

Child Sexual Abuse and Violence

Child abuse and exploitation in the South-East Asia Region is largely under-reported or 'hidden'. It occurs in various forms and is deeply rooted in the cultural, economic and socio-cultural environment. Child abuse is common among girls as well as boys.

Definition of Child Abuse

“Child abuse or maltreatment constitutes all forms of physical and/or 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”.¹

Rape is a frequently reported type of abuse in the Region. Of the 5 738 cases of rape reported in Bangladesh from 1991 to 1996, almost 17 per cent of rape victims were minors.² In India of all rape cases in 1997, children alone accounted for 28.8 per cent.³ In Sri Lanka, a study among advanced secondary and university students reported that 12 per cent of girls had experienced sexual abuse as children, and that even more boys – about 20 per cent – said they had been abused.⁴ A report on injuries and deaths from assaults by the Epidemiology Division of the Ministry of Public Health, Thailand in 2002 has stated that sexual assaults of children under 10 years old was reported from every hospital in the surveillance system. Several cases of child rape reported from South-East Asia are attributed to the myth that intercourse with a virgin may be a cure for Sexually Transmitted Infections (STIs).⁵

Forms of child sexual violence

- A substantial amount of harsh punishment in the form of hitting, punching, kicking or beating occurs at home, in schools and other public institutions in many SEAR countries.
- In most places, boys are the victims of beatings and physical punishment more often than girls, while girls are at higher risk of infanticide, sexual abuse, educational and nutritional neglect and forced prostitution.⁶
- In India: data from Delhi show that in the first six months of 1994, nearly two out of three rape victims were children. Rape cases in the city have been on the rise since 1993. Figures indicate that out of a total of 321 victims, 197 were minors, of whom 35 were less than seven years old and 119 were between 12 and 16 years of age.



- Studies conducted by various NGOs and institutions in 1995 and 1997 respectively in Delhi revealed that more than half the girls surveyed had experienced sexual abuse by family members; 76% women across five cities in India admitted sexual abuse as children.
- In Maharashtra, India, it is alleged that 500 girls under 16 years of age were sexually abused and then photographed for blackmail.⁷
- In Nepal a survey conducted in 1996 on domestic violence found that 13 per cent of the respondents knew about at least one case of child sexual abuse.⁸
- In a sample survey of child sexual abuse in Bangladesh in 1997, half of the 150 persons interviewed admitted experiencing some form sexual abuse in childhood. The study findings also show that children as young as five years had been abused.⁹
- A study of injuries and deaths from assault in Thailand states that sexual assaults on children under 10 years old was reported from almost every hospital in 1998.¹⁰

Trafficking: According to the World Report on Violence and Health, the term trafficking encompasses the organized movement of people (usually women), between countries and even within countries for sex work. Such trafficking often includes coercing a migrant into a sexual act.¹¹ Trafficking may also involve “kidnapping, false imprisonment and rape” and is carried out using deception, coercion or force, abuse of authority, debt bondage and fraud.¹²

Health-related consequences of child sexual violence

Sexual violence has a profound impact on the physical, mental and social well being of victims. Apart from physical injuries such as bruises and welts, burns and scalds, lacerations and fractures, child maltreatment is associated with a number of other indications and negative health consequences, including:

- Psychological stress—bed-wetting, depression and anxiety, feeling dirty/damaged, post-traumatic stress disorder, suicidal thoughts/behaviour, and behavioural outcomes such as negative self-esteem, fear, anxiety, depression, suicidal behaviour, self-harm and psychosomatic complaints.
- Delinquent, violent and other risk-taking behaviours.
- Alcohol and drug abuse.
- Eating and sleep disorders.
- Gynaecological complications such as vaginal bleeding, chronic pelvic pain and urinary tract infections.
- Reproductive health problems including unwanted pregnancies, unsafe abortions, infections such as HIV/AIDS and Sexually Transmitted Infections (STIs).
- Foeticide, infanticide, sub-fertility.

Role of the health sector

Health service providers need to understand the context of abuse, identify signs of abuse and provide sensitive and empathic care. Often the nature of injury helps doctors in their surmise. Appropriate documentation of cases with confidentiality will strengthen the evidence base and help provide redress to the victims.

The health care system can help reduce the consequences of violence by providing services to the survivors, training to providers to detect cases of injury arising from sexual violence, counselling for abused children, appropriate treatment and referral. A range of approaches

including residential care, psychotherapy and community-based programmes have been found useful. The capacity of the health sector to manage abused survivors needs to be strengthened. This may be done through appropriate integration of child abuse issues into health services.

What the health sector can do...

“In Nepal, 30 physicians met in 1997 to discuss how they could improve management of domestic violence, incest and child rape – new topics for them to discuss together in an open forum”. These kinds of fora help build professional knowledge and promote action.

A Report from Myanmar (2002) states that the government of Myanmar does not treat victims of trafficking as criminals but ensures that they are given all necessary care and attention. Social health personnel provide rehabilitation and counselling services for victims of violence and trafficking.¹³



- 1 World Health Organization. *World report on violence and health*. Geneva; 2002. p.59.
- 2 Hayward, Ruth Finney. *Breaking the earthenware jar: lessons from South Asia to end violence against women and girls*. New York: UNICEF; 2000. p.83.
- 3 Ministry of Home Affairs, National Crime Records Bureau. *Crime in India 2000*. New Delhi; Government of India; 2002.
- 4 Hayward, Ruth Finney. *Breaking the earthenware jar: lessons from South Asia to end violence against women and girls*. New York: UNICEF; 2000.
- 5 Op. cit. Hayward, Ruth Finney. *Breaking the earthenware jar: lessons from South Asia to end violence against women and girls*. New York: UNICEF; 2000.
- 6 World Health Organization. *World report on violence and health: information kit, 2002*. Geneva, 2002.
- 7 UNICEF. *Child protection : Child trafficking – statistics*. New York ; 2003. Internet access dated April 18, 2003.
<http://www.unicef.org/programme/cprotection/focus/trafficking/stats.htm>
- 8 SAATHI. *A situational analysis of violence against women and girls in Nepal*. Kathmandu: 1997.
- 9 Hayward, Ruth Finney. *Breaking the earthenware jar: lessons from South Asia to end violence against women and girls*. UNICEF, 2000.
- 10 Santikarn, Chamaiparn and Rujvapat, Vanussanun. *The injuries and deaths from assaults in Thailand*. Bangkok: Ministry of Public Health, Epidemiology Division; 2001. [Full report in Thai with English executive summary].
- 11 World Health Organization. *World report on violence and health*. Geneva; 2002. p.150.
- 12 UNIFEM. *Violence against women around the world: everyday acts, innovative solutions*. Internet access dated August 28, 2002. <http://www.unifem.undp.org/campaign/violence/mediafac.htm>
- 13 Ministry of Health. Department of Health. *Public health response to violence prevention and trafficking in women and children in Myanmar*. Yangon; Government of Myanmar; 2002 (unpublished).