CHILD SEXUAL ABUSE: A BURNING ISSUE

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ABSTRACT
Child Sexual Abuse (CSA) is one of the major public health problems that exist globally. Abuse, is the term which has been using for long period of time since the human societies existed in the world. But, we would like to be more specific to the CSA in Pakistani context. For the purpose, Logical Framework Analysis (LFA) was developed to design project in the community health settings for a health prevention, promotion, and health maintenance of the people living in the community.

Child Sexual Abuse, issue was identified after thorough assessment of the community which was prevalent but unreported. LFA approach was used to explore the problems through root cause analysis and discover some of the relevant strategies to solve the identified problems. In conclusion, there is an intense need of awareness regarding child sexual abuse to prevent this problem not only in the community but also at country level.

KEYWORDS
Child, Sexual Abuse, Public Health Issue, Pakistan

INTRODUCTION
Abuse, is the term which has been using for long period of time since the human societies existed in the world. But, we would like to be more specific to the child sexual abuse in Pakistani context. The project was initiated by performing community assessment focusing on socio-public health problems in order to draw inferences regarding the health status of community. The project was designed for community health settings for health prevention, promotion, and health maintenance of the people living in the community.

PREVALENCE OF CHILD SEXUAL ABUSE (CSA)
CSA is one of the major public health problems that exist globally. Child sexual abuse is course of forceful sexual act from anyone on a child. It is not only related to physical contact; it is also related to noncontact abuse such as pornography, exposure, voyeurism and so forth (American psychological Association, 2014). CSA accounts for approximately 10% for all the official cases reported of child maltreatment, and in 2000; 88,000 of cases of CSA were reported (Putnam, 2003). Studies in various parts of the world on child sexual abuse has highlighted that girl child are likely to be abused more than that of a boy child. Johnson (2004) has documented a report from Europe that indicates 6–36% of girls and 1–15% of boys younger than 16 years have experienced CSA. Child sexual abuse can be take place by family, friends, relatives, neighbors, teacher or strangers. And, when child sexual abuse occurs, it creates a long last psychological trauma on child’s behavior (American Academy of Child and Adolescent Psychiatry, 2011). 9 out of 10 sexually abused children know their abusers and get scared of reporting this terrible act (National Society for the Prevention of Cruelty to Children, 2014).

Exact statistics of child sexual abuse is difficult to mention not only from developing and Muslim countries but also from developed countries because of the sensitive nature of the phenomenon. Moreover, small scale studies have been conducted on the issue of child sexual abuse which produces segregated data. However, ongoing, reporting of CSA incidences in Pakistan by print and electronic media also the incidences have been documented and highlighted by the government agencies and NGO’S too, prevalence of the issue within the country. With that, for the LFA project Social Welfare Board (SWB) personnel also reported their own experiences and observation regarding CSA in the community.

SIGNIFICANCE OF THE PROBLEM
For the purpose of project and Logical Frame Work (LFA), a child is anyone younger than 12 years of age without discriminating sex. The issue, CSA is significant to be addressed because it not only negatively effects on child physical, psychological and mental health but also produces parents, family members suffering and societal problems at large. The problem is also important to be addressed because majority of the time, sexually abused child do not report incidence to his/her family (parents) which result into silent suffering in children and their family. At times, they do not come forward because of the fear that the child or entirely family would be stigmatized by the society (Townsend, 2013). Additionally, the phenomenon remain unreported because victim would not necessary exhibit physically signs, for instances, in case of making child view pornography videos and gentle touching of private body part (Mohler-Kuo, 2014). Physical signs are less often present after child sexual abuse. However, common physical signs include tissue bruising, bleeding from genitalia, persistent pain, pregnancy, and STDs. However, psychological consequences are most devastating and they could be immediate or/ and long term effects, these include: depression, bipolar disease, behavioral consequences and divorce at later stages of their lives (Committee, 2011). One of the study conducted by Sigurardottir (2013) interviewed women and men seven in each population, who had experienced childhood sexual abuse. Participants expressed the incidence as deep, endless, unbearable silent suffering. In addition to it, various studies have showed positive relationship between child sexual abuse and deterioration in child overall health. Besides that, harmful effects of child sexual abuse are not only limited to child but it can also negatively impact on the psychological health and well-being of their families particularly parents (Andrews, 2004). Victim parents might internalize the event and could label themselves as a cause of the incidence. As a result, they might suffer from feeling of stress, guilt, self-blame, and depression. Lastly, incidence of CSA could create impact on the society at large as victim might reactively abuse others later in his/ her life.
In the light of the mentioned consequences of CSA on victim, parents, and society there is a vital need to address the causes and prevent expected/potential cases of CSA in the communities (Nelson, 2002).

**METHODOLOGY**

To deal with CSA, we used Logical framework analysis approach to explore the problems through root cause analysis and discover some of the relevant strategies to solve the identified problems (Lakhoua, 2011). LFA is also known as Objectives Oriented Project Planning (OOPP). In LFA, the important component is to identify the stakeholders that facilitates in solving problem under discussion. Those are primary, secondary, and external. Primary stakeholders include Children of the community, secondary stakeholders are the Parents and Family members, whereas, External stakeholders includes Local board, Council, and NGO’s.

In the LFA analysis phase, we prioritized issue in Problem Analysis tree. On the basis of that, Objective Analysis tree was developed. In the problem analysis tree, we classified the issues into three broad categories based on factors which lead the children being abused sexually. These include parental factor, child factor and societal factor. Parental factor comprises of less effective parenting skills and supervision due to lack of education specifically awareness about the CSA issue in the community. Also, due to its sensitive and critical nature, parents feel hesitant and do not report this issue. Therefore, it increases parental suffering in the community level. The second factor is a child itself, because of age, innocence, lack of awareness regarding sexual abuse. Furthermore, during the need assessment it has been highlighted that there are cases in the community that children do not have good trust relationship with their parents due to domestic violence, poor parental relationship and physical abuse they face at home. Last factor is societal which includes lack of support system in the families, access to media and free internet facilities opened the door to the outside world (pornography, blue prints and other prohibited material are easily available ) without filtering the material which forces the new generation to attract itself. Ultimately, these children act in the way they have learned.

**INTERVENTION**

Educational awareness session was planned on 4th January 2014 in the community. This session was conducted by graduate students under the supervision of the faculty. Prior to conducting session, announcements and flyers were distributed in the community. This educational session accommodated altogether 60 parents and teachers of the community and provides meaningful information through PowerPoint presentations, group discussion, charts and posters display. In evaluation phase, knowledge assessment questionnaire was distributed to the audience and written feedback was appreciated from them.

**STRENGTHS AND LIMITATION**

The journey planning and implementing this project remained productive and beneficial. It was a great opportunity to collaborate with SWB officials and run this project at grand level in the community. The community stakeholders have been very supportive and cooperative to this sensitive issue (child sexual abuse) which was initiated for the first time in this community. Secondly, the ongoing guidance and academic support given by faculty added extraordinary efforts in achieving project outcomes. There is an existing committee in the community is “substance abuse portfolio team” which functions under the umbrella of SWB. Hence, this helped us to merged “child sexual abuse portfolio” so that the same team could continue to work on the sustainability of the project in future. But, there are some limitation as well for example the time factor, because the project needs to be completed in the given academic time period otherwise the group would come up with much better and innovative ideas. Also, we tried our best to do in-depth need assessment but due to limited visits to the community and to SWB we could not which are our limitations. The challenge we had faced was lack of data availability, reported cases related to child sexual abuse, and limited visits in the community because time constraints.

**RECOMMENDATIONS**

We would suggest few recommendations to deal with this serious issue in future. Everyone knows that there is intense need of work to address child sexual abuse in community. To reduce child sexual abuse at community level, NGO’s should provide sexual abuse preventive education to the parents, teachers, and children (Practical Advice for Parents on Preventing Child Sexual Abuse, 2003). The awareness program should be planned in such manner that should support young children the sense of body ownership, giving children skills to recognize and act in response to potentially dangerous situation (Intervention for support, 2001). There is a need to educate and train people from community settings for screening and reporting of child sexual abuse cases. Moreover, at large scale workshops, seminars, and awareness programs through media regarding prevention of child sexual abuse should be implemented for community stakeholders.

**CONCLUSION**

This project has provided us an opportunity to assess a community health issues and their needs. We as graduate students expected to perform community need assessment at an advance level to formulate LFA and intervene to ‘break the silence’ in order to make the community children safe. Child sexual abuse (CSA) is one of the major public health problems that exist in the community and there is a need to break the silence not only among parents but also children themselves (National Sexual Violence Resource Center, 2011). In literature the exact statistics of child sexual abuse is difficult to mention, not only from developing countries but also from developed countries because of its sensitive nature. There is an intense need of awareness regarding child sexual abuse not only in the community but also at country level to prevent CSA.

**REFERENCES**


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