

Psychosocial Effects of Sexual Exploitation on Children

Zahra Salim Jessani

Aga Khan University School of Nursing and Midwifery, HU 322 Behavioral Psychology, Pakistan

Corresponding author

Zahra Salim Jessani, GN11069, Aga Khan University School of Nursing and Midwifery, HU 322 Behavioral Psychology, Pakistan, E-mail: zahra.jessani1104@gmail.com.

Submitted: 20 Apr 2018; **Accepted:** 14 May 2018; **Published:** 19 June 2018

Psychosocial Effects of Sexual Exploitation on Children

The happiest moment for parents in their life is to have a child whom they love, guide, protect and care for. Children are the blessing from the God and their protection is core responsibility. A child is recognized soon after their birth on sexual appearances, whether he is a boy or a girl. The term sexuality came into existence since life has evolved on earth. Although the world understands how sexual harassment poses a threat but, it is shrouded in secrecy either in the name of false piety or for intended personal revenge. Resultantly, the victim rarely files a complaint against the perpetrators of sexual exploitation. Many children face various issues throughout their way to maturity and the most prominent issue is sexual exploitation.

According to World Health Organization Consultation on Child Abuse Prevention, child sexual abuse is the involvement of a child in a sexual activity without their consent or is forced to take part in a sexual act [1]. Sexual abuse not only compromises child's health but leaves a scar in their lives. However, they are not helped but rather mocked upon. This paper will benefit the readers about the prevalence, cause, health indicators and long term consequences on children after being sexually abused. Moreover, it will help to draw attention against the issue in order to stop the violent behavior serving as an obstacle in child's wellbeing.

The reason for electing the topic "Psychosocial Effects of Sexual Exploitation on Children" is that, it is the most indispensable issue of our society. It is a matter of top discussion in media, because in most cases abuse and exploitation have led irreplaceable actions by the affectees. Another reason for choosing this particular topic is to provide awareness about the effect of abuse on children's health.

Prevalence

On February 2006, a case was encountered by the health care professional in Pakistan and was discussed in the annual meeting held at Los Angeles, California. A 7 years old boy, from a poor family in rural areas, became the victim of sexual abuse by one of their close relative who resided in his neighborhood. The offender tried to cultivate him in his submissive friendship by giving him chocolates so to gain his trust. After creating a good rapport, the child has been abused by a gang rape and the two culprits violently throttled the little boy's neck till his last breath and the boy died [2]. Such concern is escalating daily in Pakistan and only few cases are reported, rests of them are rejected because of scattered population and stigmatization.

According to Sahil Annual Cruel Number Study (2012), 3,861 cases of child sexual exploitation were reported from different cities in Pakistan. 1,450 and 1,388 cases were registered from urban and rural areas respectively. Moreover, 22 cases were reported by rozan and 7% were reported by Aahung. In addition, 68% of cases came from Punjab, 19 % from Sindh, 5% from Khyber Pakhtunkhwa and 3% from Balochistan. The study also suggests 6% of the victim fall under the age group of 1-5 years; 16% were between 6-10 years of age and 22% were from 16-18 age group. According to Whiteman (2014) states that worldwide, around 20% of women and 5-10% of men report for being sexually abused. In USA statistic show that in 2003, 78,188 cases were reported i.e. the rate of 1.2 per 1,000 American children [3].

Myth and Causes

It is a myth that child abusers are strangers and only girls are victimized, but facts are different. Child Sexual Abuse is mostly committed by a person whom the victim knows and trusts, and these predators target both genders. According to Cruise illustrates that 80-90% perpetrators are male and it is believed that girls are more likely to be sexually abused by someone within the family (like cousins, parents), whereas boys are likely to be sexually abused by someone outside the family (like teachers, coach). I believe, the innate desire for sexual gratification is the root cause of child sexual abuse [4]. According to Department of Human Services, poverty, illiteracy, loneliness, aggression could be the contributing factor of child sexual abuse, this increases the chances of frustration, making the victim prone to violence [5]. However, mental illness, depression, consumption of alcohol, low self esteem, unemployment can have a negative impact on one's life which endorse them to relive out their frustration onto children. At the same time, it is also observed that a person who was sexually abused in their childhood might become an abuser later in life [6]. In the above mentioned case scenario, it depicts that poverty is the main cause of sexual exploitation and it is endeavor by the person whom the victim trusts.

Theories

Taking causes into consideration, there are theories allied to sexual exploitation on children. Freud psychoanalytical theory defines that every individual has an innate sexual desire to satisfy themselves in each stage. Every person has its own human psyche comprises of id, ego and superego. Whenever id gets overactive or a person get fixated at genital stage, this results in castration anxiety which aids to behave through sexual behaviour. It is an expression of

unresolved problems that occurred in different stages of development [7]. In contrast to Freud, Biological theorists are concerned with organic explanations and physiological factors that sexual desire is due to changes in hormonal level i.e. high level of androgens and chromosomes makeup which affects on sexual behaviour. For example, Klinefelter's syndrome is a predisposing factor that drives male towards sexually abusive behaviour [8]. Moreover, Cognitive behavioral theory recommends that sex offender's distorted thought affects their behavior. They neither regret on guilt and shame nor accept their mistake for their actions [8]. The above mentioned theories clearly depict that there are certain dynamics of abuser which sustain their behavior in a systematic manner.

Behavioral and Physical Indicators

There are different ways through which we can identify that a child has undergone some dreadful sexual experience. Child exhibit poor school performance; delay attaining milestones, social isolation, remain sad and depressed, low self-esteem, sleeping and eating problems, inappropriate sexualized behavior and regression in behavior [9]. In addition, classic sign of physical changes would be that the victim may develop nightmares and sudden incontinence whereby usually they are toilet trained, after being abused, pain in urination, vaginal or penile discharge, anal complaints [10].

Effects of Child Sexual Abuse

If child is sexually abused, reoccurring memories might have an emotional impact on victim's life. According to Adults Surviving Child Abuse, childhood is the most fundamental period of one's life [11]. From there a child learns through environment and store those memories into their unconscious mind, but if something goes awry, they try to find maladaptive ways to survive in adulthood, but adolescents are less constructive and might attempt self-harming behaviors.

Sexual abuse has a great impact on each developmental stage. Because of self-security and safety purpose, younger children feel shy with low self-esteem and confidence. Since their cognitive process is comparatively less than that of adults so they do not have much knowledge and awareness for their self-protection. They might show emotional distress and post-traumatic stress associated to sexual abuse through anxiety, regression, aggression etc [11]. On the other hand, older children try to withdraw, avoid these situations or shut down emotionally [12]. Moreover, child sexual abuse imposed a marked impact on child's self-concept. As a consequence, child suppresses his memories and hostile feelings in his unconscious mind. Therefore, they become socially isolated, lack the skills to mediate close relationships and often behave aggressively [13]. Hence, they develop fear, anger, betrayal, powerlessness, and hopelessness.

Child sexual abuse is a widespread problem so it is important to know the short term and long term effects on the victims.

There are several psychosocial effects which include educational problems, truancy, running away from home. 63% psychological complications were found in 155 sexually assaulted girls i.e. eating disorder, sleeping disturbances, phobia, depression, anger. Average school performance, lack of confidence level is also seen in 76% and 20% were said to be more aggressive [14].

According to Briere & Scott as cited in Adult Surviving Child Abuse illustrates that there are conditioned emotional responses to abuse

related stimuli in which child show different emotions in a particular situation for example, guilt, shame, always blame own self. Their behavior at times becomes unpredictable and too defensive [15].

In my point of view, when a victim is being sexually abused and he doesn't verbalize, he feels socially isolated which will not only lower his self-esteem but if it endures it may end up with depression. Depression is found to be the most common long-term symptom of child sexual abuse [16].

Integration of Generic Model

It was proposed by Piaget. He suggests that every person has certain schema in their unconscious mind. Whenever triggering factor stimulated, first initial reaction gets activated in the form of fear, grief etc. and automatically a person expressed reactions [17]. It causes following problems:

Behavioral Problems

The victim cultivate avoidant coping style in different ways i.e. either withdrawing from the society, self-harm, teenage pregnancies or indulging own self into self-medication drugs like alcohol or drugs [17].

Affective problems

Suicidal ideation, Complex Post traumatic stress disorder which includes behavioral characteristics i.e. mood swings, altered sense of self and others which is an underlying borderline personality disorder (Miller & Green, 2002). Sexual abuse in childhood has an impact on adult life which includes feelings of confusion, flashbacks, nightmares, denial, repression [18].

Interpersonal problems

Sexual exploitation affects the interpersonal relations of the abused children which includes stigmatization, betrayal, problems in sexual adjustments in both women and men [17].

Cognitive problems

Continuous thought process of those memories makes him feel rejection from the society due to stigma attached to it. At the same time, negative beliefs would impair their self-image. It will leads to distress and child may end up with self-mutilation behaviors [17].

Preventive Measures

In order to prevent children from sexual exploitation, strategies and preventive measures should be taken by providing awareness and educating children, family and close relatives through media or counsel them. It would help to prevent them from being sexually abused [19]. By providing platforms at institutional level like schools where we can educate children about sexual features and about good or bad touch so that if someone tries to abuse them, they would know [20]. At community level, multi-disciplinary committee should be formed. In Pakistan NGOs like Aahung and Rozaan are working for child sexual abuse protection. They provide trainings, awareness sessions for individuals and for collective sessions. Elemental prevention is necessary at a national level. Forming agencies explore networks, links and polices in order to stop this cruel behavior existing in our society [21].

As a health care provider, it is our duty to help those who have suffered from these predators and give our best by providing knowledge for prevention through awareness activities. In my opinion, we should

help these suffering souls by providing emotional support and be their friend in their time of need. Not only the children, but parents should be educated regarding prevention of these acts, and how to become resilient in these circumstances.

In conclusion, children are the most valuable blessing by God. They are like a beautiful flower which blossom everyday but if something bad happens, their florescence get fade. Similarly, Child sexual abuse is a heartrending problem. It leaves a scar on the victim which gives rise to psychological, behavioral, interpersonal, cognitive and affective problems. As caregivers, our ultimate goal is to remain proactive and start programs for their protection. It is rightly said that prevention is better than cure; if we will act beforehand we can prevent children from being victimized and stigmatized in the society. By implementing the above mentioned strategies can create a bright future for the victimized children [22-27].

References

1. World health organization (1999) 7 child sexual abuse. Retrieved from http://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap7.pdf.
2. Fasihuddin (2006) Child sexual abuse in Pakistan. In American society of Criminology.
3. Douglas E M, Finkelhor D (2003) child sexual abuse fact sheet. Retrieved from <http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf>.
4. Cruise T K (2004).child sexual abuse of children and adolescents. National association of school psychologists. Retrieved from <http://www.nasponline.org/educators/sexualabuse.pdf>
5. Department of Human Services. (n.d.). What are the causes of child abuse? - Department of Human Services, Victoria, Australia. <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/about-child-abuse/what-is-child-abuse/what-are-the-causes-of-child-abuse>
6. Lewis K (2004) The Kid England London: Micheal Joseph.
7. South Eastern CASA (2012) theory on why sexual abuse happens. Retrieved from <http://www.secasa.com.au/pages/theories-on-why-sexual-abuse-happens>.
8. Terry K J, Tallon J (2004) a child sexual abuse. A review of the literature. Retrieved from <http://www.usccb.org/issues-and-action/child-and-youth-protection/upload/child-sexual-abuse-literature-review-john-jay-college-2004.pdf>.
9. Lazenbatt A (2010) The impact of abuse and neglect on the health and mental health of children and young people.
10. Whiteman H (2014) Child abuse 'has serious consequences for brain development' - Medical News Today. Retrieved from <http://www.medicalnewstoday.com/articles/278537.php>.
11. Child abuse has many potential impacts. (2014) Retrieved from <http://www.asca.org.au/about/resources/impact-of-child-abuse.aspx>.
12. Effects of Child Sexual Abuse (2011) | Washington Coalition of Sexual Assault Programs. <http://www.wcsap.org/effects-child-sexual-abuse>
13. Berliner L (2009) Child sexual abuse, Child development and child advocacy: Younger children. <http://www.wcsap.org/sites/www.wcsap.org/files/uploads/webinars/csada/ChildAdvocacy.pdf>.
14. Oates K (1990) Understanding and managing child sexual abuse. Philadelphia, PA: W.B.
15. Briere, Scott (2006) Life problems and abuse often become dysfunctional adults. <http://www.asca.org.au/about/resources/life-problems-and-abuse.aspx>.
16. Hall J, Hall M (2011) The long term effects of childhood sexual abuse: counselling implications. Retrieved from http://www.counseling.org/docs/disaster-and-trauma_sexual-abuse/long-term-effects-of-childhood-sexual-abuse.pdf?sfvrsn=2.
17. Miller D, Green J (2002) The psychology of sexual health. Malden, MA: Blackwell Science Ltd.
18. Ratican K (1992) Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling & Development* 71: 33-38.
19. Quadara A, Wall L (2012) Australian center for the study of sexual assault. <http://www.aifs.gov.au/acssa/pubs/wrap/wrap11/w11.pdf>.
20. Kenny M C, Wurtele S K (2012) Preventing childhood sexual abuse: An. *Journal of Child Sexual Abuse*.
21. Lyles A, Cohen L, Brown M (2009) Transforming communities to prevent child sexual abuse and exploitation: A primary preventive approach.
22. Berlin FS (1983) Sex offenders: A biomedical perspective and a status report on biomedical treatment. In J.G. Greer (Ed.). *The Sexual Aggressor: Current Perspectives on Treatment*, New York: Van Nostrand Reinhold 83-123.
23. Finkelhor D (1984) *Child Sexual Abuse: New Theory and Research*. New York: The Free Press.
24. Johnson C F (2004) child sexual abuse. *The lancet* 364: 462.
25. Saunders W B, Tindall B (1990) understanding and managing child sexual abuse. Harcourt Brace Jovanovich.
26. Scott MB, Lyman SM (1968) Paranoia, homosexuality, and game theory. *Journal of Health & Social Behavior* 9: 179-187.
27. *Violence Against Children* (2013) <http://www.sparcpk.org/sopc2012/chapter6.pdf>.

Copyright: ©2018 Zahra Salim Jessani. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.