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Research Article

A CROSSECTIONAL STUDY OF PREVALENCE OF THE CHILD SEXUAL VIOLENCE IN SCHOOL GOING CHILDREN IN LAHORE

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Abstract:

Introduction: Child sexual abuse is a problem occurring at alarming rates in our society. Sexual violence defined as any unwanted attention or advances regarding sexual gratification, favors or other verbal or physical conduct of a sexual nature. Sexual violence can involve many activities including fondling, touching or kissing of genitals or other area's of the body. It include penetration with penis, digit or object as well as exposing genitals or sexual material to a child. Talking to a child inappropriately, graphically, and explicitly about sex, asking a child to touch their own genitals or another persons and non-forced sex with an underage child is a form of sexual violence. Sexual abuse can occur anywhere, even in the family or community where the victim falls prey to an abuser. Child abuse constitutes a violation of the most basic rights of children and adolescents, which are enshrined in the Universal Declaration of Human Rights. The Convention on the Rights of the Child (CRC) exhorts states that 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, legal guardian or any other person who has the care of the child.

Methodology: A cross-sectional study was conducted in school going children between the age group 10 to 16 years of age in district Lahore using non probability purposive sampling. A sample size of 50 students from a selected school was included in the study using random sampling technique. Demographic data of the children including age, gender and socio-economic class was recorded using a performed performa.

Results: The incidence of penetration with penis, digital or object is 22 percent of all child violence cases. Whereas, exposing genitals to child and expose child to sexual materials or pornography include 55 and 44 percent of positive cases. Inappropriate talking about sex to child is highest percentage of 55 % in our study. Provoke child to self touch involve in 22 percent of all child violence cases. While non forced sex with child formulate about 20% of cases. It is noted that most child was probed to more than one form of child abuser at a time.

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INTRODUCTION:

Child sexual abuse is a problem occurring at alarming rates in our society. Sexual violence defined as any unwanted attention or advances regarding sexual gratification, favors or other verbal or physical conduct of a sexual nature. Sexual violence can involve many activities including fondling, touching or kissing of genitals or other area's of the body. It include penetration with penis, digit or object as well as exposing genitals or sexual material to a child. Talking to a child inappropriately, graphically, and explicitly about sex, asking a child to touch their own genitals or another persons and non-forced sex with an underage child is a form of sexual violence. Sexual abuse can occur anywhere, even in the family or community where the victim falls prey to an abuser. Child abuse constitutes a violation of the most basic rights of children and adolescents, which are enshrined in the Universal Declaration of Human Rights. The Convention on the Rights of the Child (CRC) exhorts states that 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, legal guardian or any other person who has the care of the child. Similarly, the United Nations International Committee on the Rights of the Child has emphasized the importance of member countries prohibiting all forms of physical punishment and degrading treatment of children (CRC, 2006).

Child abuse is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of eighteen and is a globally prevalent phenomenon (Ministry of Child and Women). Child abuse or maltreatment constitutes all forms of physical and emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organisation). The deliberate infliction of injuries on a child, usually by the child's caregiver is termed physical abuse. Minor physical injury is responsible for more reported cases of a treatment

than major. Physical neglect, failure of thrive, signs of mal nutrition such as thin extremities, abdominal distension, poor personal hygiene, unclean and in appropriate dress, evidence of poor health case, such as delayed immunization, untreated infections, frequent colds, frequent injuries from lack of supervision are all included in sexual violence. Sexual abuse includes any activity with a child, before the age of legal consent that is for the sexual gratification of an adult or a significantly older child. Symptoms of children violence include bruises bleeding, lacerations or irritation of external genitalia, anus, mouth or throat. Child violence may also present with torn, stained or bloody under clothing, pain on urination or pain, swelling and itching of genital area, penile discharge, sexually transmitted disease, non specific vaginitis or venereal warts and pregnancy in young adolescent.

METHODOLOGY:

A cross-sectional study was conducted in school going children between the age group 10 to 16 years of age in district Lahore using non probability purposive sampling. A sample size of 50 students from a selected school was included in the study using random sampling technique. Demographic data of the children including age, gender and socio-economic class was recorded using a performed performa. Parents and teachers written consent was taken from all children included in the study. All ethical consideration are taken into account. The presence of the nominated adult or parent is ensured for all the participants. The children was recorded for various form of child violence and abuse including penetration with penis, digit or object, exposing genitals or sexual material to a child, talking to a child inappropriately, graphically, and explicitly about sex, asking a child to touch their own genitals or another persons and non-forced sex with an underage child.

RESULTS:

Data will be entered and analysed in Statistical Product and Service Solutions (SPSS) v25.0. Continuous and categorical variables will be reported as median \pm interquartile range (IQR) or mean \pm standard deviation (SD) and frequencies as percentages, respectively.

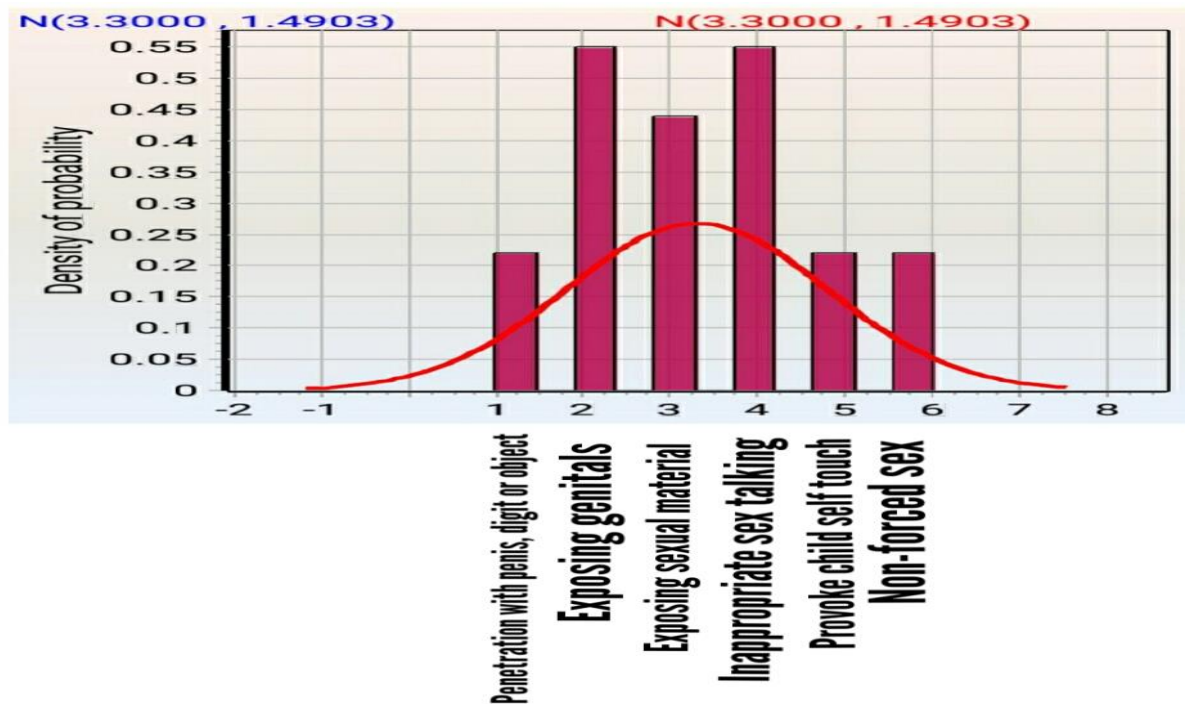


Figure-1 show the histogram presentation of various types of child violence.

The incidence of penetration with penis, digital or object is 22 percent of all child violence cases. Whereas, exposing genitals to child and expose child to sexual materials or pornography include 55 and 44 percent of positive cases. Inappropriate talking about sex to child is highest percentage of 55 % in our study. Provoke child to self touch involve in 22 percent of all child violence cases. While non forced sex with child formulate about 20% of cases. It is noted that most child was probed to more than one form of child abuser at a time.

DISCUSSION:

According to a study 1 child every 10 seconds is abused and more than half of reported sexual misconduct at worship centers is perpetrated by volunteers and clergy. 85-95% of child sexual abuse is male perpetrated and about 60% of rapes occur at home or at a friend's, relative's and neighbor's house. Violence against women and girls continues unabated in every continent, country and culture. It takes a devastating toll on women's lives, on their families, and on societies as a whole. The studies showed if you cannot be with your daughter or son let them be with another entrusted person. Conversely no child or woman should be alone with a single adult. Various studies depict that sudden emergence of sexually related problems, including excessive or public masturbation, age in appropriate sexual play, promiscuity or overtly seductive behavior, poor relationships with peers, preoccupied with fantasies, especially in play, sudden onset of phobias or fears, particularly fears of the dark, men, strangers or particular settings or situations, running away from house, substance abuse, rapidly declining school performance and suicidal attempts or ideation could be various symptoms present among the child abuser. The studies showed that two out of every three children are physically abused around

the globe. Out of 69% children which are physically abused around 54.68% were boys. Over 50% children subjected to one or the other form of physical abuse. Whereas out of those children physically abused in family situations, approximately 88.6% are abused by parents. One studies done in india state that 65% of school going children reported facing corporal punishment i.e. two out of three children were victims of corporal punishment. About 62% of the corporal punishment are faced by school going children in government and municipal school. The State of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states. Most children did not report the matter to anyone and 50.2% children worked seven days a week.

Studies have shown that 53.22% children reported having faced one or more forms of sexual abuse. 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse. Out of the child respondents, 5.69% reported being sexually assaulted. It depicts that children living in big cities such as Assam, Andhra Pradesh, Bihar and Delhi reported the highest incidence of sexual assault. Children on street,

children at work and children in institutional care reported the highest incidence of sexual assault. 50% abuses are persons known to the child or in a position of trust and responsibility. Every second child reported facing emotional abuse. Equal percentage of both girls and boys reported facing emotional abuse. 3. In 83% of the cases parents were the abusers. 4. 48.4% of girls wished they were boys.

CONCLUSION:

A act must be formulated for child protection that provides for special courts that conduct the trial in-camera and in a manner that is as child-friendly as possible. The child may have a parent or other trusted person present at the time of testifying and can call for assistance from an interpreter, special educator, or other professional while giving evidence.

REFERENCES:

1. Geneva: World Health organization; [Last cited on 2014 Aug 09]. Child maltreatment. updated 2014.
2. Guidelines for medicolegal care for victims of sexual violence. Geneva: World Health organization; [Last cited on 2019 Aug 09].
3. Putnam FW. Ten year research update review: Child sexual abuse. [Last cited on 2014 Aug 09]; *J Am Acad Child Adolesc Psychiatry*. 2003 42:269–78.
4. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. Geneva: World Health Organization; 2002.
5. Bassani DG, Palazzo LS, Beria JU, Gigante LP, Figueiredo AC, Aerts DR, et al. Child sexual abuse in southern Brazil and associated factors: A population based study.
6. Martin EK, Silverstone PH. How much child sexual abuse is “below the surface,” and can we help adults identify it early?; *Front Psychiatry*. 2013 4:58.
7. Behere PB, Sathyanarayana Rao TS, Mulmule AN. Sexual abuse in women with special reference to children: Barriers, boundaries and beyond; *Indian J Psychiatry*. 2013 55:316–19.
8. Behere PB, Mulmule AN. Sexual abuse in 8 year old child: Where do we stand legally?; *Indian J Psychol Med*. 2013 35:203–5.
9. Study on Child Abuse: India 2007. India, Ministry of Women and Child development Government of India. 2007.
10. Miller KL, Dove MK, Miller SM. (2007, October). A counselor's guide to child sexual abuse: Prevention, reporting and treatment strategies.
11. Conklin K. Washington DC: Advocates for Youth; 2000. Child sexual abuse I. An overview of statistics, adverse effects and prevention strategies.
12. Collin-Vézina D, Daigneault I, Hébert M. Lessons learnt from child sexual abuse research: Prevalence, outcomes and preventive strategies.; *Child Adolesc Psychiatry Mental Health*. 2013 7:22.
13. Haile RT, Kebeta ND, Kassie GM. Prevalence of sexual abuse of male high school students in Addis Ababa, Ethiopia.; *BMC Int Health Hum Rights*. 2013 13:24.
14. Tang CS. Childhood experience of sexual abuse among Hong Kong Chinese college students; *Child Abuse Negl*. 2002 26:23–7.
15. Pineda-Lucatero AG, Trujillo-Hernández B, Millán-Guerrero RO, Vásquez C. Prevalence of childhood sexual abuse among Mexican adolescents.; *Child Care Health Dev*. 2009 35:184–9.
16. Townsend C, Rheingold AA. (2013) Estimating a child a sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies. Charleston, S.C., Darkness to light.
17. Verelst A, De Schryver M, Broekaert E, Derluyn I. Mental health of victims of sexual violence in eastern Congo: Associations with daily stressors, stigma and labelling.; *BMC Women's health*. 2014 14:106.21.