

# Child sexual abuse: Need of discussion amongst mental health experts

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Child sexual abuse (CSA) is a social problem that is prevalent globally and has growing research interest and media attention. WHO defines CSA as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim".<sup>1</sup> The global prevalence of CSA as is said to be around 12%.<sup>2</sup> As per a meta-analysis of 55 studies from 24 countries from 2002 to 2009 the prevalence estimates of CSA ranges from about 8 to 31 % for girls and 3 to 17 % boys and boys.<sup>3</sup>

The children experiencing sexual abuse have various adverse consequences like deliberate self-harm behaviors including suicide, psychiatric disorders and physical health diagnoses such as HIV and obesity.<sup>4</sup> It might interfere with overall growth and development of a child. It is also linked to a number of maladaptive health behaviors that could result in poor mental, physical and social health outcomes immediately after the trauma as well as throughout the lifespan.<sup>5</sup> There is a definite relationship between CSA and psychological, behavioral, and sexual disorders. Hence, this should be considered as a general, nonspecific risk factor for psychopathology.<sup>6,7</sup>

A cross sectional study done in Nepal among 405 school going students reported the prevalence of CSA to be 15.8%.<sup>8</sup> Another study showed that children perceived only serious forms or rape as sexual abuse This was concluded from a study among 120 school going students. They were mostly ignorant that less serious types could also constitute a sexual abuse.<sup>9</sup> The awareness about CSA among the children is low as per the available evidence in Nepal.<sup>10</sup>

On a larger scale there is a need of public health approach with primary and secondary prevention models as the key. These interventions should focus on prevention of children from becoming victims of sexual abuse, help people who may be at risk of offending get appropriate treatment

which would save the criminal justice time and resources. Another focus should be decrease in the strain on the healthcare system by avoiding the many possible physical and mental health consequences of experiencing sexual abuse. One of the critical functions of prevention initiatives should be strengthening the protective factors that research has previously identified as significant to reducing the risk of CSA.<sup>11</sup>

Reforms in legal, educational and medical systems are imperative to manage and prevent CSA and its severe consequences. In Nepal, One Stop Crises Management Centre (OCMC) provides the necessary services for survivors of CSA that includes the provision of medical, psychological, legal and social services. The mental health experts are also an important member of this team approach.<sup>12</sup> Hence, it is imperative that we recognize not only its complexity but the sensitivity and the potential significance to the mental health outcomes. Considering the incidence of CSA and the emotional and behavioral consequences that it harbors for victims, all mental health professionals should receive training in the identification and dynamics of CSA.<sup>13</sup>

We as mental health expert often interact with victims during our professional work and we can play a key role in detection and reporting of CSA in contest of Nepal. There is a dire need of a culture specific contextualized guidelines for assessment and intervention for mental health experts at national level.

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