
CHAPTER I

INTRODUCTION

INTRODUCTION

In 21st century, child sexual abuse is the major threat for humanity, child rights, and gender equality, particularly domestic as well as human trafficking, forcing child prostitution, Refugee children those who are crossing borders between the Nations becoming subject of physical and sexual abuse. The United Nations Organization (UNO) expresses disappointment towards mounting sexual abuse against refugee children and their situation. On the other hand worldwide children are trafficked for forced labouring and prostitution. In India child labours are those working in various sectors such as factories, construction, agricultural related work and retail shops are also vulnerable for sexual abuse and maltreatment. Apart from this, children living with their families are also subject to child sex abuse by their own relatives, family friends, neighbours etc. Hence understanding and policy making to address Child Sexual Abuse requires multidimensional approach. Earlier studies and reports from the Governmental and Non Governmental National and International Agencies alarms that the Child Sexual Abuse is not a problem between two individuals or two families but it is an important social problem which requires immediate attention because Child Sexual Abuse produces spectrum of short term and long term problems to the victims. Since significant number of children are becoming victims of sexual abuse the ratio of victims will be higher in the society, the major part of the society has been disturbed due to the Child Sexual Abuse. Today the Victims, Parents, Governments, International Agencies, and Experts are gazing on the Child Sexual Abuse as it is one of the growing challenges of the universe. Apart from being abused in the home and similar contexts, children are trafficked for various purposes. According to the International Labour Organization (2010), 1.2 million children are trafficked for misuse every year. Some children are enticed away from education for commercial sexual exploitation, family pressure for the adolescents to involve in prostitution to support the family financially. Females are affected more than the boys in sexual violence and women face the domestic violence (UNICEF, 2011). Child Sexual Abuse is a significant problem in the world and the prevalence ranges from 8 to 31% for girls, 3 to 17% for boys (Barth, 2013). World Health Organizations (2016) defined the

“Child Sexual Abuse as child maltreatment sometimes it was referred to as child abuse and neglect; include all forms of physical and emotional ill treatment”. It resulted in actual and potential harm to the child’s health, development or dignity. It can take any form such as Physical or sexual abuse, pestering, rape, prostitution or pornography. It happens in own House, Organizations, Schools, Workplaces, Travel and Society. The growing technological development adds extra risk and chances of Child Sexual Abuse and it became primary cause of modern day violence. In India during 2016, violence and crime committed against women and children were mostly related to social media or internet. The rapid development of internet and mobile phone facilities are also one of the important reasons for Child Sexual Abuse because adults use internet and mobile phone to track the children. Children themselves sending text messages and images so called “sexting” to each other with sexual content, sometimes it leads to sexual abuse (UNICEF, 2011). The 3rd World Congress against Sexual Exploitation of Children and Adolescents (2008) warns that “internet and mobile phones play a major part in Child Sexual Abuse, since it is used to share the pornographic images of the children and it is the new form of violence against children”. Very recently in India few adolescent girls committed suicide, as their photography was spread in internet. On the other hand few women were killed by the male offenders in which initially their relationship was started through social media. In June 2016 a young women was killed in Chennai City by one of her face book friend after her refusal to his proposal. Since the mobile phone and internet accessibility become cheaper and easier, the cyberspace is the easiest and quickest media for the offender to make contact with various children living in the various places. Those contacts are made by the offender purposefully to attract children. Due to less awareness and other developmental reason children are unable to understand the actual motive of the individuals who make contact through internet and social media. From the parents perspective most of them are unable to understand the advanced technologies such as internet and mobile phones and risks involved in it. From the developmental point of view the Fore Brain which is a responsible part of logical thinking is complete at about the age of 25. Therefore the individuals below the age of 25 could not take logical decision thus they could not discriminate the good and bad responses of the stranger in the cyberspace (Cacioppo & Freberg, 2013). According to the Bandura (1971) observing others behaviour

influences the child's behaviour development, from this perspective the internet and mobile "sexting" may be observed by the children from other users and those behaviour took place as conforming group behaviour. Giving top priority to the cyberspace is because today cyberspace is in the front row among the causes of child abuse and maltreatment.

Nature of Child Sexual Abuse and Offender

Violence against children mostly occurs at secret places and remains unreported. Adolescent stage is more vulnerable to being offended by their peers than at any other stage in life. Experience of sexual violence whether as victim or perpetrator confined in teenage years and diminishes as they enter adulthood stage. The organization called "End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes" (2016) gave a detailed information on nature and various categories of sexual offenders. A person who commits sexual violence against children is called as **child sexual offender**. Perpetrators of sexual crime against children have a variety of sexual interest with children and also they are motivated by various kinds of factors. In some cases the perpetrators have strong intention to have sex with the children. The perpetrators usually fall under the two sub category, first "preferential offenders" will have the motivation to engage sexually with the children, Second is "Situational offenders" will victimise children and do not have the true sexual preference. Dividing child sexual offenders into different category will help to create policy and interventions in order to prevent the Child Sexual Abuse. 1. Preferential offenders are also known as paedophiles. According to Diagnostic and Statistical Manual of Mental Disorders - 5, paedophilia is a clinical disorder; they will have strong intention to engage in sexual activity with male and female children. 2. Situational offenders frequently assault the effortlessly available children. They often target younger children because they are weak and vulnerable and majority of them fall in this category. 3. Transnational child sexual offenders will engage in sexual offence with the other country children such as the Perpetrators settled in abroad for long term. In India immigrant employees are often caught by police for child abuse. 4. Travelling Child Sexual Offenders will travel around the country and commit sexual offences against the children. They get internal psychological independence from their own culture and value and leads to commit immoral behaviour. 5. Juvenile Sex Offenders are below 18 years

who commits sexual offence against the children. In Nirbhaya's case, one of the offender was a minor (below 18) but the National level pressure and various debates which took place in Media made a situation to Government to pass new law which stated that any offender with age of above 16 will not be considered as Juvenile Offender. Globally 1 in 5 women and 1 in 13 boys were sexually abused when they were children. Apart from sexual violence the economic condition of the victim strongly affects the process of getting health care, psychological care and long term treatment, bringing worst consequences for the victims. WHO (2016) classified the child abuse into 5 sub types, physical abuse, sexual abuse, neglect and lax treatment, emotional abuse and exploitation. Child Sexual Abuse is one of the most important problem in India and it requires research and remediation to understand and prevent it. Child Sexual Abuse occurs when the child is involved "in sexual activity and not able to grasp and give consent to it. WHO (2014) proposed that it is a criminal offence throughout world. American Psychological Association (2009) stressed that the sexual abuse committed by the adult against the minor is a crime and it will not be considered as normal or socially acceptable behaviour.

In India a complete survey is not available regarding the Child Sexual Abuse. As a model for developing countries, Kenya is doing exclusive survey regarding the child health and sexual abuse. As a result of this information policy makers can understand the actual state of the problem and make appropriate intervention to prevent the events in the future (Mwangi, 2015). Sexual abuse in childhood leads to major social problem and health risk for the victims (WHO, 2002). In India the Government is on the denial state of reporting the actual data and information regarding Child Sexual Abuse which is happening throughout the Nation. Only a few cases which receive extreme media attention has been considered as the crime or offence committed against the children in India. When compared to other Nations on gathering and disclosing the data on Child Sexual Abuse the Indian Government is in denial mode. Researchers and practitioners actually need the data to understand the situation and generate interventions. Particularly to identify the conditions in which it happens, the most vulnerable groups and community, as well as to identify the nature of the perpetrators. Since India is a diverse country in terms of economic condition, education, politics, faith, culture and language the data will be crucial

to deal with the Child Sexual Abuse related problems of diverse population. India is the second largest populated country with higher number of cases compared to any other Nation in the Universe. On the other hand, research support is highly important to make policy decision exclusively suitable for the Indian. If India continuous to be on refusal mode on Child Sexual Abuse, the Nation may face various consequences due to the high number of Child Sexual Abuse victims are highly vulnerable group with a range of difficulties for both themselves and society. Individuals those affected by sexual abuse in childhood period are likely to have the risk of HIV infection, sexual risk behaviour and substance abuse behaviour (Lenderking, 1997). Individuals with the Childhood Sexual Abuse history have a very low level of emotional regulation competency (Langevin, 2015). Childhood Sexual abuse is more common occurrence among the female as well as males. Many researches on childhood sexual abuse clearly indicated that the consequences of the Child Sexual Abuse have been affecting the entire life of the individual in many aspects. It will not just remain as an event in the individual's life but might be a determining factor of the individual's life. In India the number of Child Sexual Abuse cases have increased therefore causing a high number of psychological problems in the society as they grow as adult.

Gaining understanding about the perpetrators can help capture the factors behind their behaviour. Mostly the perpetrators who involves in abusing child sexually must be an adult or a person in a position of power. Both male and female children are likely to be assaulted by the male adult. From the boys perspective if assaulted by same sex as opposed to opposite sex will create additional burden and shame to them. Many of the victims required short term as well as long term intervention by the health care providers to prevent the negative consequences of the abuse (Wolfe, 1992). The perpetrators will continue the behaviour and blackmail the affected children emotionally and sentimentally in order to reduce the chances of the disclosure. While the victim has prolonged problems on the other hand perpetrators continue their offending. Hence the Child Sexual Abuse continues to be a serious issue of the public health in all societies and this problem must be faced by the society and the individual victims (MacMillan, 1998). Also studies have found that there is no specific Sociocultural factor behind the Child Sexual Abuse, such as poverty, educational level, economic condition, political situation or the spiritual belief.

To a greater or lesser extent, child abuse is a historical constant that occurs in all cultures and societies and at any social level (Walker, 1988). It is a common form of ill treatment against the children which are likely to produce life long psychological effects on an individual.

Raj et al. (2000) suggested some significant guidance and implications in order to prevent the child sexual assaults are (1) inclusion of sexual assault awareness and sexual assault treatment service in the school level (2) Medical and other service providers should conduct routine screening for history and current experiences of sexual assault among adolescents being tested for pregnancy and STD/HIV and should provide relevant service referrals (3) Enhanced availability of treatment services to reduce the long term sequel of sexual assault among adolescents is needed to support this broader referral network; such services should include a focus on sexual risk reduction (4) Given that adolescents reporting other risk behaviours such as substance abuse, delinquent activity and sociality are more likely to have a sexual trauma history as well as to be engaging in sexual risk taking, targeted interventions are needed to deal with the multiple risk factors in these adolescents' lives. The nurses working in the school should screen the students regularly for experiences of abuse and they should be arranged to participate in counselling sessions to overcome it. The screening and other intervention programmes should be done with sensitivity. If the victims disclose the abuse to others then the perpetrators will be afraid to do offence to others. The victims should realize the incidence as an offence and he should trust the adults to reveal about the offence and the risk of getting trapped is significant consideration for the offenders. The research should be carried out to facilitate the disclosure of the abuse to others.

After the abuse a strange situation gets developed between the abused child and the offender. The victim may have difficulty in differentiate between the legitimate use of care giving behaviour and reluctant to report about the abuse because of pre existing emotional ties and allegiance to the wrongdoer. Offenders will threaten the victims that the incidence should not be revealed to anybody. The victims will be disclosing when they become older or in dysfunctional background. The disclosure will be very high among female victims rather than male victims. Victims are less likely to reveal the incident if the offender uses utilization (Leclerc, 2015). The adolescent sexual offenders will continue it

throughout their adulthood also. Studies stresses that if the offence started in the adolescent stage and it will be continued in adult stage also. The evidences show that Child Sexual Abuse has occurred at home. Hence the prevention activity must be focused on building a safer relationship and creating a safer environment for the children. Therefore, the parents should be educated to provide a safer and conducive environment at home under the supervision. Awareness programme should be conducted for the adolescents through mass media such as T.V., Radio and Internet.

Types of Abuse

Physical Abuse

Physical abuse can include intentional injury to a child less than 18 years of age by an adult. The type of abuses involves bruise, swelling, fractures, burns, bites, poisoning, internal injury, drown, smother, gag, quivering and critical and so far 25% cases of ill treatment were reported (Maria, 2009). It will not leave visible marks but rather the act itself causes trauma to the victim.

Sexual Abuse

Sexual abuse occurs when an adult is stronger than the child or adolescent and uses their power or authority to involve a child in sexual activity. The immature children and adolescents cannot understand about it and they may not give acceptance for it and it violates the social norms (Kempe & Kempe, 1984). It can be either physical, verbal or emotional and it includes:

- Kissing
- Exposing the private body part to the victim
- Try to have sexual relations with the victim below 16 years
- Talking to the victim openly
- Lewd phone calls or text messages or emails to the victim
- Caressing the victim in sexual manner
- Meddlesome in victim's privacy
- Penetrating the victim's private part by penis or finger or object
- Having Oral sex with the victim
- Forcefully having sexual relationship with the victim
- Have sexual relationship with the prohibited relationship

- Display pornographic films, magazines or photographs to the victim
- Forcing the victim to witness the sexual act

Emotional Abuse

It occurs when the victim's social, emotional, cognitive growth is impaired. The American Professional Society on the Abuse of Children (1995) defined emotional abuse as “psychological maltreatment means a repeated pattern of caregiver behaviour or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered or only of value in meeting another’s needs” (Royse, 2016). It may include emotional deprivation due to persistent neglect.

Neglect

It occurs when the child's basic necessities of life are not met and their well being is severely pretentious. When there is a failure to provide the child’s basic needs such as Food, Home, Health Care, Adequate Clothes, Personal Sanitation, Clean Living Conditions, Facility for Medical Treatment and Passable Supervision. It can be classified into Physical, Educational and Emotional.

Physical Neglect

It means that delay in search of health care, desertion, eviction or refuse to coming back home.

Educational Neglect

It is a failure to give admission to a child in school and failure to attend to the different educational needs of the child.

Emotional Neglect

Refusal or failure to provide necessary psychological care to the child, allow them to use drugs or alcohol and abuse the spouse in front of them (Royse, 2016).

Barriers of Disclosure about the Sexual Abuse

Vezina et al. (2015) identified the major barriers of victim on disclosure of the Sexual Abuse among male and female adult survivors are Barriers from within, relation to others and the society. In the “barriers from within” there were 3 sub dimensions namely a. internalized victim blaming such as embarrassment, shame and feeling responsible for it and self blaming tendencies. They reported a. low assertiveness and self worth, identity was destroyed and feeling of being infected or dirty b. Mechanism to protect oneself such

as experience of minimizing the abusive experience both knowingly and unknowingly and reported to have confusion to whom to trust and to suppress it they started indulging in substances c. immature development at the time of abuse such as a. In Power dynamics that the offender threatened to kill the victim and their family if they disclose about the event to others. B. victims problematic family situation created fear if they disclose the incident it will leads to additional problems to the family c. Victim discloses to others, they might develop bad perception and reaction such as blame, anger and rejection. d. Victims apprehension that the peers and teachers in the school will not pay attention to it. “Barriers in relation to the social world” consists of 4 sub dimensions such as labeling, taboo of sexuality confuses the child to identify normal and abnormal sexual activity, lack of awareness about the safe touch and unsafe touch in the school, and culture or time period perception keeps changing that a teacher from the collective culture like India may perceive the disclosure of the child differently from her Western individualized culture counterpart. The non disclosure of the Child Sexual Abuse leads to further abuse of the children. This is a huge challenge to the society to identify the problem at early stage, stop the abuse from continuing, facilitate the rehabilitation to the children those were sexually abused. Child Sexual Abuse only takes place in stealthy situations and is normally not witnessed by others. The research revealed that the perpetrator hardly ever discloses about the Child Sexual Abuse (Mathews, 2016), the victims never disclose during their life time or disclose it many years later (Kogan, 2004).

Unwanted Sexual Touching

Mwangi et. al. (2015) conducted a detailed National Level Government sponsored survey in Kenya to realize the circumstance of Child Sexual Abuse. The survey assessed violence experienced before the age of 18 among the participants in the age range of 13 - 17 and 18 - 24 years. The first episode of unwanted touch by the offenders among female respondents were friends (27%), outsiders (21.2%) and neighbours (19.2%), among males the offenders were intimate partners (35.9%) and neighbours (26.1%); 9.5% females and 8.9% males reported that the offenders were family members. Majority of the victims reported that the first episode of bad touch by the offender was known people (females 78.8% & males 88.8%) and by single offender (Male 88.9% & Female 90.8%). Nearly 56 percent of females reported that the perpetrator was 10 or

more years elder than them; while traveling by walk was 33%, in school was 25.2%; among males, the incidence happened at home was 29.1% and in school was 15.6%. Majority of the victims reported that the first episode occurred after lunch (Females 43.9% & Males 40.4%) or dusk hours (Females 39.8% & Males 28.5%). The information can help to get real facts behind the abuse and it will help the Government in Policy Making as well as researchers can design their studies accordingly.

Child Sexual Abuse in India

In the present scenario, violence and sexual exploitation is a mounting challenge to the community throughout the world predominantly in the Developing Nations to tackle this complex problem. In India still child marriage is happening all over the country particularly in rural area due to low socioeconomic status and irrational traditional beliefs and gender inequality. It is a kind of fierceness against child and child privileges has been committed by the society. On the other hand, the child sexual abuse has often occupied the Media as breaking news and the Government Policy also changed in order to prevent it.

To prevent the incidence, it is imperative to know the nature of perpetrators and creating appropriate awareness and training to the children, parents, and teachers. In India communication between the parents and children regarding sex and sexual abuse is less particularly in villages where traditional beliefs remain strong. In South India, 30% of female psychiatric patients have undergone sexual abuses. Study conducted in Goa among high school girls revealed that one third of the students reported the experience of non consensual sex. The study also found that mental and physical health related problems have been associated with the non consensual sexual experience (Patel & Andrews, 2001). In Bangalore women having major psychiatric problems were exposed to Child Sexual Abuse, the emotional abuse is highly associated with the psychiatric problems among women (Jangam, Muralidharan, Tansa & Raj, 2015). In Delhi, youth living in the underprivileged economic conditions were forced into sexual activity. In Bangalore, adolescents living in the streets are reportedly both victims and perpetrators of the sexual abuses and these youth are also suffering from lack of food, shelter, protection and emotional support (Jaya & Hindin, 2007). Mathur, Rathore and Mathur (2009) conducted a study among street children to know their conditions in general abuse, health abuse, verbal abuse, physical abuse and psychological abuse and they found that about 62 % of

children reported that they experienced any one kind of abuse. Majority of them reported experience of verbal and psychological abuse. They also stressed that multi type of maltreatment and neglect was present among the street children. In India the adolescents exposed to Child Sexual Abuse are likely to develop personality disorders (Charak & Koot, 2015). Western cultural influences are negatively influencing the Indian Culture, hence increasing divorce rate, single parent household, substance abuse, decrease of joint family has increased the chance of child abuse in India. For example, measure of abuse in the country has doubled from 24000 in 2009 to over 58000 during 2013 (Narang, 2015). In Tamil Nadu, wine shop patrons in Chennai had multiple sexual partners and they reportedly force women for sexual activity apart from that they also abuse women verbally, emotionally and they often abuse their children physically and emotionally (Vivian et al., 2010). However crime against women and children are frequently occurring in India. In India children and women are also affected by sexual violence due to migration (United Nations News Centre, 2016). In India 1 in every 10 children is sexually battered at any point of their life. Twelve thousand four hundred and forty four children were interrogated and the results revealed that majority (53.22%) had undergone the sexual exploitation (Kacker et al., 2007). The recent study in Kerala by 1614 adolescents were interviewed and the results shows that 36% of boys and 35% of girls had experienced sexual exploitation in their life time (Krishnakumar et al., 2014). Deb and Mukherjee (2011) found that in Kolkata, sexually abused children had less social and emotional adjustment and high level of aggression compared to their non sexually abused children. Majority of the victims belongs to broken family and they are prone for depressive disorder (Bhaskaran, Seshadri, Srinath & Girimaji, 2016). Men's low education qualification and poverty was associated with the sexual and physical abuse against their wives (Gerstein, 2000). In India Child Sexual Abuse cases are reportedly high in Andhra Pradesh, Assam, Bihar and Delhi (Dabir & Nigudkar, 2007).

Prevention

The three types of prevention strategies in the Child Sexual Exploitation are primary prevention emphasizes on people to prevent the Child Sexual Abuse occurrence; Secondary prevention is targeting the specific group which has high risk of it; Tertiary

prevention targets both the victims and offenders of Child Sexual Abuse to prevent the future occurrence of the incident (Daro, 1994).

School based intervention is the vital part to prevent the Child Sexual Abuse, also awareness programme to parents, community based awareness programme will help to reduce the child maltreatment (WHO, 2012). WHO (2016) recommended some prevention programmes to school children such as body proprietorship, difference between safe and unsafe touch, how to recognize abusive situations and how to disclose about it to the trusted adult. WHO pointed out that the early prevention will help to improve the children's life in terms of cognitive development, behavioural and social competency, educational attainment, as well as prevention help the society by reducing delinquency and crime.

Ribeiro, Coelho and Magalhaes (2016) suggested using forensic investigation to understand the motives behind the abuse. They also felt that understanding the motives of the offender will help to formulate prevention programmes. Since the disclosure of the sexual abuse felt to be shameful neither the victim nor the family want to disclose. Hence the medical service persons who are involved in treating the victims must assist the family to make contact with the forensic department to involve in investigation to identify the offender (Hagras, Moustafa, Barakat, El-Elemi, 2011). Elementary School Level Awareness Programme regarding the child sexual abuse has increased the preventive skills among the school children in the United States of America (Hebert, Lavoie, Piche, & Poitras, 2001). Generally the mothers are interested to participate in the Child Sexual Abuse Prevention Programme than the fathers. In India the socio cultural and beliefs of the parents may affect the prevention programme. The demographic characteristics also influence the adults' interest to participate in the Child Sexual Abuse Prevention Programme (Tang & Yan, 2004). Specifically the "good touch and bad touch" awareness programme among school children is the effective way to prevent it and the children will learn unusual behaviour of the adult and they will be able to identify the others behaviour whether it is good or bad (Gibson & Leitenberg, 2000). Chen, Dunne and Han (2007) argued that parent's involvement in the Child Sexual Exploitation Prevention Programme in school will make it more effective by filling the communication gap between victim and parents. In Beijing, China, most of the pre schoolers had less awareness and skills related

to Child Sexual Abuse prevention also the communication between the student and parents were not adequate regarding it (Zhang et al., 2013). Juveniles committed to it by certain amount. Since the age difference between the victims and offender is large and also that will be an important advantage of the offender to commit the abuse. Prevention of Child Sexual Abuse committed by the juvenile offender requires specific intervention apart from general prevention programme (Beier et al., 2016). The intimate partner violence and intra Child Sexual Abuse are mostly occurring simultaneously. Parents who are involved in violence against the intimate partner probably are also involved in the child sexual abuse. As preventing the children from the parents must be isolated from them to involves in intrafamilial Child Sexual Abuse (Bidarra, Lessard, Dumont, 2016). Macintyre and Carr (1999) argued that prevention programme including improving skills, knowledge on Child Sexual Abuse and enhancing self esteem among the school children in the age range of 7 to 10 will help to prevent Child Sexual Abuse. Categorising the offender should serve to develop different types of prevention programme to each categories of the offender. For example basically the situational offenders don't have interest in sex with children but they do so depends on the situation and on the other hand potential offenders generally want to have sex with children. Therefore the policy makers must institute specific intervention to different types of offenders (Schaefer et al., 2010). Conducting games and role play on improving awareness of safe touch and unsafe touch and improving skills to ask help from the others among primary school students would be an effective technique of pre prevention (Weatherley et al., 2012). Media can be used in the Prevention Programme of Child Sexual Exploitation for an example, web based programme called "cool and safe" is the Europe Continental Based Programme available in German and French languages which comprises the informations related to safe touches and unsafe touches, how to deal with strangers, using social network effectively, avoiding unnecessary friend request in social network, thus it is a 2 hour programme targeting elementary school children that they can login and use those materials at anytime. Müller, Roder and Fingerle (2014) found that the Web Based Training Programme "cool and safe" is effective method to improve the knowledge of elementary school children without any negative side effect. Apart from the general perspective which is not considering the Intellectual Disabled Persons, Intellectual Disabled group is also vulnerable as victims and perpetrator of the

Child Sexual Abuse so that more research and special intervention is required to deal with the case of Intellectual Disabled individuals those involved in the Child Sexual Abuse (Wissink, Vugt, Moonen, Stams & Hendriks, 2015). The widespread internet accessibility without discrimination of children is the huge threat to the dogma creators to prevent the child from the sexual exploitation against children. In the case of online problems of children and youngsters are early prime users and innovators and they have skills to use these internet technologies than their parents. Hence parents might not predict the consequences of the internet on their children therefore they felt are in a helpless state. The rapid development of the internet technology is accompanied by fears and dangers. The cheap and easy to use digital cameras and related equipments and softwares have been linked to the speed circulation of the photograph and videograph. If a photograph uploaded in internet then it is impossible to find how it is spread and who is sending it and which media where it is used. By developing the strategies to reduce the internet related child sexual abuse there is crucial and immediate need for the child protection from cyber bullying and related sexual abuse (UNICEF, 2011). Childrens coming under the special category such as street children, working children, unaccompanied refugee children have high chances to be the victim of Child Sexual Abuse and other kinds of abuses. To find out the strategy or method to save those children requires a multi level cooperation from all the stake holders such as Government, NGOs, Researchers and Practioners. Children who are trafficked for prostitution, pornography requires specific intervention from the policy makers. In India 15 million people were trafficked for prostitution and shares 40% of the population among trafficked people worldwide (The Hindu Tamil, 2016). Like other issues, India also is in denial mode on the child trafficking. Since the number of trafficked child victims are higher in India the country did not take necessary action to tackle the problem effectively. The Indian researchers must look into the political elements involved in the Child Sexual Abuse prevention programme in order to bring out effective solution. WCASECA (2008) called the International community for the collective action of local agencies, Government, NGO, UNO Agencies and Religion as well as communities against the child exploitation and the congress believed that to protect the child and adolescents needs a comprehensive action and initiative of those agencies. Also the WCASECA (2008) mentioned that internet and development of new technology has become the major

challenge for child rights and protection. Twenty one percent of girls in India, (12 million) are 15 years old and 2.6 million girls aged 15 to 19 have been subjected to sexual violence. Hence UNICEF initiated the awareness programme called “say no to violence” in 2014 followed by the various incidents particularly the case of Nirbhaya who was sexually abused and died received National and International attention on child and women safety in India.

In United Kingdom, the forensic medical reports revealed that most of adolescents are abused due to their alcohol consumption; it is alarming that the prevention process to consider various factors are involved in the Child Sexual Abuse (Davies and Jones, 2013). Parents’ communication regarding the Child Sexual Abuse with their children will prevent the Child Sexual Abuse. In families where no communications are taking place may suffer from Child Sexual Abuse (Ramírez, Rondon & Botero, 2011). When the child attains 4 years the parents should teach them good touch, bad touch, body parts and how to handle the emergency situation in an effective way (Sanderson, 2006).

Consequences of Child Sexual Abuse

The child sexual abuse will have the impact on an individual’s entire psychological development in the society and one of the major determining factors of the well being. Prevention programme will help not only prevent Child Sexual Abuse but also save from its negative consequences in the victim’s entire life, in terms of emotional, social and interpersonal difficulties. According to Beth (2001) sexually abused children are vulnerable to develop Depression, GAD, Panic Disorder, Phobias and PTSD. It has significant association with the risk of psychopathology and have the high risk of developing psychiatric disorders. The victims will suffer from chronic pelvic agony, sexual dysfunction, fatigue, headache, asthma, diabetes as well as heart problems and also leads to poor social interaction, inability to interpersonal relations and emotional difficulties (Briere, 1994). Studies shows that sexually abused children experienced emotional problems and had unhappy married life in their adulthood period. Among the working women those who are exposed to sexual abuse in their childhood period, reported the symptoms of depression, posttraumatic stress disorder and high number of divorces (Elliott, 1992). If the women sexually abused when they were young and they will face emotional problems during the child birth (Leeners, 2016). Sexual Exploitation and

Borderline Personality Disorder is closely related and sensation seeking tendency such as drug abuse and self harming behaviour will make them have troubled relationship within the family and work place and it is significantly related to impulsive behaviour (Harden, 2015). Child Sexual Exploitation is associated with the sexual related difficulties such as sexual avoidance and sexual compulsivity which in turn predicted lower couple adjustment (Morel, 2015). Individuals with the Child Sexual Abuse history reported more body related avoidance behaviour and they are likely to develop a negative attitude toward their body and body image disturbances are frequently reported (Witthoft, 2015). The evidences show that Child Sexual Abuse will affect almost the entire life of the victim; also it's indicating that individual's social participation and occupational productivity also likely to get affected. Therefore immediate prevention activity is the important need in order to make individual's life happy and productive.

During adulthood, victims of Child Sexual Abuse develop multiple sexual problems such as sexual avoidance and compulsion and also suffer from low frequency of sexual intercourse, sexual dissatisfaction, negative sexual attitude, lower sexual self esteem and lower marital adjustment and vulnerable to have problematic marital life (Morel, Godbout, Labadie, Runtz, Lussier & Sabourin, 2015). Among the adult, majority of the Bipolar Disorder patients reported victims of child sexual abuse (Maniglio, 2013). Kelly (1988) argued that all forms of sexual violence against the children brings severe consequences regardless of the intensity of abuse, it may be either a rape or body touch certainly will lead the victim into terrible experience that affects the future. The sexual abuse during the dating leads to poor academic performance, relationship problem with parents and friends (Foshee, Reyes, Gottfredson, Chang and Ennet, 2013). Leeners et al. (2007) found that women who experienced Child Sexual Abuse would have difficulty in undergoing a treatment for their physical complaints such as dental problems, they might feel anxious and distress during the medical treatment. Lewis, McElroy, Harlaar and Runyan (2016) found that sexually abused children experience more consequences than children who experienced maltreatment. The Child Sexual Abuse victims have high risk of suicide attempt in their life (Daray et al., 2016). The female victims face the difficulties in sexual functioning and child birth in their adulthood period (Gottfried, Wiesel, Hallak & Franco, 2015) and were also associated

with the sexual risk behaviour and alcohol abuse (Staples et al., 2015). Interpersonal violence and interpersonal problems was highly related to the Child Sexual Abuse history of the victims (Leibschutz et al., 2002) and also reported to have low academic achievement, unemployment or underemployment, they experienced less positive parenting style by using violence against their children or they will be permissive parent. The victims abused during early age are likely to have transition adolescence by leaving the home and joining job, without sufficient quality make a living and difficulty with the spouse (Jong, Alink Bijleveld, Finkenauer & Hendriks, 2015). Dion (2015) revealed that Child Sexual Abuse is associated with the pathological gambling among the indigenous people. In another study few women who were Child Sexual Abuse had a higher risk to develop cigarette smoking behaviour (Sartor, 2016).

If the children were treated badly and they are more prone for smoking, alcoholism and drug abuse as adults, as well as engage in high risk sexual behaviours (Felitti et al., 1998; Runyan et al., 2002); child exploitation and desertion leads to use illicit drugs, especially marijuana in middle adulthood (Widom et al., 2006), 25% were indulged in unlawful acts, becoming pregnant and poor academic accomplishment (Kelley et al., 1997). Physically abused children were at greater risk of breaking the laws, discontinuation of studies and illegal pregnancy (Langsford et al., 2007). A National Institute of Justice study indicated that if the child is abused or neglected it resulted in Juvenile Delinquent Behaviour (59%), Criminal Behaviour (28%) and Violence (30%) (Widom & Maxfield, 2001). If the child is ill treated and it resulted in poor intimate relationships during adulthood (Colman et al., 2004).

Signs of Sexual Abuse

It is difficult to detect because of the secrecy that surrounds it. The children might indirectly reveals that they have been sexually abused through behavioural signs and indicators of physical, behavioural or both.

- Awaken up during night, sweating, screaming or nightmares
- Hostile behaviour towards kith and kin
- Agony during urination, infections, belligerent odours, discharge of fluids
- Scar in the private area
- crib moistening

- loss of hunger or gagging
- unusual horror for a place
- recurrent health problems
- obstinate sexual play with friends, toys or pets
- panic attacks
- regression
- initiating sexual behaviours
- unwillingness to be alone with certain people
- self injuries such as sticking themselves with pins or cutting themselves
- withdrawal
- uncommon questions about human sexuality

Based on the signs the victims family members and well wishers should know the things sincerely what the child is trying to state. Counsellors are able to treat the child if they understand the situation in an effective manner. The disclosure of the event will heal the trauma of the child and they should be encouraged for revealing it and they need not feel guilty about it or the perpetrator will harm the loved ones. Finally, offer the child fortification and promise that quick steps will be taken to stop it.

After the disclosure, the victim's caregiver should be given necessary training to assist the victim for speedy recovery (Toledo & Seymour, 2013). Thus, the factors that affect the girl children at most when they undergo sexual abuse are Stress, Loneliness and Anxiety and it happens due to lack of Assertiveness, further letting down the Assertiveness and the children get demoralised. Therefore, it is envisaged to look into the aspects of the factors namely Stress, Assertiveness, Loneliness and Anxiety that are to be dealt in the study.

Stress

Sexual abuse is a particularly disturbing type of trauma because of the disgrace it implants in the victim. They are too young to distinguish about good and bad, reluctant to express it, confusion about the happenings and to seek assistance. If the victims are not treated properly might resulted in chronic stress, depression, PTSD, nervousness and bad dreams. They might show it in their play, fears about other and qualms. Young children may lose skills they once learned and act younger than they are. For an example, an

abused child might start wetting the bed or sucking his or her thumb, unusual sexual behaviours, act seductively. Especially boys might "act out" with behaviour problems. Therefore understanding the stress the children undergo and help them becomes vital.

“Stress is any outside force or event that has an effect on the body or mind”. Researchers define stress as a “physical, mental, or emotional response to events that causes bodily or psychological tension” (Engle, 1986). “Stress is the body’s nonspecific response to a demand placed on it” (Selye, 1936).

Types of Stress

Eustress

Eustress makes an individual good and it is otherwise known as "positive stress" and it exerts a healthy effect on an individual. It gives an individual a feeling of satisfaction and also thrill about life and it is long last for brief spell. It is otherwise known as curative stress because it gives an opportunity for an individual to utilize his full potentials.

Distress

Opposite of Eustress is known as Distress or "bad" or "negative stress". It affects an individual in an adverse manner not able to cope with the stress.

Hyperstress

When an individual is pushed beyond his ability to cope with the stress will experience hyper stress. It results from being encumbered or hackneyed against the will of an individual. If an individual is frenzied about stress even small things will generate a strong emotional response.

Hypostress

Hypostress is opposite to hypersstress and it is experienced by an individual constantly doing an monotonous work and it causes restiveness and dearth of stimulation.

Acute Time Limited Stressors

It occurs when an individual prepares for Medical Examinations, Surgery and Performance Evaluation (Altmaier et al., 1982; Hussain & Lawrence, 1978; Jaremko, 1980, 1983; Smith, 1980).

Chronic Intermittent Stressors

It occurs when an individual face the Military Combat (Meichenbaum, 1994; Novaco et al., 1983) and Recurrent Headaches (Holroyd et al., 1977).

Chronic Continual Stressors

Chronic Continual Stressors are Asthma, Hypertension, Type A Behaviour, Chronic Pain, Cancer, Burns, Rheumatoid Arthritis, Psychiatric Illness, protracted occupational stress such as police work, teaching, combat etc.

Causes of Stress

Frustrations

It occurs when an individual is not able to reach his goals or not able to solve the problem and it may be due to internal and external reasons.

Conflicts

Conflicts occurs when an individual is not able to decide about two or more demands of positive or negative or both and feeling torn between the work and family.

Pressure

The stress that life makes on an individual's daily basis or pressures of living causes plenty of stress.

Threat

A perceived threat includes physical threats, social threats and financial threats etc. When an individual feels that they can not reduce the threat because it affects the sense of control.

Uncertainty

When an individual is not able to predict and feels he can not control anything could feel the apprehension of life and feel the uncertainty.

Cognitive Dissonance

It can be experienced by an individual if there is a gap between thinking pattern and experiences. Dissonance also occurs when he cannot meet the commitments. When an individual believes he or she is honest and committed, but when circumstances prevent from meeting the promises he or she is faced with the possibility of being perceived as dishonest or incapable (Beehr & Newman, 1978).

Life Causes

- Loss of loved ones
- Injury, Illness, Pregnancy
- Sexual exploitation, robbery, burglary, pick pocket
- Substance abuse
- Self injury
- Parting, Divorce, New Baby, Marriage
- Disagreement with Spouse, Family, Friends, Coworkers, Boss
- Insomnia and change of working hours

Symptoms of Stress

Emotional/Cognitive Symptoms

Emotional and cognitive symptoms of stress includes

- Irritability
- Restlessness
- Lack of Concentration
- Confusion
- Memory Problems
- Negative Thinking
- Negative Self Talk
- Mood Swings

Behavioural Symptoms

- Eating excessively
- Difficulty in Concentration
- Lack of Energy
- Inability to Cope
- Difficulty in making Decisions
- Emotional Outbursts
- Easily becoming upset
- Lack of Humour

Physical Symptoms

- Muscle Tension
- Headaches, Irritability, Depression
- Hair Loss
- Dry Mouth, Mouth Ulcers
- Chest Pain
- Asthma
- Shoulder or Neck Pain
- Low Back Pain
- Stomach/Abdominal Pain
- 'Butterflies' in Stomach
- Indigestion
- Diarrhoea, Irritable Bowel
- Ulcers, Gastritis, Colitis
- 'Pounding' or 'Racing' Heart
- Cardiovascular Disease, Hypertension
- Sweating

Stress Management

- Exercises
- Acceptance Oriented Stress Management Technique
- Relaxation
- Yoga
- Meditation
- Stress Inoculation Training

Exercises

An exercise reduces stress and it will help people to control the stress, reduce stress related illness and improves the health. It helps to

- Relax the Muscles
- Utilizes the Stress Hormones
- Uses Fat and Cholesterol

- Feel the Happiness
- Reduces the Pent Up emotion
- Reduce the Impact of Illness
- Improves the Resiliency

Emotion Oriented Stress Management Technique

In this technique emotions are used effectively to overcome stress. Negative thinking drains an individual completely and very difficult to deal with the emotions. Positive attitude of an individual will releases the endorphins to overcome stress. The ancient proverb states that: “A merry heart doeth good like a medicine, but a broken spirit drieth the bones” (The Holy Bible, Proverbs 17:22). A smile from within will help to manage the stress.

Acceptance Oriented Stress Management Technique

Stress arises because an individual resents the order and counter it with “fight or flight” syndrome. If the right demand is primed by others, acceptance is an effective management technique. If the superior demands the workers to complete the work at a stipulated time it has to be accepted with happiness to keep the stress at bay.

Relaxation

Relaxation techniques will help to reduce the negative impact of stress on a person’s health. Women may experience built up tension as a result of hectic schedule or being expected to oblige. Therefore it is important that women takes time to relax. Women should take a break and go for swimming, listening to music or meditation can be considered as a special treat for themselves on a daily basis. The most significant way to get rid of stress is to go for a vacation to bring change of place. Practicing relaxation techniques is an important stress management activity.

Yoga

Yoga is an ancient technique from India that includes multiple activities of body stretching postures. Primarily, the yoga emphasizes the physical activities and ignoring the spiritual and mental aspects. Yoga is one among the popular relaxation techniques that is widely practiced.

Meditation

Meditation envisages bringing clarity in thoughts to that of the daily events and helps to calm bodily systems without much effort. Choosing a simple word like “om”, “calm” will bring relief to the mind. Individual should take deep breath through the nose and exhale slowly through the mouth and think of the word suggested above. Focusing on the suggested word while exhaling would help to shift the attention on breathing and this would reduce the factors causing stress. Practicing it for 10-20 minutes every day will give stress relief.

Stress Inoculation Training

It was developed by Meichenbaum in the year 1977. In ‘conceptualization’ stage, the therapist helps the individual to identify their stressors and how to cope with it, in 2 stage of ‘skill acquisition and rehearsal’ the patterns of self defeating internal dialogue are identified and the therapist helps the individual to develop and practice the positive coping statements during stressful situations. Relaxation training as well as realistic appraisal of situations are practiced. In third stage ‘application and follow through’ the individual begins to apply the newly acquired skills to progressively more difficult situations in the real world. The therapist provides support and further training will be given during necessary period (Jay & Elliot, 1990; Kendall, 1983; Kendall et al., 1979).

Assertiveness

Low assertive children might be the victims of sexual abuse. Therefore, assertiveness training will help to reduce the vulnerability to sexual abuse. Non assertive children will have difficulty in refusing the unwanted sexual advances targeted by the aggressive elders. “Theories regarding the childhood sexual abuse and other victimization have proposed that experiences from which one is unable to escape or avoid can result in feelings of powerlessness or learned helplessness, potentially leading the victim to believe that it is impossible to avoid or prevent future victimization” (Finkelhor, 1987; Peterson & Seligman, 1983). The victim might undergo depression and anxiety and express powerlessness during sexual assault situations. The relationship between victimization and assertiveness is mutual, that is, the sexual exploitation happens due to non assertiveness and it leads to the recurrence of revictimization.

Assertiveness is defined as “direct, honest, and appropriate ways of standing up for one's rights while respecting the rights of others” (Margalit, 1982).

Assertive statements generally begin with the word "I" and directly express what one is thinking or feeling. Notice that being assertive does not mean stepping on the toes of others or berating them. The goal of being assertive is to negotiate social situations in a way that benefits everyone.

Benefits of Assertiveness

1. Self esteem

Assertive people will have more self confidence which will foster the self identity and it leads to self esteem. Assertive people will be able to identify their needs clearly and it will leads to attain the goals which will give them the self confidence and it will leads to assertiveness and the undulate outcome will continue.

2. Better Relationships

Assertive people tend to be better off and sustain healthy associations with others. Aggressive people tend to be not friendly with others and passive individuals tend to be away from people which will affect their relationship with others. Assertive people will be comfortable in communication skills to preserve the relationships with others.

3. Increased Happiness

Assertive people will try to express their feelings to others without hurting others feelings lead to happiness. Non assertive people will be losing their self identity and leads to psychological distress among them (Turnbull & Turnbull, 1990).

Symptoms of Non Assertiveness

When one does not express their feelings to others by violating the norms will leads to strained relationship with others. People will label the non assertive persons are spineless people. The goal of non assertive behaviour is to avoid disagreement; however, the habit of non assertiveness can corrode one's self respect and make one feels cowardly, aggrieved, feeble or not having sense. If the situation undermines one's goals then the goal has to be changed.

Non assertiveness continues for too long will easily change into aggressiveness. The aggression will abruptly detonate into an attitude of: "I'm mad as hell, and I'm not going to take it any more". If an individual act aggressively, he then tenaciously violates or

ignores the right of others or carelessly disregards one's feelings. If one has scruples, one will identify when one has been belligerent because one will feel culpable afterward (Frude, 1992).

Loneliness

It is a complex and horrible emotional response to seclusion or lack of camaraderie. A loner will feel anxious and not able to communicate with others at present and it might continue in the future also. It can be felt even when they are surrounded by others and it is the perception of being alone and isolated. The causes for loneliness are social, mental, emotional or even physical factors. A loner who tries to make friends in school has totally different requirements than elderly man who has lost his wife recently. The sense of emptiness will make an individual feeling aloof and unwanted and they crave for human to get in touch with others but the mind makes it harder to blend with people.

Causes of Loneliness

John, Cacioppo of University, Chicago, stressed that loneliness is strongly linked to heredity. The other factors such as isolation, a new location or getting separated or loss of loved ones might lead to loneliness. If an individual suffer from low self esteem and low confidence will lead to chronic illness.

Consequences of Loneliness

Health risks associated with loneliness include:

- Suicidal ideation
- Heart attack
- stress level will be increased
- Lack of memory
- Unlawful behaviour
- Poor decision
- substance abuse
- development of Alzheimer's disease
- altered brain function

Research stresses that loneliness leads to heart diseases and low immunity power. It also disrupts the regulation of cell processes deep within the body to predispose an individual to look old. Research has shown that married, higher socio economic status and

well educated will have low levels of seclusion. High loner suffers from psychosomatic problems and not able to mingle with others leads to poor social relationships.

Symptoms of Loneliness

Researchers found that loners will have 3 or less close friends. It is believed that the quality of relationship is more important than the quantity of the interaction a person has with the friends that will help to overcome the loneliness and negative health consequences.

Childhood sexual abuse will lead to trauma. Eighty percent of the loners suffered from pathological disorders (Hawkley and Cacioppo, 2010). High loners will become more sensitive, sceptical about others and cognitive biases will be shown because of this behaviour other people tend to avoid the loners that will become reinforcement for the loners. It is a kind of self fulfilling foresight that the loner will try to be aloof. For an example, if an abused child feels lonely when they become an adult to developed anger and isolation. In turn it will affect the interrelationship with others because of their violent behaviour and isolation will be maintained by them. In England survey was conducted among the abused children and it showed that depression, GAD and mood disorders were present among the victims. The abused children mental health was seriously affected and they were feeling lonely. They also suggested that attempts to decrease feelings of loneliness might help to control the severity of psychological disorders that arise from trauma. As such, efforts to understand how lonely others feel could be helpful for healthy mental and physical development in children and adolescents.

Management of Loneliness

John Cacioppo offers tips to overcome loneliness:

1. Identifying the loneliness.
2. Realize the effects of loneliness.
3. Enjoy the service offered to the community to meet people and cultivate new friendships and social interactions.
4. Develop quality relationships with others.
5. Expect the paramount

Identification of Abuse

Children exposed to sexual exploitation with or without threats will develop psychological problems. Children older than five years of age become caught between loyalty to or dependence on the perpetrator, and shame at doing something "wrong". Over time, the child develops low self esteem, feelings of being worthless or "dirty," and an abnormal view of sexuality. Those children show many signs:

- Withdrawal and not trusting the adults
- Suicidal Ideation
- Difficulty in relating to others except in sexual or seductive ways
- Unusual interest in or avoidance of sexual or physical things
- Sleep problems, nightmares, fears to go to bed
- Frequent accidents or self injurious behaviours
- Refusal to go to school or home
- Secretiveness
- Drawings and Games related to private parts
- Phobias
- Biting, Rocking
- Try to wear too much clothes during summer to hide the bruises
- Unusual sexual knowledge
- Prostitution
- Forcing the sexual acts on other children
- Extreme fear of being touched
- Refusal to undergo physical examination

The physical indicators of recent sexual abuse include:

- Difficulty in walking
- Torn or stained clothes
- Pain or itching in private area
- Bruises or bleeding in private area or mouth
- STD at young age
- Urinary infections

Identification of Sexual Abuse

The effects of early sexual abuse will last in adulthood in affecting the relationships in work, family and in general. Individual symptoms tend to fall in four areas:

1. Low self esteem, depression, self destructiveness (suicide and self mutilation), guilt, shame, self blame, constant search for approval and nurturance.
2. Betrayal
3. Helplessness
4. Isolation

Adult incest survivors will show the symptoms of

- Fear of dark and to sleep alone
- Problems in swallowing, gagging
- Low self image
- Too much clothing
- Substance abuse
- Self abuse
- Suicidal Ideation
- Phobias, panic attacks, anxiety disorders, startle response
- Difficult to control anger/rage
- depersonalization
- Lack of trust
- Feeling neglected
- Revictimization
- Blockage of memories between age 1 and 12
- Feeling crazy, different, marked
- Denial
- Sexual issues and extremes
- Multiple personalities
- Signs of post traumatic stress disorder

Anxiety

“Anxiety is a physiological and psychological state characterized by cognitive, somatic, emotional and behavioural components. These components combine to create an unpleasant feeling that is typically associated with uneasiness, apprehension, or worry”.

“Anxiety is a generalized mood state that occurs without an identifiable triggering stimulus. As such, it is distinguished from fear, which occurs in the presence of an external threat. Additionally, fear is related to the specific behaviours of escape and avoidance, whereas anxiety is the result of threats that are perceived to be uncontrollable or unavoidable.

It’s normal to feel anxious or worried at times. In fact, a moderate amount of anxiety can be good. Anxiety helps one respond appropriately to real danger, and it can help motivate any individual to excel at work and at home”.

“Anxiety is an emotional state in which people feel uneasy, apprehensive, or fearful. People usually experience anxiety about events they cannot control or predict, or about events that seem threatening or dangerous. For example, students taking an important test may feel anxious because they cannot predict the test questions or feel certain of a good grade. People often use the words fear and anxiety to describe the same thing. Fear also describes a reaction to immediate danger characterized by a strong desire to escape the situation”.

Children exposed to child sexual abuse have a high risk of developing PTSD. The victims are afraid to tell about the incidence to others because of fear about the perpetrator. The South Eastern Centre against Sexual Assault stresses that the victim is afraid of desertion. The victim will try to control the incidence in future by analysing about the symptoms to avoid it.

The experience of sexual trauma can be shown as frequent nightmares or intrusive thoughts of symptoms of anxiety includes recalling the events in the wrong order, excessive worry about a future occurrence and believes that the genital area is damaged and dirty. The excessive worry and reliving of events spark increased stress in the child. It leads to low self worth, self blame for the abuse and the world is not safe to live.

Anxiety from trauma can bring strange or inappropriate behaviours in children. It is likely because the child is uncertain of how to express her feelings associated with the abuse. Inappropriate behaviours in the form of increased aggression toward playmates or seductive behaviour can be present. Sexual abuse leads to self destructive behaviours such as substance abuse or self harm or dissociative escape.

Adults who survived childhood sexual abuse will experience the anxiety symptoms on a magnified level if they go untreated. They will have physical health problems such as chronic pelvic pain, gastrointestinal distress and sexual dysfunction. Emotionally, adults experience anxiety in the form of self injury, depression or suicidal thoughts or addictions or intolerance for sexual intimacy or social and interpersonal functions.

Effects of Anxiety

Anxiety can be caused by a number of factors such as genetics, stressful events, trauma and the environment in which an individual was reared in. It is a normal experience of an individual but if it is not regulated will lead to severe anxiety disorders (Jaccob, 2010).

Substance Abuse

Mayo Clinic staffs stressed that intense anxiety will lead to substance abuse. When an individual feel anxious, he might feel overwhelmed by it and unable to look into the past and he will indulge in drugs or alcohol to cope with the anxiety. When an individual realizes that drugs and alcohol will help to reduce the anxiety will increase by abusing it by highly dangerous drugs.

Academic Problems

Students will develop anxiety from the pressures related to tests, grades, admission to college and getting scholarship. Kastory (2001) reported that students not prepared for tests, worry about the future might be prone for anxiety about academic problems. When a student experiences test anxiety will perform poorly on tests or unable to complete it because of fear of failure or not able to recollect the materials learnt.

Relationships

An individual experiences anxiety will not be able to control it and it leads to irritation and lose the temper will end up of relationship problems with friends and family.

Peer Pressure

Students will experiences tremendous amount of peer pressure. They may feel secure by indulging in drugs or alcohol, illicit relationship, wearing best clothes, getting best grades or performing well in sports. These pressures to fit in among peers will affect student's anxiety immensely.

Parental Conflict

Students will develop conflict if the parents have marital discord. The conflicts among the parents will increase the anxiety among the children and they should handle it by themselves without involving their children.

Depression

Anxiety can provoke the development of depression. Anxiety Disorders Association of America stated that depression and anxiety have the tendency to develop together. Being chronically worried or fearful may induce feelings of hopelessness and fatigue that could lead to depression.

Insomnia

Sleep disorders are very common among students because of academic and social pressures. Anxiety is a major cause of sleep disorders among students because of excessive worry. Insomnia is characterized by difficulty falling asleep, frequent waking up in the night or early morning and not satisfied about the sleep and it will affect the concentration, highly irritable and tend to develop health problems. When an individual constantly worried about school work, relationships with peers, parental conflict, going to college or selecting the sports team will affect the sleep patterns.

Eating Disorder

Eating disorders such as bulimia and anorexia are more likely to occur among college students particularly females (Walden Behavioural Care, 2008). It may stem from feelings of homesickness and peer pressure and it usually develops in late childhood or

adolescence and it linked to anxiety disorders. If an adolescent experiences high level of anxiety will not be able to control anything in life and they can control about what and when to eat.

Physical Problems

Anxiety can cause headaches, muscle tension, sweating, fatigue, stomach aches and nausea (Butler, 2010).

Anxiety is a kind of emotion shown by cerebral cortex; when it is powerful it ‘fogs’ the mind, producing mental tiredness and the incapacity for intellectual work. Therefore, anxiety increases the intensity of a person’s reaction to any situation. Anxiety can even weaken any individuals’ potentials in various domains of one’s life leading a person remain destabilized.

However, anxiety is similar to common cold no individual can neither escape it nor predict when she will fall prey to it. Most of us experience some level of anxiety when anticipating something stressful, such as taking tests, pitching a ball, or performing on stage. This tension is normal and positive; it motivates us to want to perform at the best level.

Common Types of Anxiety

Test Anxiety

An individual suffering from test anxiety will feel restlessness, trepidation, or uneasiness and fear of failure in an exam. Students suffering from it may feel that self worth related to grade points, fear of humiliation by the teacher, fear of estrangement from parents or friends, time pressures or feeling a loss of control. Emotional, cognitive, behavioural, physical components can all be present in test anxiety. An optimal level of arousal is necessary to best complete an exam; however, when the anxiety level exceeds the optimum, it will be resulted in decline in performance (Marshal, 2006). In performance anxiety, an individual will feel that performance really matters. For an example, an individual may experience performance anxiety when he is about to try out for the school play, sing a solo on stage, get into position at the pitcher’s mound, step onto the platform in a diving meet, or go into an important interview.

It can bring “butterflies” in the stomach or a tension headache. Some people might feel shaky, sweaty or feel their heart beating quickly as they wait for the test to be given out. A student with really strong on test anxiety may even feel like she might pass out or throw up. It may result of poor study habit, not adequate organizational skills and lack of time management. When not prepared, it is rational that the student is then faced with increased tension; however, it is not true of test anxiety. It results when a student is not adequately prepared for an exam but experiences symptoms of physical, cognitive, behavioural and emotional distress that inhibit to some degree the ability to learn and perform.

Social Anxiety

Anxiety about social situations, interactions with others, and being evaluated or scrutinized by other people. The difference between social anxiety and apprehension of social situations is that social anxiety involves an intense feeling of fear in social situations and especially situations that are unfamiliar or in which one will be watched or evaluated by others. The feeling of fear is so strong that in this type of situations one may be so worried that they feel anxious just thinking about them and will go to great lengths to avoid them.

Anxiety may happen to an individual when meeting or interacting with unknown people is a common stage of development in young people. For others, it may persist into adulthood and become social anxiety or social phobia. “Stranger Anxiety” in small children is not a phobia. Rather it is developmentally appropriate fear by toddlers and preschool children of those who are not parents or family members. In adults, an excessive fear of other people is not a developmentally common stage and it is known as social anxiety (Stein and Walker, 2001).

Trait and State Anxiety

Anxiety can be either a short term “state” or a long term “trait”. Trait anxiety reflects a stable tendency to respond with and state anxiety in the anticipation of threatening situations and it is closely related to the personality trait of neuroticism.

Trait Anxiety

Individuals with trait anxiety will tend to have an attitude dazzling their perception of certain environmental stimuli and situations as dangerous or threatening will eventually

become pervasive, extending to and influencing other areas of experience and in effect finally become a characteristic of personality. They are prone to react to a large number of stimuli and will tend to worry also in situations in which the majority of individuals will not represent a source of threat. An individual is likely to present state anxiety in circumstances with low anxiety generating potential, such as normal day today activities and will probably experience higher levels of state anxiety in the presence of anxiety generating stimuli.

State Anxiety

State anxiety manifests itself as an interruption of an individual's emotional state, leading to a sudden rebellion of one's emotional equilibrium. An individual experiencing it will feel that tension or worry or might enter a state of restlessness. In such moment, the individuals may feel very tense and easily react or overreact to external stimuli. It involves activation of the autonomic nervous system will trigger the physiological reactions. High level of it will lead to unpleasant, disturbing and painful for an individual to cope up in life and leads to maladaptive behaviour ended up in pathological conditions.

Signs of Anxiety

The level of anxiety varies from individual to individual. The symptoms include excessive qualms and fears, inner agitation, highly vigilant and alert. Even in the absence of an actual threat, teenagers might feel the nervousness, agitated or highly stressful.

In the society, they may be dependent on others, withdrawn or uneasy or restrained or extremely emotional. They are worried about losing the social competence.

They may feel the muscle tension and cramps, stomach aches, headaches, pain in the limbs and back, fatigue or discomforts associated with pubertal changes. They may blotch, flush, sweat, hyperventilate, tremble and startle easily.

Anxiety during adolescence period will affect their body image, social acceptance, and conflicts about liberation. When an individual is inundated with anxiety they wanted to be with friends, indulge in risky behaviours, substance abuse or impulsive sexual behaviour.

Symptoms of Anxiety

Anxiety symptoms can be intense, frightening and persistent and debilitating, majority become afraid of them because of the fear that they are being caused by serious

medical or mental illness. Fortunately anxiety symptoms are not seriously harmful in themselves, and so they are not even destructively serious because:

- Anxiety symptoms are symptoms and sensation of stress
- Every one experiences them, when afraid or when the body is stressed
- As stress increases so can the number, type, intensity, frequency and duration of symptom increases
- Anxiety symptoms are not harbingers of something serious
- When one becomes afraid, the body changes how it functions so that she is more equipped to deal with danger namely, fight or flight
- Many of the sensations and symptoms one experiences are a result of this change
- When the “fight or flight” response occurs too frequently or too dramatically, it can stress the body and a body that’s under stress can become symptomatic
- The body uses anxiety symptoms to let one know that she is stressing the body, and she needs to take action to reduce the stress as that it doesn’t harm the body
- Many of the symptom vice experience are simply the consequences of being stressed (Robinson, 2010).

Even though anxiety symptoms are harmless in themselves, they can still be strong and quite debilitating; therefore one cannot minimize the dramatic impact which anxiety can have upon us. In psychoanalytic theory, the symptoms of anxiety in humans may arise due to the activation of unconscious defense mechanisms. The psychological defenses include:

Repression: An individual tries to push the anxious thoughts or ideas out of conscious alertness

Displacement: An individual will be showing the emotions to another individual who are weaker than them.

Rationalization: An individual will try to defend that the normal human being will behave in a same manner

Somatization: The anxiety will be appears as aches, stomach upsets or muscle and joint pain.

Delusion Formation: The person converts anxious feelings into conspiracy theories or similar ideas without reality testing. Delusion formation can involve groups as well as individuals

Need for the study

Ill treating the child will affect victims' physical health; Neglect, physical abuse, safeguarding will affect the mental health. Since parents are not aware of it and psychoeducation will be eye opener for them. The victims' will develop communication problems with their parents. For an example, training the victims' parents in communication skills helps them to listen to their children's trauma and avoid to avoid it. Parents should be encouraged to monitor their own emotional reactions to provide an appropriate coping model to the victim. If the parents are trained in child behaviour management skills, they will be able to control the disruptive behaviour and strengthen the desired behaviour at home. The victim might show scoring low marks in academic performance, misery, fatigue, not able to sleep, mood swings, temper tantrums and aggression.

An individual will be affected in their thinking and life style pattern if they are exposed to stress for longer period. During adolescence, a lot of biological, physical, mental and emotional changes will happen. The students have to adapt to it by confronting the problems and conflicts, if they fail to do so will create stress, tension and psychological problems.

Sexually abused children will be highly stressful and anxious and not able to express to others because of confusion to differentiate and understand the behaviour of others. Thus, the study on "Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children" was carried out to expose the children to understand the gamut of behaviour of people around them and making themselves aware of being able to protect themselves from the perpetrators.