness, maternal alcoholism, extended maternal absences, serious marital conflicts, parental substance abuse, social isolation, and punitive parenting, have all been associated with increased risk in some studies (Nelson et al., 2002). Clinically, the presence of abused siblings is thought to increase the child’s risk, although this has not been empirically established (Finkelhor, 1993).

**Pedophilia and Psychological Profiling**

When it comes to any form of crime it is important to assess not only the part of victims but also the part of offenders. Studies on victimology and criminology bring this multiple viewpoints in to research. Hence this part of the literature deals with studies which explain about the characteristics of offenders who commit sexual abuse of children.

**Definition of Terms: Child Molesters or Pedophiles**

In their study Holmes & Holmes,(2009) pointed out that there are vagueness involved in the definition of child molesters or pedophiles. A generic definition of a child molester is an adult who touches or fondles a child for his or her own sexual gratification. Authors also mention about the definition said by Leo (1993, p 37) which explain a child molester is simply an individual who engages in illegal sexual activity with children. This definition is also
Chapter Two

considered as so broad that it loses any implications for criminal psychological assessment and simply doesn’t accurately describe the etiology of the child sexual offender. Authors are also of the opinion that the generic explanation of the word Pedophile is also confusing and general. The word pedophile means “A lover of children”. The authors feel that the definition is simple, but the understanding of this individual’s whims and wants is quite complex. For example both the authors love children. But that of course doesn’t mean either of the authors has a sexual interest in children or would never exploit them for own sexual interest. Underlying the definition of the pedophile is a person that not only loves the children but also uses them for their own sexual pleasure. The sexual interest of the true pedophile ranges from fondling to mutilation and sometimes murder. Since their range of behaviors is so wide, if someone has to accept the definition of pedophilia to be a lover of children can be very difficult, if not impossible.

Also important is the need to differentiate between pedophiles and child molesters. While some pedophiles may molest children in general, child molesters do not share any great love or affection for kids. Many true child molesters, especially the preferential types have no great love for children. Children are there to abuse and then discard. The Diagnostic and Statistical Manual of Mental Disorders of American Psychiatric Association defines pedophilia as “the acts or fantasy of engaging in sexual activity with prepubertal children as a repeatedly preferred or exclusive method of achieving sexual excitement”. But there is another group of pedophiles, termed hebephiles, who prefer children who are already into puberty. This term is rarely used. It is indicative of a type of child offender who makes a distinction regarding victimization solely on age (American Psychiatric Association, 2000). Child molesters, on the other hand may share many of the same traits as pedophiles and hebephiles; however they are not diagnosed by DSM-IV as
having a mental disorder. What appear to be significant though, is that on the average, child molesters appear to use physical force more often than pedophiles to coerce their victims in to their sexual escapades (Defrancis, 1969). There is yet another consideration here i.e. there are women who are child molesters and pedophiles. They receive meager attention in the academic literature.

**Typologies of offenders who abuse children**

Baxter, D.J., Marshall, W.L., Barbaree, H.E., Davidson, P.R., & Malcolm, P.B. (1984) examined criminal records, personal history, social-sexual competence, and physiological responses to erotic stimuli in incarcerated pedophiles, ephebophiles (an adult who is sexually attracted to adolescents), and rapists. There were significant differences among groups in criminal and personal background. In particular, pedophiles tended to be older, more poorly educated, more likely to be unmarried, and less frequently involved in nonsexual crime. Social and social-sexual inadequacies were common to all groups, as reflected in low self-esteem and negative attitudes. The data provided a degree of support for the popular view of the pedophile as a sexual deviant. Pedophiles were somewhat older than other subjects, were more likely to be repetitive sexual offenders, with less nonsexual criminal involvement than rapists or ephebophiles. They also were more likely to exhibit deviant sexual arousal, inasmuch as they responded much more to children than non-pedophilic subjects. Pedophiles and homosexual offenders responded more to male children than did heterosexual offenders. Beyond this, there appeared to be little to differentiate between the offender who attacks young pubescent victims and the offender who chooses only mature adult victims.

Studies by Marshall, W.L., & Barbaree, H.E. (1991) on one hundred and twenty-nine outpatient child molesters (91 non familial and 38 father/daughter
offenders) were assessed and interviewed regarding various aspects of their deviant sexuality. Of the total sample, 29% reported having deviant fantasies prior to age 20. This was most pronounced (41.1%) among those who molested the intra familial boys. 14% of the non familial offenders against boys, 11.8% of the non familial offenders against girls, and 7.9% of the incest offenders had one or more paraphilia in addition to their index offense. Only three participants in the total sample reported more than two additional paraphilias. These results support the research that a substantial proportion of adult sex offenders develop their deviant behaviors during adolescence.

A study by Freeman – Longro, 1986) mention that a child molester /paedophile themselves were once molested as children and that prior victimization can lead them to victimize others as a way to cope with their prior victimization. And again male survivors of incest are also more likely to commit incestuous behavior as they mature than are non incest survivors (Williams & Finkelhor, 1992)

Types of pedophiles

Pedophiles are different in their behavioral patterns, selection of victims, usage of lures and propensity towards violence, even fatal violence. (Haas & Haas, 1990).

The situational child molester

The first broad category is the situational type. The situational type typically has fewer victims than the preferential type. This child molester doesn’t have a true sexual interest in children but will experiment with children when stress is introduced into his life. Also, this type of sexual molesters will not only molest children, but he will also abuse the elderly the impaired or the sick. Within the situational type, there are several sub types.
The regressed Child Molester

This pedophile has a situational occurrence, which impels him to turn to a child as a temporary object for sexual gratification. If one examine the word regressed, then it is easily understood that this molesters turns to children as substitute sexual partners. There has occurred something in the molester’s life that challenges self image and results in poor self esteem. The regressed pedophile is one who has been traditionally involved with adults in normal relationships. Certainly there are some extant interpersonal problems in relating with adults in sexual relationships. Psychologically this type of offenders views the child as pseudo adult because of some type of situational stress- e.g., break up in marriage, poor performance evaluation, or some other life stressors (Burgess et al., 1978). Often this type of child molester is married and lives with his family, but something happens in his life that propels him into a circumstance where he feels more comfortable in the presence of usually non judgmental children, which results in their sexual victimization.

The Sexually Indiscriminate Child Molester

The morally indiscriminate Molester is an abuser of all available persons. Children are just another category of victims. The morally Indiscriminate Molester has a basic motivation towards sexual experimentation. He is a “try-sexual” that is willing to try anything. He may involve his biological children or children by marriage, in these sexual practices. As one can see this molester doesn’t have a sexual preference for children; they are simply there for the taking.

The naive or inadequate child molester

These offenders include those persons who suffer from some form of mental disorder that renders them unable to make the distinction between right and wrong as far as sexual practices with children. They are loners usually not
by choice but because they are not capable of establishing personal relationships. These type of offenders usually don’t physically harm children, and he is more likely to experiment with children with sexual practices including fondling, kissing and licking but not sexual intercourse.

Table Situational Child Molesters

<table>
<thead>
<tr>
<th>Element</th>
<th>Regressed</th>
<th>Sexually Indiscriminate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Trait</td>
<td>Poor coping skills</td>
<td>Sexual experimentation</td>
<td>Social misfit</td>
</tr>
<tr>
<td>Motivation</td>
<td>Substitution</td>
<td>Boredom</td>
<td>Insecurity and curiosity</td>
</tr>
<tr>
<td>Victim Criteria</td>
<td>Availability</td>
<td>New and different</td>
<td>Non threatening</td>
</tr>
<tr>
<td>Method of Operation</td>
<td>Coercion</td>
<td>Involve in existing activity</td>
<td>Exploitation and size advantage</td>
</tr>
<tr>
<td>Porn Collection</td>
<td>Possible</td>
<td>Highly Likely</td>
<td>likely</td>
</tr>
</tbody>
</table>

Source: Holmes & Holmes, (2009)

The Preferential Child Molesters

There are different types of child molesters/pedophiles who look at children as providers of pleasure. This group of abusers “prefers” children as the providers of personal and sexual gratification, hence “preferential.” There are two subtypes of the preferential Child Molester.

The Mysoped Child Molester and Killer

One type has made the vital connection between sexual gratification and extreme personal violence: the mysoped (Holmes & Holmes, 2001). This type of pedophile is usually male and has made a vital connection between sexual
arousal and fatal violence. Typically, the child is a stranger to this aggressive and sadistic child offender. This type of offender may stalk the child, rather than use any form of seduction (the method typical of many pedophiles).

The mysoped will often abduct a child from places where children gather: playgrounds, schools, shopping centers and such other places. He simply takes the child by force. A scenario that includes pain inflicts upon the child, followed by child’s death. This type of pedophile has no real sexual interest in children in the traditional sense although he may sexually abuse them. His interest is primarily rooted in torturing, humiliating and mutilating his young and vulnerable victims to whom he feels greatly superior. The physical violence is often directed towards the genitals. This sexual sadist often terrorizes the child with some type of weapon and the crime is premeditated and ritualized. A study by Schechter, 1990 also point out the fact that there are incidences where the pedophiles show the act of infibulations, self torture of one’s sexual body parts and even cannibalism (case of Albert Fish in Newyork).

Holmes & Holmes (2001) also explained about two other types of preferential molesters. The *seduction* and the *introverted molester*. The *seduction molester* entices children by courting them with attention, affection and gifts. This molester is involved in courting the children over an extended period of time and may be involved with many children at the same time. On the other hand the *introverted offender* has no skill or knack at courting children and instead prefers to marry or date the women with children whom they will later victimize.

*The Fixated Child Molester*

The Fixated Child Molester as little or no activity with age mates usually is single and is considered to be immature and uncomfortable around the adults. This offender is generally thought to be fixated in terms of his psycho social
development at the age of his intended victims. While he may be physically and psychologically mature than his victims, he believes that the age range of his intended victim hold some allure. It may be at this age that he believes people to be most innocent and thereby sexually attractive. On the other hand study by Burg (1983) found that many pedophiles select children as sexual objects because youths are less demanding, more easily dominated and less critical of their partner’s performance than the adults. This type of offenders is not interested in physically harming the child. He misguidedly loves the children and doesn’t desire to do anything to harm them. Oral genital sex is the norm and actual intercourse develops only after a significant period of time has passed.

Outcomes Associated with Childhood Sexual Abuse

Many psychiatric problems and conditions have been clinically found with the victims of CSA. These include the DSM disorders of major depression, borderline personality disorder, substance abuse disorders, posttraumatic stress disorder (PTSD), somatization disorder, dissociative identity disorder, and bulimia nervosa. Initially the evidence for these associations was based primarily on findings reported CSA in clinical samples with these diagnoses. These relationships are being replicated is found to be increasing in large community sample studies both in the United States and abroad (e.g., Beitchman et al., 1992).

Depression

Major depression has been reported to seen with CSA victims in numerous studies. There is also evidence that a history of childhood abuse may alter the clinical presentation of major depression. Sometimes depression takes the form of other conditions and physical ailments in such cases. In a sample of 653 cases of major depression, individuals with physical or sexual abuse histories were significantly more likely to have signs such as increased appetite,
weight gain, and hypersomnia than individuals without this history (Levitan et al., 1998). While following a birth cohort of 1,000 New Zealand children, Fergusson et al. (1996) found that compared with non abused children, children with histories of noncontact or contact non intercourse CSA had an increased odds ratio of 4.6 for major depression. Those reporting intercourse had an increased odds ratio of 8.1 for major depression and 11.8 for a suicide attempt.

**Sexualized Behaviors**

When it comes to the lives of the victims of child abuse in general, a variety of behavior and conduct problems have been associated (Nagy et al., 1994). When it comes to child sexual abuse, sexualized behaviors have been most closely linked. Numerous studies have found that sexually abused children exhibited more sexualized behaviors than various comparison groups, including non abused psychiatric inpatients (Consentino et al., 1995).

**Rape Trauma Syndrome**

In 1974, Ann Wolbert Burgess, a psychiatric nurse and Lynda Lytle Holmstrom, a sociologist coined the term rape trauma syndrome to describe a collection of the consequences of rape. According to them, all rape victims suffer from rape trauma syndrome to some degree. Some show severe symptoms, others not so severe, but all of the victims suffer. The rape syndrome may be divided into two phases, but each can adversely affect all aspects of the victim’s life: physical, psychological, social and sexual. (Haas & Haas, 1990).

**Phase 1: Acute Crisis phase**

The first phase begins immediately after the act of sexual abuse. This phase is also known as the phase of impact. Victims are in a state of shock, it is not an exaggeration when they report that everything has fallen apart inside (Bard & Sangry, 1979).
A study by Gidycz & Koss (1991) also mentions that one of the most frequent responses at this phase is that of anxiety or fearfulness. As one of the victims put it, “Only the terror repeats itself constantly, again and again” (Barr, 1979, p. 46). The fear of abuse occurred can become so prominent and taxing that it overpowers the lives of its victim. Many suffers relive the event over and over again in their minds. They have great difficulty in getting to sleep, and they finally do, the sleep – instead of being a relief- is accompanied by nightmares in which the rape is reinstated.

The immediate consequences of being raped have been documented by very few studies. One such investigation in which the victims were asked to complete a checklist of symptoms only 2 or 3 hours after the rape (Veronen, Kilpatrick, & Resick, 1979). Deep cognitive and psychological symptoms were evident. Of the victims, 56% reported feeling scared; a similar percentage reported being worried. and 92% said they were terrified and confused. Four fifth of the respondents reported that thoughts were racing through their minds. Accompanying these, physiological sign of anxiety that were equally negative was present; these included shaking and trembling (reported by 96% of the victims, racing heart (80%), pain (72%), tight muscles (68%), rapid breathing (64%) and numbness (60%).

Others symptoms include the following:

1. **Denial, Shock and Disbelief:** One woman later narrated her thoughts during the ordeal of abuse which she faced. “This couldn’t be happening to me”. “Thoughts pounded through my head as I tried to understand what was happening. Was this a joke? Was this someone I knew being cruel? It couldn’t be real (Barr, 1979, p. 18).

2. **Disruption.** Victims may respond with varying degree of personality disorganization (Bassuk, 1980). Some victims may look like confused or
disoriented. On the other hand other victims do not exhibit observable emotional symptoms.

3. Guilt, Hostility and blame. Haas, L., & Haas, J., (1990) suggest that responding by blaming oneself may be the second most common reaction after fear. For example many victims will reason that things would have been different “if only I hadn’t been on that street”. Others may direct their hostility and blame at men in general. Or at society for permitting sexual assault to occur. One study reported that 11% of rape victim reacted in this manner, but agreeing to statements like “men have too little respect for women” or “there is never a policemen around when you need him” (Meyer & Taylor, 1986). Self blame, as a reaction in some victims, can be so strong that they believe the rape was their fault (Warshaw, 1988).

4. Regression to a state of Helplessness and Dependency. The feeling that one is no longer an independent person is a common one. Former senses of autonomy and competence are replaced with self doubt (Haas & Haas, 1990).

5. Distorted Perceptions. The impact of being a victim of a sexual assault cannot be overestimated; it often recreates the world into a scary place to live. Feelings resembling paranoia. In his study Warshaw (1988) mentioned the wordings of one victim “One thing I’ll never get over is my distrust of men” (p.75). Koss (1988) discovers that 41% of rape victims in his study of college students believed that they would be raped again.

Phase II: Long-Terms Reactions

Second phase is also known as the recoil stage of the rape trauma syndrome. In this stage the victim have the task of restoring order to their live and reinstituting a feeling of mastery over their world. (Burgess & Holmstrong, 1985) The time period for accomplishing this task can take anywhere from a
few months to years of completion, if indeed, completion and closure ever do occur. Major symptoms of this phase are the following:

**Phobias:** A phobia is an irrational fear which interferes with effective adaptation to one’s environment. Most people with phobias will go to great lengths to avoid the objects of their fear. Psychologists usually consider phobic reaction as learned associations with a painful or unpleasant stimulus. Kilpatrick et al. (1981) view rape as a classical conditioning stimulus. Thus anything associated with the rape will come to be feared, as a result of the association.

The accumulation of these fears may be one cause of the fact that relatively few victims report a rape to the police. Russel (1984) in his study has estimated that only about 10% of all sexual abuse/rape are reported by the victim. Fear of being embarrassed in the court or simply not believed contributed to these estimates. As one victim put it, “I felt more vulnerable in court than I had on the streets” (Bard & Sangrey, 1979, P 103). Evidence also exists that these fears may be valid ones, as employees of the criminal justice systems have tended to disbelieve many rape victims (Feldman-Summers, S., & Palmers, G., 1980). (interview)

**Disturbances in General Functioning and Sexual Problems.** It’s quite common for victims of sexual assault to experience resulting problems in dealing with routine aspects of living. Changes in even eating, sleeping pattern occurs frequently. When it comes to sexual aspect, Study by Becker, Skinner, Abel, Axelrod, & Treacy, (1984) shows that the victims report less desire to engage in any form of sexual activity or thoughts.

**Changes in Life Style.** A study by McCahil, Meyer and Fischman (1979) mention that victims often complain that their problem are made worse by a lack of understanding or compassion for them by their family and friends. Such reactions create leads to situations for deteriorating relationships. Even though
it’s usually unintentional, friends and family of victim may adhere to rape myths that the victim was in some way responsible for the assault and the rape could somehow have been avoided.

The pattern of recovery during this long term phase is not necessarily a continuously improving one. Caplan, (1964) mention that there are times during this phase where some victims will appear as if things are back to normal and they are able to deal with the experience. At other times, denial or shock may reappear as if these same victims had regressed back to the earlier, impact phase. Such shifts are quite characteristics of the recovery process and collectively they have been called the ‘‘waxing and warning of tension’’.

When it comes to the time needed for the victim to recover various studies have different findings. Study by Kilpatrick et al(1981) mention that most improvement by victims occurs somewhere between 1 and 3 months after the sexual abuse, as no significant differences in functioning were reported by victims between 6 months and 1 year after. In another study Burgess and Holmstrom (1985) found that 25% of the rape victims they studied had not significantly recovered several years after the rape. On the other hand some researchers would offer a tentative “no” to the question of eventual complete recovery (Sperling 1985).

**Post Traumatic Stress Disorder**

Post traumatic stress disorder is defined as the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience”. (APA, 1987, p.247). The American Psychiatric Association’s diagnostic system known as DSM II- R (for Diagnostic and Statistical Manual of Mental Disorder Revised) recognized the presence of post traumatic stress disorder, which is the direct result of a stressful event. Although PTSD can come as the result of any stressful events including natural disasters,
still rape/child sexual abuse also fulfils the first criterion – a stressor of significant magnitude. In fact DSM-II-R advises that PTSD is “apparently more severe and longer lasting when the stressor is of human design”. (APA, 1987, P.248). The symptoms of PTSD are the following

1. repeated experience of traumatic event in the form of recurring nightmares
2. reduced responsiveness to the environment
3. outbursts of anger
4. hyper vigilance,
5. physiological reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event etc

There are lots of similarities between post traumatic stress disorder and rape trauma syndrome. Many researchers have documented that PTSD is present in rape victims. But when it comes to measuring the symptoms of PTSD, Horowitz, Wilner and Alvarez (1979) have developed the impact of Event Scale. Later Kilpatrick and Veronen (1984) administered this scale to victims whose rape has occurred earlier. Regardless the length of the time since the rape, most victims reported experiencing significant levels of symptoms. One of such symptom measured was numbed responsiveness and a reduced involvement with the environment, Kilpatrick et.al discovered that fear stemming from having been raped causes victims to restrict their daily activities and life styles dramatically.

**Effects of Disclosure and Stability of Self Reports and CSA**

There are lots of intriguing aspects when it comes to the disclosure of the child sexual abuse by victims. In Arata’s study if the perpetrator is a relative or acquaintance, victims of child sexual abuse are less likely to report the
offense, or they are likely to disclose the abuse after a delay. 73% of the victims did not disclose the abuse when the perpetrator was a relative or stepparent, and 70% did not disclose when the perpetrator was an acquaintance (Arata, 1998; Hanson et al, 1999).

Unfortunately, disclosure by the child of abuse does not always result in the termination of the abuse or end the child’s distress (Palmer et al., 1999). A follow-up comparison of children who had accidental disclosures of CSA (i.e., their abuse was discovered by an adult) versus children who deliberately disclosed, revealed that the former were doing significantly better at 1 year. Children who voluntarily disclosed their abuse received less treatment and support (Nagel et al., 1996). Non offending parents also experience significant costs and losses as a result of disclosures of CSA by their children. A follow-up study of 104 non offending parents found that they averaged three major costs in the areas of relationships, finances, job performance, and living situation (Massat and Lundy, 1998). Empirical studies indicate that there is considerable reporting inconsistency in the same individual over time. study of children whose sexual abuse was documented on videotape found that most denied or minimized their experiences (Sjoberg and Lindblad, 2002).

**Attitudes towards Sexual Abuse, Rape and its Victims**

Different people tend to have different attitudes towards Sexual abuse victims and offenders. Difference in perception of people about sexual abuse can be a reason for this aspect. Study by Dietz et al (1982) shows that some observers feel more empathy toward rape victims than others do; some feel empathy towards defendants charged with crime of rape.

In another study Barnett & Field, (1977) has hypothesized that attitudes about rape/sexual abuse are multidimensional rather than unidimensional; that is a person’s view on rape/sexual abuse cannot be simply summarized by one
score on a single scale. Rather they proposed that a number of separate components or factors comprise attitude about the general topic of rape/sexual abuse. After constructing a 75 item attitude towards rape questionnaire and analyzing responses to it, they concluded that a number of specific attitude clusters to contribute to overall perspective. These factors as identified are the following:

1. **Women’s Responsibility in Rape prevention**

   Sample attitude items concerning women’s responsibility in rape prevention are “A woman should be responsible for preventing her own rape” and a raped woman is a responsible victim not an innocent victim”. Individuals score high on this factor subscale seemingly attribute the completion of rape as partly the result of the woman’s acquiescence. This attitude permits rapists to indulge in their desires while not even having to think of themselves as rapists. People with these attitudes, if serving as jurors, wouldn’t be likely to convict alleged rapists.

2. **Sex as motivation for rape**

   Sample attitude items concerning sex as motivation for rape are “the reason most rapists commits rape is for sex” and “Rape is the expression of an uncontrollable desire for sex”. A high score reflects a rather traditional view that the motive for rape is sexual pleasure. If a person who believes that rapists are sexually motivated may or may not feel that a victim should be held responsible for preventing own rape. Few other major factors are:

3. **Severe Punishment for Rape**

4. **Normality for rapist**

5. **Favourable Perception of a woman after Rape**

6. **Resistance as woman’s role during rape**
The Measurement of Rape Empathy

The program of research by Sheila Deitz and her associates has enabled researchers to understand the concept of rape empathy. The measurement of this concept is achieved through the use of the Rape Empathy Scale (Deitz, Blackwell, Daley & Bentley, 1982), which is composed of 19 paired statements. Each statement represents extreme empathy with their rape victim or the rapist. Respondents are asked to read two statements, choose which they prefer and indicate their degree of preference on a 7 point scale.

A typical item is:

a. In deciding whether a rape has occurred or not, the burden of proof should resist with the victim, who must prove that a rape has actually occurred.

b. In deciding whether a rape has occurred or not, the burden of proof should resist with the man (offender), who must prove that a rape has not actually occurred.

A study by Layman & Labot, (1992) indicate that compared to women, men had more empathy for rapists and rated victims more negatively.

Blaming the Victim

Another common thing observed in an event of sexual abuse/rape of a victim, is the blaming of the victim. Lerner & Miller (1978) in their study pinpointed this aspect. They said many persons reflect negative attitude towards crime victims to such an extent that the term blaming the victim has emerged to summarize the phenomenon. The phenomenon of blaming the victim may take several forms, but most projects that have investigated this reaction to victims include in their study some type of negative response to an individual who has experienced a negative life event.
The idea that a victim somehow wanted, or asked, to be raped is not a new one. Freud, in 1924, argued that the essence of femininity included masochism. This combination of femininity with masochism created the notion that females are naturally masochistic. But this concept hasn’t received much popularity and support from many researchers. Inspite of such contrary arguments (Caplan, 1987), the idea that women not only invite, but may enjoy sexual aggression remains. (Bond & Mosher, 1986).

The studies that have investigated victim blaming which actually operationalize blame properly and consistently with the proposed definition have found it to exist, (Baumgardner et al. (1988), Karuza & Carey (1984), and Krulewitz & Payne (1978).

Krulewitz & Payne (1978), for example, distinguished in their study victim blame from victim responsibility. Victim blame was observed to some extent with scores ranging from 3.69 to 4.49 on a 19 point scale in which scores 1=low and it goes up to 19 = high depending upon which condition respondents were exposed to. Clearly most of the blame scores ranging from 13.88 to 15.56 (again by same condition) on the same scale. These findings seem to support the fact that victim blame or victim responsibility does exist.

When it comes to the concept of blaming the victim, a typology was formulated by Janoff – Bulmans in 1979. According to them victim blaming were mainly divided into two parts i.e. behavioral and characteriological self blame. It generally means that either the sexual abuse /rape occurred either due to the result of behavior of the victim or character of the victim. Karuza and Carey (1984) who based their study on the Janoff – Bulmans concept of victim blame has found that behavioral blame assigned to the victim for actions she engaged prior to or during rape or sexual abuse/rape was strongly preferred over characteriological blame. This is important because subjects in this study could
have assigned both behavioral and characteriological blame to the victim, But they choose not to. Similar finding has been replicated in few other studies too. (Luginbuhi & Mullin, 1981).

**Characteristics of the Observer**

The general question as to whether males or females react more harshly to rape victim is a long standing one. Bridges & McGrail, (1989) suggests that males react less favourably to the victim and females tend to support the victims more. Although study by Acock & Ireland, (1983) have failed to find any sex differences also. In only one known study have females been found to attribute more responsibility to the victim than did males (Krulewitz & Payne, 1978).

**Relationship of Victim with the Rapist**

The nature of relationship between the offender and the victim has always been a much discussed topic. Claims of strangers being responsible in major percent of the cases have always being over ruled by many researchers. Studies by Koss 1988, Russel, 1984) find out that the majority of sexual abuse or rape victims knew their attacker. The extent of acquaintance may vary from casual acquaintance to love relationship. No relationship barrier is found in this form of abuse.

**Pre Rape Behavior of the Victim**

A factor that has been found to play a very strong role in attribution includes behaviors that the victim engaged in before she was attacked. Many different aspects of her behavior are scrutinized too, whether the behavior immediately preceded the rape or not. For example research documents that accused rapists receive less severe penalties when the victim was described as promiscuous (Barber, 1974; Clark & Lewis, 1977).
Legal Situation

This part of the literature explains about the legal situation in India and at international level. There was no specific legislation in India against child sexual abuse prior to 2012. It was usually taken up under the rape law i.e. Section 376 IPC and under section 377 IPC which criminalizes "unnatural" sexual offences. The punishment for rape of a girl less than 12 years should not be less than 7 years, but may extend to life imprisonment and fine. For children, there is no need to prove lack of consent. The mere act of sexual intercourse, defined under this law as penetration, is enough to constitute rape of minors.

Seema Bhaskaran (2003) in her research explains that there are several lacunae in the rape law. For instance, penile penetration of the vagina is not the only way in which the girl child is abused. Penetration by other parts of the body or by an object is not legally defined as rape, but goes under the less serious offence of section 354 IPC i.e. outraging the modesty of a woman. Other forms of abuse as reported by children include exhibitionism, forced oral or anal sex and being shown pornographic material are not covered under the above sections.

There are provisions under section 509, 294 and 344 of the Indian Penal Code for dealing with eve teasing and its aggravated form, sexual harassment but the way these provisions have been worded, the complexities of the procedural laws and the type of proof that is required, make it very difficult to get the culprit punished. Theoretically any person who intrudes on the privacy of the women or utters any word or makes any sound or gesture or exhibit any object with an intention that such word or sound shall be heard or that such gesture or object shall be seen by the woman, can be booked for sexual harassment. But it is not easy to prove the intention which is an essential ingredient of the offence.
Section 506 applies to cases which involve an insult to the modesty of a woman while in section 354 include cases in which the modesty is intended to be outraged. Assault is an essential ingredient of section 354 IPC; it also includes gestures, which is an element of section 509 as well. For a charge under section 354 proof of intention is essential.

Section 294 IPC punishes doing of obscene acts or singing of obscene songs at public place, provided the same causes annoyance to others. This section would apply to uttering obscene words and also making indecent gestures.

Protection against abuses of human rights of children is integral in the Universal Declaration of Human Rights and in various international treaties such as the International Covenant on Civil and Political Rights, the international Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of all forms of Discrimination Against Woman and the Convention on the Rights of the Child. In 1959, the Declaration on the Rights of the Child was drafted and has been a guide to private and public action in the interest of children asserting that "mankind owes to the child the best it has to give." The declaration was the moral framework of children's rights and led to the drafting of the convention on the rights of child. The convention went further than declaration by making the states, which ratify it, legally accountable. It was adopted in 1988. Some of its provisions particularly deals with protection of children from sexual offences and violence. In particular articles 34, 35 and 36 (Seema Bhaskaran, 2003).

**United Nations Convention on the Rights of the Child**

**History**

There are many international legal documents outlining human rights. The Universal Declaration of Human Rights, agreed to unanimously by the
United Nations General Assembly on 10 December 1948, sets out the basic rights and freedoms of all people.

Children have the right to special protection because of their defenselessness against mistreatment. The first United Nations statement devoted exclusively to the rights of children was the Declaration on the Rights of the Child, adopted in 1959. This was a moral rather than a legally binding document. In 1989 the legally binding Convention on the Rights of the Child was adopted by the United Nations. In 54 articles the Convention incorporates the whole spectrum of human rights - civil, political, economic, social and cultural - and sets out the specific ways these should be ensured for children and young people. In May 2000, two Optional Protocols, one on the involvement of children in armed conflict and a second on the sale of children, child prostitution and child pornography, were adopted to strengthen the provisions of the Convention in those areas.

One of the major principles governing the Convention on the Rights is protection from harmful influences, abuse and exploitation. Description on the aspects of protection of child from sexual abuse can be found in article 19, 34, 36, 39. Hence for a practitioner or researcher who is working in the field of child sexual abuse related issues; it will be useful to focus on those articles while someone is going through the entire articles in CRC. In order to upheld this right a detailed knowledge of child sexuality has to be developed and programmes and policies has to be planned based on those knowledge base to make interventions more effective.
The following table explains the major provisions mentioned in the UNCRC

**Article 1**  
A child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

**Article 2**  
1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

**Article 3**  
1. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

2. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

**Article 4**  
States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention.

**Article 5**  
States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by
the child of the rights recognized in the present Convention

Article 6 1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 9 1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

Article 10 1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

Article 12 1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a
representative or an appropriate body, in a manner consistent with the procedural rules of national law.

**Article 13**  The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

**Article 14**  1. States Parties shall respect the right of the child to freedom of thought, conscience and religion.

2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

**Article 16**  1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

2. The child has the right to the protection of the law against such interference or attacks.

**Article 18**  1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

**Article 19**  1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in
the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

**Article 20**

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

**Article 24**

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

**Article 25**

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

**Article 26**

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
**Article 27** States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

**Article 28** 1. States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:
   
   (a) Make primary education compulsory and available free to all;
   
   (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;

**Article 30** In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion, or to use his or her own language.

**Article 32** 1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

**Article 34** States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

   (a) The inducement or coercion of a child to engage in any unlawful sexual activity;
   
   (b) The exploitative use of children in prostitution or other unlawful sexual practices;
   
   (c) The exploitative use of children in pornographic performances and materials.
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Article 35 States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

Article 36 States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 39 States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self respect and dignity of the child

Juvenile Justice (Care and Protection of Children) Act, 2000

In India Juvenile Justice (Care and Protection of Children) Act, 2000 has been considered as the major standard for ensuring the right of Children who is in need of Care and protection. the objective of the act is to consolidate and amend the law relating to juveniles in conflict with law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this enactment. where as the Constitution has, in several provisions, impose on the State a primary responsibility of ensuring that all the needs of children are met and that their basic human rights are fully protected, Every child and young person under the age of 18 has their own rights and responsibilities.

One of the principle which is fundamental to the application, interpretation and implementation of the act which can be quoted based on the context of this research is the Principle of safety i.e. no harm, no abuse, no neglect, no
exploitation and no maltreatment. This principle states that at all stages from the initial contact till such time he remains in contact with the care and protection system, and there after the child shall not be subjected to any harm, abuse, neglect, maltreatment etc and extreme care shall be taken to avoid any harm to the sensitivity of the child. The state has a greater responsibility for ensuring safety of every child in its care and protection.

- Rule 46 in the JJ Act also mention about maintaining mental health of the children in children’s Home and also mention about providing an enabling environment in the home. Rule 60 of JJ Act mention that every institution shall have the systems of ensuring that there is no abuse, neglect and maltreatment as well as the early indicators of these and how to respond should also be mentioned. National Charter for Children in 2003 also emphasize on protecting the children from all sorts forms of sexual and physical abuse. This act also has detailed mentioning about setting up of systems like child welfare Committee to promote care and protection of children. (Juvenile Justice Care and Protection Of Children Act, 2000, Bare Act, 2012)

**Child Welfare Committee**

- The State Government may, by notification in Official Gazette, constitute for every district or group of districts, specified in the notification, one or more Child Welfare Committees for exercising the powers and discharge the duties conferred on such Committees in relation to child in need of care and protection under this Act.

- The Committee shall consist of a Chairperson and four other members as the State Government may think fit to appoint, of whom at least one shall be a woman and another, an expert on matters concerning children.
Powers of Committee

• The Committee shall have the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of the children as well as to provide for their basic needs and protection of human right.

• Where a Committee has been constituted for any area, such Committee shall, notwithstanding anything contained in any other law for the time being in force but save as otherwise expressly provided in this Act, have the power to deal exclusively with all proceedings under this Act relating to children in need of care and protection.

• The Committee shall function as a Bench of Magistrates and shall have the powers conferred by the Code of Criminal Procedure, 1973 (2 of 1974) on a Metropolitan Magistrate or, as the case may be, a Judicial Magistrate of the first class.

The Kerala Juvenile Justice (Care and Protection of Children) Rules, 2014

The Juvenile Justice (Care and Protection of Children) Act of 2000 indicates about the general functions of CWC’s in India. Based on this, The Kerala Juvenile Justice (Care and Protection of Children) Rules, 2014 were formulated to cater the specific needs of the state of Kerala in this field. This rules were created based on the powers conferred by section 68 of the Juvenile Justice (Care and Protection of Children) Act, 2000 (Central Act 56 of 2000) and in supersession of the Kerala Juvenile Justice (Care and Protection of Children) Rules, 2003 by the Government of Kerala. Rule 26 explain about the Qualifications for Chairperson and members of the Committee. The major aspects are mentioned below
A person to be selected as a Chairperson or member of the Committee shall be a person not less than 35 years of age and not more than 70 years of age, who has a post-graduate degree in social sciences discipline or degree in health, education or law and experienced in the field of health, education, child development or correctional services and has been actively involved and engaged in planning, implementing and administering measures relating to child welfare for at least seven years.

Meanwhile rule 29 explain about the functions of the CWCs in the State of Kerala. They are mentioned below:

(a) take cognizance of and receive child in need of care and protection produced before the Committee

(b) decide on the matters brought before the Committee;

(c) reach out to such children in need of care and protection who are not in a position to be produced before the Committee, being in difficult circumstances, with support from the District Child Protection Unit or State Child Protection Unit or the Government;

(d) conduct necessary inquiry on all issues relating to and affecting the safety and well being of the child

(e) direct the Child Welfare Officers or Probation Officers or recognized non-governmental organizations to conduct social inquiry and submit a report

(f) ensure necessary care and protection, including immediate shelter to children

(g) ensure appropriate rehabilitation, repatriation and restoration, including passing necessary directions to parents or guardians or fit persons or fit institutions in this regard, in addition to follow-up and co-ordination
with District Child Protection Unit or State Adoption Resource Agency and other agencies

(h) direct the Officer-in-charge or Superintendent of children’s homes to receive children in need of care and protection;

(i) document and maintain detailed case record along with a case summary of every case dealt by the Committee and record all cases brought before the committee in registers provided in these rules;

(j) provide a child-friendly environment for children;

(k) declare a child legally free for adoption

(l) keep information about and take necessary follow-up action in respect of missing children in their jurisdiction;

(m) Maintain positive liaison with the Board in respect of cases needing care and protection;

(n) visit each institution where children are sent for care and protection or Specialised Adoption Agency at least once in six months to review the condition of children in institutions, with support of the Government and suggest necessary action;

(o) monitor associations and agencies within their jurisdiction that deal with children in order to check on the exploitation and abuse of children;

(p) co-ordinate with the departments of Police, Labour, Health, Education, Social Justice and Local Self Government and other agencies involved in the care and protection of children in difficult circumstances such as street children, child beggars, child labourers, abused children, mentally challenged children, HIV infected and affected children etc., with the support of District or State Child Protection Unit;
(q) liaison and network with the corporate sector and non-governmental organizations for any of the above, including for social inquiry restoration and rehabilitation, as and when required;

(r) maintain a suggestion box to encourage inputs from children and adults alike and take necessary action. The Committee shall keep a record of all suggestions received along with the reasons for the implementation or non-implementation of the same. The record shall be open to the public;

(s) take cognizance of the incidents of child rights violations, including offences punishable under sections 23 to 26 of the Act, and direct the concerned Police Station House Officer to inquire and report to the Children’s Court or to any special Court having jurisdiction with a copy to the Committee; or to inquire into such incident and to make complaint to the Children Court or to any special Court having jurisdiction;

(t) Whenever any case of child in difficult circumstances comes to the notice of the Committee, the Committee shall be competent to issue an order to the Special Juvenile Police Unit or Child Welfare Officer or Probation Officer to conduct an inquiry and submit the report for taking steps under the provisions of the Act;

(u) compel the appearance of persons and production of things as per the procedures contained in Chapter VI and VII of the Code of Criminal Procedure (Central Act 2 of 1974);

(v) order to furnish security, execute bond with or without sureties and forfeit the bonds;

(w) submit a quarterly performance report showing the date and hours of sitting, members attended, number of cases categorizing the nature of cases, gender wise data, interventions, nature of disposals and special
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achievement in Form No. XXXIII; and an annual performance report to the Principal District and Sessions Judge with a copy to the Director, Department of Social Justice; and

(x) order an inquiry whenever violations of child rights come to the notice of the Committee and call upon the parent, guardian or any other person having possession of the child to produce the child before the Committee. If the committee is satisfied that any violation of child right has occurred, it shall take remedial measures.

The Kerala Juvenile Justice (Care and Protection of Children) Rules, 2014 have in-depth and detailed explanations of all aspects of Child Welfare Committees and children in need of care and protection in the state of Kerala. This has been considered as the corner stone for the CWCs to perform in this field.

The Protection of Children from Sexual Offences Act of 2012

The POCSO Act of 2012 has been passed by the Lok Sabha on 2012. The Bill was earlier passed by the Rajya Sabha on 10th May, 2012. The Protection of Children from Sexual Offences Act, 2012 has been drafted to strengthen the legal provisions for the protection of children from sexual abuse and exploitation. For the first time, a special law has been passed to address the issue of sexual offences against children. Sexual offences are currently covered under different sections of IPC. The IPC does not provide for all types of sexual offences against children and, more importantly, does not distinguish between adult and child victims.

The Protection of Children from Sexual Offences Act, 2012 defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography. These offences have been clearly defined for the
first time in law. The Act provides for stringent punishments, which have been
graded as per the gravity of the offence. The punishments range from simple to
rigorous imprisonment of varying periods. There is also provision for fine,
which is to be decided by the Court.

An offence is treated as "aggravated" when committed by a person in a
position of trust or authority of child such as a member of security forces, police
officer, public servant, etc.

Punishments for Offences covered in the Act are:

- Penetrative Sexual Assault (Section 3) - Not less than seven years which
  may extend to imprisonment for life, and fine (Section 4)
- Aggravated Penetrative Sexual Assault (Section 5) - Not less than ten
  years which may extend to imprisonment for life, and fine (Section 6)
- Sexual Assault (Section 7) - Not less than three years which may extend
  to five years, and fine (Section 8)
- Aggravated Sexual Assault (Section 9) - Not less than five years which
  may extend to seven years, and fine (Section 10)
- Sexual Harassment of the Child (Section 11) - Three years and fine
  (Section 12)
- Use of Child for Pornographic Purposes (Section 13) - Five years and
  fine and in the event of subsequent conviction, seven years and fine
  (Section 14 (1))

The Act provides for the establishment of Special Courts for trial of
offences under the Act, keeping the best interest of the child as of paramount
importance at every stage of the judicial process. The Act incorporates child
friendly procedures for reporting, recording of evidence, investigation and trial of offences. These include:

- Recording the statement of the child at the residence of the child or at the place of his choice, preferably by a woman police officer not below the rank of sub-inspector
- No child to be detained in the police station in the night for any reason.
- Police officer to not be in uniform while recording the statement of the child
- The statement of the child to be recorded as spoken by the child
- Assistance of an interpreter or translator or an expert as per the need of the child
- Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
- Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence.
- In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.
- Frequent breaks for the child during trial
- Child not to be called repeatedly to testify
- No aggressive questioning or character assassination of the child
- In-camera trial of cases

The Act recognizes that the intent to commit an offence, even when unsuccessful for whatever reason, needs to be penalized. The attempt to commit
an offence under the Act has been made liable for punishment for up to half the
punishment prescribed for the commission of the offence. The Act also provides
for punishment for abetment of the offence, which is the same as for the
commission of the offence. This would cover trafficking of children for sexual
purposes.

For the more heinous offences of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, the burden of proof is shifted on the accused. This provision has been made keeping in view the greater vulnerability and innocence of children. At the same time, to prevent misuse of the law, punishment has been provided for making false complaint or proving false information with malicious intent. Such punishment has been kept relatively light (six months) to encourage reporting. If false complaint is made against a child, punishment is higher (one year).

The media has been barred from disclosing the identity of the child without the permission of the Special Court. The punishment for breaching this provision by media may be from six months to one year. For speedy trial, the Act provides for the evidence of the child to be recorded within a period of 30 days. Also, the Special Court is to complete the trial within a period of one year, as far as possible.

To provide for relief and rehabilitation of the child, as soon as the complaint is made to the Special Juvenile Police Unit (SJPU) or local police, these will make immediate arrangements to give the child, care and protection such as admitting the child into shelter home or to the nearest hospital within twenty-four hours of the report. The SJPU or the local police are also required to report the matter to the Child Welfare Committee within 24 hours of recording the complaint, for long term rehabilitation of the child.
Chapter Two

The Act casts a duty on the Central and State Governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children as well as their parents and guardians aware of the provisions of this Act. The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCRs) have been made the designated authority to monitor the implementation of the Act (http://www.childlineindia.org.in/The-Protection-of-Children-from-Sexual-Offences-Act-2012.htm)

Conclusion

In India the concept of child sexuality is less explored. The limited number of literature in this field mainly analyses the surface level aspects only. The taboo on discussing child sexuality in a public sphere is still prevalent in India which makes in-depth studies on child sexual abuse a difficult task for researchers. This is one of the major reasons for larger dependency on foreign literature in the field of child sexuality or child sexual abuse by Indian researchers.