



Child sexual abuse in context with India

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Abstract

Child sexual abuse (CSA) is a serious and pervasive social malady in India as it is in many areas of the world today. CSA can contribute to abnormal and arrested development, and a wide array of psychological and emotional disorders, that some children and adolescents may experience for a lifetime. In India as in other countries, intra-familial sexual abuse often goes unreported. When this occurs and children are not given the protective and therapeutic assistance they need, they are left to suffer and struggle on their own. This article discusses the nature and incidence of child abuse and neglect in India from an anthropological perspective, with an emphasis on the sexual abuse of children and youth. Current research findings pertaining to CSA in India are presented, and the socio-cultural and familial factors that put children and youth at risk for CSA are examined. The importance of neighborhood and community investment and involvement in the prevention of CSA is also highlighted.

Keywords: CSA, social malady, depression, anxiety

Introduction

Child sexual abuse (CSA) in India is a widespread phenomenon that occurs both within and beyond the family system ^[1]. The potential negative effects of CSA on children are many and may continue throughout the lifespan ^[2]. Research has documented that child sexual abuse (CSA) may interfere with human growth and development³ and place children at risk for a wide array of mental and emotional disorders. These disorders may include anxiety (e.g., panic disorder, OCD and PTSD), depression, anger, cognitive distortions, posttraumatic stress, dissociation, identity disturbance; affect deregulation, interpersonal problems, substance abuse, self-mutilation, bulimia, unsafe or dysfunctional sexual behavior, somatization, and aggression, suicidality, and personality disorders ^[4]. Some common consequences for adult survivors of CSA include: mental health problems (e.g. depression, anxiety, substance abuse, and posttraumatic stress), relational challenges (e.g. sexual health, intimacy, and increased risk for sexual assault and domestic violence), and spiritual concerns (e.g., shattered assumptions about life, people, and self, and changing belief systems following the trauma) ^[5]. However, research has shown that some adult survivors of CSA are able to overcome the effects of their abuse and demonstrate resiliency and posttraumatic growth ^[6].

This paper explores the nature and incidence of child sexual abuse (CSA) in India from an anthropological perspective and

summarizes the research findings on CSA to date. Community based and socio-cultural factors that place children, youth and families at risk for sexual abuse are carefully examined from within the framework of the anthropological literature. Finally, the importance of social supports for children and families, along with capacity building and community efficacy, are strongly emphasized.

Definition and key terms

- Child sexual abuse (CSA) is defined by the Keeping Children and Families Safe Act of 2003 and involves : (a) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or (b) the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.
- Child sexual exploitation includes ownership, production, and supply of sexually explicit images of children; using the Internet to lure children into sexual acts; prostitution of children; and child molestation.
- Trauma is an individual's response to a devastating event or series of events and has been described as "the realization of one's worst fears, the experiences that every human being would never want to have" ^[7].
- Sexual Assault includes any attempted or competed sexual acts with a child or adult who is coerced or forced to engage against their volition. This includes forcible sex offenses such as rape and sodomy.

¹ Carson, Foster, and Tripathi, 2013

² Deb 2006, 2009; Deb and Mukherjee, 2009; Kacker and Kumar, 2008; Priyabadini 2007

³ Cicchetti and Toth, 2006; Foster, 2011; Goodman, Quas and Ogle, 2010

⁴ Briere and Lanktree, 2008; Deb and Mukherjee, 2009, 2011; Foster and Carson, 2013; Goodyear-Brown, 2011; Priyabadini, 2007; Tomlinson, 2008

⁵ Chawla, 2004; Davidson, Shannon, Mulholland and Campbell, 2009; Deb and Sen, 2005

⁶ Wright, Crawford and Sebastian, 2007

⁷ Klemperer, 2000: 77

Prevalence of child sexual abuse in India

Children under the age of 18 contribute to 44.4% of India's current population, half of which are not provided with basic education, nutrition, and health (Indian National Family Health Survey 2005-2006). Furthermore, India's vast population of children is susceptible to various forms of child maltreatment^[8]. Specifically, the problem of child sexual abuse (CSA) extends into India's early history and is considered a deep-rooted societal concern^[9]. The heightened public awareness of child sex trafficking has become an important human rights issue for policy makers.

Although CSA is a major concern in India, there is an inadequate amount of research that has specially examined CSA in Indian children and the relevant cultural factors. The few existing studies indicate crimes against children in India (as in other parts of the world), are vastly underreported. Current estimates assert that between 18% and 50% of the country's children have experienced some form of CSA^[10]. Girls report higher incidences of CSA; whereas, boys report more physical and psychological abuse^[11]. In one study that utilized in-depth interviews, 30% of men and 40% of women reported childhood sexual molestation which included genital contact (Iravani, 2011). Half of the perpetrators were family members, and in 80% of the cases other family members had knowledge of the abuse. Iravani (2011: 151) concluded that: These experiences of seduction are not just pieced together from fragmentary memories, but are remembered in detail, are usually for an extended period of time and have been confirmed by follow-up reliability studies in 83% of the cases, so they are unlikely to have been fantasies. The seductions occurred at much earlier ages than had been previously assumed, with 81% occurring before puberty and an astonishing 42% under age 7.

The statistics above are conservative as many children do not disclose their abuse^[12], and those who do may not be protected or believed. Thus, there is general agreement that child maltreatment, including CSA, is much more widespread than what is commonly reported or recognized^[13].

Child Maltreatment and Child Sexual Abuse from an Anthropological Perspective: Implications for India

Child Maltreatment and Sexual Abuse from an Anthropological Perspective: Implications for India.

Scientific interest in child abuse and neglect (CAN) in an international context dates back at least 50 years to the early work of C. Henry Kempe^[14]. Kempe was one of the first physicians and researchers to call attention to child sexual abuse (CSA) as a serious medical, developmental, and social problem. In addition, he was a pioneer in emphasizing the importance of investigating CAN from a cross-cultural and international perspective^[15]. The issue of CSA was

emphasized in his famous 1977 C. Anderson Aldrich Lecture, "Sexual Abuse: Another Hidden Pediatric Problem"^[16]. Since that time interest in CSA both practically and scientifically has expanded exponentially^[17], including the investigation of CSA from an anthropological perspective^[18]. Korbin and Krugman's Handbook of Child Maltreatment^[19] further examines the issue of CAN (including child sexual abuse) from a broader international and cross-cultural human development viewpoint, with its goal to assess what remains to be known to make progress in helping abused children, their families, and their communities. As Korbin (2002, 2013) reminds us, efforts continue to need to be made to 'unpack' culture in relation to CAN in general and CSA in particular, to promote understanding culture in context, and to enhance research on child maltreatment and culture.

Although the anthropological research on CAN and CSA is diverse, there are several major themes which stand out in the literature in relation to the maltreatment of children in general and the sexual abuse of children in particular. These include the following:

1. Cross-cultural variability in child rearing beliefs and behaviors, and the roles and values attributed to children in various cultures;
2. The higher incidence of CAN and CSA in disadvantaged neighborhoods and communities;
3. The differences in incest taboos cross-culturally, and non-volitional sexual practices in various cultures; and
4. Child sexual abuse as associated with various forms of violence within and across cultures.

Child Rearing Beliefs and Behaviors

Variance in what parents and caregivers in various cultures believe about children and how they rear them suggests an absence of universal standards for optimal child care, as well as specific criteria for different kinds of child abuse and neglect. According to Korbin (1987, 1991), culturally appropriate definitions of child maltreatment can be conceptualized across three levels: Cultural differences in rearing practices and beliefs; idiosyncratic departure from a continuum of acceptable behavior; and societal harm to children. Korbin notes that the maltreatment of children is generally less likely in cultures in which children are highly valued for economic utility, for perpetuating family lines and the cultural heritage, and as sources of emotional satisfaction. Given these criteria, India should have a low rate of child abuse and neglect; however, as described earlier this does not seem to be the case, including with regard to child sexual abuse. This may be in part because of certain socio-cultural factors (i.e. poverty; multiple care-giving of children; blurred family roles and boundaries across generations; social isolation; etc.) that mediate or perhaps override the potentially protective influences of placing a high value on children. Moreover, even viewing children as sources of emotional satisfaction can be a double-edged sword. If, for example, parents look to their children to meet emotional needs that

⁸ Carson *et al.*, 2013; Chawla, 2004; Deb, 2005, 2009; Priyabadini, 2007

⁹ Deb, 2002, 2009; Deb and Mukherjee, 2009; Iravani, 2011

¹⁰ Chatterjee *et al.*, 2006; Chawla, 2004; Deb, 2006, 2009; Deb and Mukherjee, 2009; Deb and Walsh, 2012

¹¹ Deb and Walsh, 2012

¹² Deb, 2005, 2009, 2011; Deb and Mukherjee, 2009

¹³ Chawla, 2004; Deb and Mukherjee, 2009

¹⁴ Krugman and Korbin 2013

¹⁵ Kempe, 2013

¹⁶ *Ibid*

¹⁷ Krugman, 2013; Mrazek, 2013

¹⁸ Jones, 2013; Korbin, 1987, 2013; Oates, 2013

¹⁹ Korbin and Krugman, 2013

children cannot or should not meet, healthy care-giving behavior can quickly become unhealthy and even exploitative and abusive.

In addition, the child-rearing practices of parents and other caregivers may be related to CAN in that, for example, indifferent parents may be more likely to neglect their child's basic physical and emotional needs, and those who are more authoritarian oriented are more likely to view children as their property rather than as youthful beings in need of parents' love, care and protection. Moreover, indulgent parents may not provide the boundaries and protection that children need both within and beyond the family system. All of these parenting styles²⁰, as opposed to a more authoritative style (firmness and follow through of discipline balanced with choice and flexibility), place children at greater risk, including for various forms of abuse and neglect.

Finally, it is important to remember that many child-rearing practices in the West would be viewed as abusive from the vantage point of other cultures²¹; for example, spanking and other forms of physical punishment as accepted forms of discipline. Culturally oriented beliefs about children's value, purpose, and role (e.g., in needs versus rights based cultures), as well as what is 'best for them', may help set the conditions for various forms of CAN. When children are seen as the property of parents and perhaps inferior to adults, greater vulnerability may be created for all types of abuse, including child sexual abuse. Of course, at the same time family and social networks can mitigate the potential for maltreatment of vulnerable, undervalued and disvalued children.

Child abuse and neglect in disadvantaged neighborhoods and communities.

Coulton, Crampton, Irwin, Spilsbury and Korbin (2007) reviewed the literature on the relationships between neighborhoods and child maltreatment methodologically, these investigators conducted a search of electronic databases and a survey of experts yielded a list of 25 studies on the influence of geographically defined neighborhoods on child maltreatment.

According to these investigators, numerous studies demonstrate that child maltreatment cases are concentrated in disadvantaged areas, and that a number of socio-economic characteristics of neighborhoods have been shown to correlate with child maltreatment rates as measured by official reports to child protective service agencies. However, across cultures the issue here may be one of reported cases rather than actual incidences of various forms of CAN, including CSA. Poor and low income families are more likely to be known by social/human service agencies (including child protective services) for reasons linked to economic disadvantage, low quality living conditions and schools, crime, and child neglect. Therefore, Coulton *et al.*, (2007) emphasize that the processes which link neighborhood conditions to either maltreatment reports or parenting behaviors are not yet confirmed by the research literature. In addition, selection bias, neighborhood definitions and spatial influences are largely uncontrolled in the existing research.

Therefore, whereas incidences of physical abuse and neglect of children may lean in favor of economically disadvantaged neighborhoods and communities, whether child sexual abuse rates are actually higher in disadvantaged neighborhoods and communities has not been established. The preponderance of literature on CSA internationally suggests that this phenomenon is partial to no socio-economic boundaries²². On the other hand, emotionally less connected and more socially isolated families of any socio-economic level in communities place children at greater risk for a variety of social ills, including various forms of child abuse and neglect that may also involve CSA. Family secrets are easier to maintain within socially isolated families, and as will be seen, this is one factor in India that may place children at higher risk for CSA²³.

In addition to social and economic disadvantage that may be involved in CAN, other major factors may include family disruption, substance abuse and stress; lack of moral and family values, and individual pathology²⁴. Children in modern day Indian families may be at greater risk for CAN because of rapid increases in family and inter-generational conflict, upward mobility of an educated middle class which often separates families geographically, and a gradual loosening of extended family ties²⁵. Children also become more vulnerable as incidences of substance abuse and other types of addictions, adolescent and adult mental illness, and childhood behavior disorders become more prevalent²⁶.

There is also empirical evidence in the anthropological literature on CAN that there is a strong association between social isolation and child maltreatment. For example, in a cross-cultural study of both abusive and non-abusive Spanish and Columbian families, differences between both cultures were found in the pattern of community social support for the non-abusive groups²⁷; however, the relationships between community social support and child maltreatment were similar cross-culturally. The results indicated that in both cultures abusive parents showed lower levels of community integration, participation in community social activities, and use of formal and informal organizations than the parents that provided adequate care. According to these investigators, these findings largely support the literature that has repeatedly reported a link between social isolation and child maltreatment. Given the potentially strong relationship between the social isolation of families and their ability to keep family secrets that may involve incest and other forms of child sexual abuse, social isolation and emotional disconnectedness from others remain key factors. As Colton *et al.* [28] remind us, neighborhood-based strategies to prevent and reduce child maltreatment will be enhanced by research that provides a better understanding of how neighborhood conditions, including isolation, act as stressors or supports for families at risk of child maltreatment.

²² Goodyear-Brown, 2011

²³ Baradha, 2006; Choudhury, 2006

²⁴ Korbin, Coulton, Lindstrom-Ufuti, and Spilsbury 2000

²⁵ Patnaik, 2007; Priyabadini, 2007

²⁶ Baradha, 2006; Chowdhury and Patnaik, 2007; Carson, Jain and Ramirez 2009

²⁷ Gracia and Musitu, 2003

²⁸ 2007

²⁰ As Yamuna (2006) and Choudhury and Chowdhury (2007) note

²¹ Korbin, 1987, 2003

Overview of child sexual abuse in India

Socio-Cultural and Family Factors Involved in Child Sexual Abuse

There are numerous, large-scale obstacles to addressing child abuse and neglect (CAN) in India. Poverty is a major factor which impedes families' ability to provide adequate shelter, medical care, and nutrition for their children, which at times results in child abandonment. Poverty also negatively influences access to education which results in low literacy rates. Incidents of CAN, including CSA, are often underreported, which is in part due to the fact that most child maltreatment is committed by family members^[29]. Another factor related to low reported rates of CAN is due to cultural beliefs related to parental rights. The beliefs that children do not have rights and are their parents' personal property are prevalent^[30]. Moreover, children may be blamed for "causing" their parents to abuse them, and in some cases of sexual abuse, "enticing" the parent or adult who abused them³¹; hence, the classic 'blaming the victim'. Additionally, if children disclose their abuse, their accounts may be discredited as the testimonies of adults often override those of children. Finally, female children are especially vulnerable to abuse and less likely to receive education, nutrition, and medical care due to their lower social status and in some families' treatment as a burden^[32].

Another cultural norm in India that prevents disclosure of and intervention into CAN, including child sexual abuse, is the practice of family secrecy. Sharing private family matters is taboo, and the family's business is expected to be dealt with privately by the family^[33]. To avoid shame, families must protect their reputation and standing within the community^[34]. Children's identities are rooted in the family's identity; thus anything that would jeopardize their family's name is kept hidden at times even from other family members^[35]. Secrecy about CSA protects perpetrators instead of children and allows the abuse to continue^[36]. Failure of parents or caregivers to believe and act to protect children is devastating for child victims. It increases their level of distress and prevents children from receiving the mental health treatment they may desperately need^[37].

Despite the above challenges, the protection of children from maltreatment falls on the shoulders of India's families and communities and must be made a priority of the government at all sectors^[38]. These authors assert that in the patriarchal system, children have few rights, and although the Constitution of India includes children's rights, it emphasizes mainly the need based rights of children. Laws that prohibit child maltreatment need to be enforced and perpetrators held responsible through prosecution. "With an increasing incidence of child abuse, India needs both legislation and

large scale interventions to address this problem^[39]. Such interventions must include information about child sexual abuse and other forms of abuse and neglect that can be disseminated in schools and throughout communities^[40].

Key studies of child sexual abuse in India

This section provides a review of major findings from five recent investigations of child sexual abuse in India which are presented in chronological order. The first study conducted by Pagare (2003) investigated the maltreatment histories of 72 boys in an Observation Home in Delhi, which is 1 of over 700 juvenile justice homes in India. In the study, 38.1% of the boys disclosed a history of sexual abuse, with most perpetrators unknown to the victims. Signs of physical abuse were observed in 23.8% of the sample, and behavioral and emotional challenges were evident in 16.3% of the boys. The relatively few symptoms noted might be explained by boys' efforts to conceal their symptoms to avoid the stigma and social ostracism that can be experienced by male victims.

The second study, conducted by Chatterjee, Chakraborty, Srivastava, and Deb (2006) in Kolkata examined characteristics of sexually trafficked children. The authors stated that these children experienced a host of mental, physical, and social challenges. Specifically, depression, loss of interest in daily living, and loneliness were noted. Furthermore, 14.6% of the children in the study had HIV/AIDS. Many children faced rejection by their family members and communities. Previous research has documented that due to the lack of adequate medical and mental health care; many children do not receive treatment and thus experience the long term ramifications of severe psychological trauma, which can impact multiple domains^[41].

The third study, the national Study on Child Abuse India 2007⁴², was supported by the Government of India and initiated so that a more accurate and comprehensive understanding of child abuse and neglect could be gained. Various forms of abuse, including child sexual abuse, were examined in two states from each of the major geographic regions of India (North, South, East, West, Central and Northeast, as well as the city of Mumbai). The study included children (5-18 years) and young adults (18-24 years). This report provides a great deal of specific descriptive information about various forms and expressions of sexual abuse among children and youth in India^[43].

Eight significant findings about child abuse and neglect emerged from the Study on Child Abuse in India.

1. To start, the youngest children in the sample (ages 5 to 12) reported the highest levels of abuse;
2. There was no differences in incidence of physical abuse in boys compared to girls;
3. Persons who committed sexual abuse were frequently trusted individuals who held positions of authority;
4. 70% of victims of CSA never disclosed their abuse;
5. Nearly half (53.2%) of the sample had experienced CSA;

²⁹ Deb, 2005; Deb and Mukherjee, 2009; Virani, 2000

³⁰ Deb, 2009; Deb and Mukherjee, 2009; Segal, 1995

³¹ Baradha, 2006; Priyabadini, 2007

³² Chawla, 2004; Deb, 2006; Deb and Mukherjee, 2009; India Country Report on Violence against Children, 2005

³³ Choudhury, 2006

³⁴ Baradha, 2006; Choudhury, 2006

³⁵ Patnaik, 2007; Priyabadini, 2007

³⁶ Baradha, 2006; Patnaik, 2007

³⁷ Priyabadini, 2007

³⁸ Kacker and Kumar 2008

³⁹ Kacker and Kumar, 2008: 98

⁴⁰ Deb and Mukherjee, 2009; Priyabadini, 2007

⁴¹ (Deb and Sen, 2005)

⁴² Kacker, Varadan, and Kumar 2007; Kacker and Kumar 2008

⁴³ Kacker, Varandan, and Kumar 2007: 71-102

6. 20% of the children had experienced what was termed severe CSA;
7. The most vulnerable children for CSA included street children, working children, and children in institutional care; and
8. Andhra Pradesh, Assam, Bihar and Delhi reported the highest incidences of CSA overall. The findings are important as they may lead to “the formulation of appropriate policies and programs meant to effectively curb and control the problem of child abuse”^[44].

The fourth study investigated the experiences of sexually abused girls and their families in Western Madhya Pradesh^[45]. The researchers reported that the reactions of the girls' families to the discovery of CSA often caused re-traumatization and hindered their healing process. Many families, wanting to avoid the stigma of sexual abuse, forced the girls to remain silent about their experiences. Furthermore, girls were expected to deny their need for medical or mental health services. Even if legal actions were taken against the perpetrators by law enforcement, families still expected their daughters to forgive the offender and “forget” the abuse. Yet, according to Sahay, the girls in the study felt it was impossible to “forgive and forget”. This study highlighted the complex familial and social factors that influence the well-being and healing process of female victims of child sexual abuse.

The fifth and final study conducted^[46] examined the psychological, social and emotional adjustment of 120 sexually abused girls (ages 13-18) in Kolkata, West Bengal who were living in either Observation or Rehabilitation Homes. Of the girls in the study, 93% were from families living in rural poverty with little education. The majority (73.3%) of the girls left their homes believing they were going to be married or provided with a job, only to be sold as sexual slaves (also referred to as child sex workers, prostitutes, bar girls, dancers). More than half of the sample had been sexually assaulted by strangers, and one-third reported sexual abuse by their families. Only two girls in the study reported their sexual abuse to law enforcement, which resulted in no protection or conviction of the perpetrators. The experience of abuse correlated with violence in the home, substance abuse, and maternal employment status (not working). Over half of the girls no longer had communication with their families. Many of the girls' families wanted them to return home upon finding them, yet the majority of girls stated that they did not want to return home. Mental health inventories indicated high levels of depression and anxiety as well as low self-esteem in the sample. Yet, many of the girls believed that counseling was helpful. The authors asserted that every rehabilitation and observation home necessitates counselors with specialized training in childhood trauma, including sexual abuse. Additionally, programs must provide children with tools needed for a successful future including vocational and social skills training.

Child sexual abuse in India

The aforementioned studies have identified the prevalence of CSA in India as well as the immediate need for effective interventions for youth. With 18% to 50% of the children experiencing interfamilial or stranger-initiated sexual abuse^[47], a significant number of India's children are at-risk for sexual trauma or already suffering the negative ramifications of abuse. Based on the examination of the literature, several tentative recommendations can be made to improve CSA prevention and intervention efforts in India. Although some cultural differences exist, many of the following suggestions parallel those with regard to sexual abuse in the United States^[48].

First, sexual abuse does not necessarily occur in isolation and may include other forms of child maltreatment. Second, although girls have higher prevalence rates of CSA and may be unprotected by their family members, boys are also victims of sexual abuse and may experience significant difficulty disclosing their experiences due to feelings of shame. Third, some studies have noted the correlation between sexual abuse and poverty, yet CSA occurs in families of all socio-economic levels, and social isolation may be an even greater risk factor. Fourth, studies indicate that many victims of CSA are traumatized by their experiences and may suffer both short and long term ramifications of their abuse. Fifth, while abuse experiences have numerous negative consequences for children, counseling is frequently effective in helping children reduce their trauma related symptoms and improve their well-being. Sixth, family secrecy about CSA is harmful to victims, and adults must be mandated to properly report sexual abuse. Seventh, prevention initiatives that include education about child maltreatment must occur on multiple levels (family, community, state, and national) and the rights of children made a priority by the government and individual citizens. Further, laws need to be improved to protect children and hold offenders accountable. Justice for victims of child sexual abuse and other forms of maltreatment will send a powerful message in Indian society and will lead to cultural change. Lastly, government organizations and NGO's must make both intervention and prevention services a priority and supports them through adequate funding.

In sum, it is important to consider the cultural context and unique challenges (poverty, crowding, poor living conditions, children residing in the street, and some lack of enforcement of child labor laws) related to CSA and the protection of children in India. Further research is needed to investigate the reported variations in CSA prevalence rates across states and regions in India. Understanding risk factors such as poverty, living environment (city or rural), and family dynamics is an important part of strategically delivering education about CSA and reducing the occurrence of child victimization.

Conclusion

According to Korbin (1994) and Korbin and Coulton (1996),

⁴⁴ Kacker and Kumar, 2008: 98

⁴⁵ Sahay, 2010

⁴⁶ Deb and Mukherjee (2011)

⁴⁷ Chatterjee *et al.*, 2006; Chawla, 2004; Deb, 2006, 2009; Deb and Mukherjee 2009

⁴⁸ see Crossen-Tower, 2009; Finkelhor, 2008.

the capacity of communities to prevent violence, including various forms of child maltreatment, is contingent upon the protective factors of community social control and collective efficacy. However, these investigators argue that strong interpersonal ties are not the only contributor to collective efficacy and violence prevention. Ties outside the community, including organizational ties, are also critical. Violence and child abuse prevention programs should be structured in ways that contribute to the community's own capacity to prevent these social ills. In addition, widespread public education programs concerned with various forms of child sexual abuse and exploitation need to be at the forefront of both governmental and NGO efforts. Community awareness must also be generated at the community level, with local citizens, families and schools taking ownership in playing a major role in education and prevention efforts.

Baradha ^[49] discusses some steps toward lowering and preventing sexual abuse of any kind in India, including the abuse of children. Some methods that might help lower the occurrence of sexual abuse include.

- Moral and sex education should be made compulsory in schools and colleges.
- Pornographic literature and blue films should be banned.
- Sexual predators should be treated using psychological or medical techniques.
- Separate tribunals/courts should be constituted specifically for cases of sexual abuse. Penalties should be severe to discourage those who might be contemplating such an act.
- Awareness of sexual abuse could be created through mass media.
- School officials could learn about signs and symptoms of childhood sexual abuse for identification purposes. Further, specific action in reporting such cases should be outlined.

Baradha (2007) concludes by emphasizing the importance of parental awareness and education regarding all types of sexual abuse in both urban and rural communities.

Finally, it is also important to consider the importance of sociocultural factors in the development of successful neighborhood-based child protection strategies ^[50]. Korbin (1994) ^[51] notes that the challenge of incorporating culture into child protection involves both the accommodation of cultural diversity while assuring equitable standards of care and protection for all children. Neighborhood-based strategies to reduce and prevent child maltreatment will be enhanced by research that provides a better understanding of how neighborhood conditions act as stressors or supports for families at risk of child maltreatment (Coulton *et al.*, 2007). There is also some empirical evidence that residents in neighborhoods and communities are optimistic that they can prevent child maltreatment more effectively than local, state, and national governments ^[52]. Furthermore, there is often less certainty about what various local and government agencies

can or should do. According to these researchers, while reporting of child maltreatment is an important responsibility that can prevent serious harm and even death, neighborhood residents in their study believed that this responsibility included the potential of retaliation from neighborhood adults and children. Although citizens should never take the law into their own hands, fear of legal repercussions, and family and social incrimination or embarrassment, may play an important role in reducing and preventing child sexual abuse. Since economic and social conditions are inextricably bound together, child maltreatment prevention programs must be embedded within comprehensive efforts to strengthen families and communities ^[53]. In addition, the presence of social networks and supports in the lives of children and families is a crucial factor in child well-being and the prevention of all forms of child abuse ^[54]. Healthy aspects of social control, social cohesion, social resources and social supports are central to capacity building and collective efficacy -- all of which have a positive impact on the wellbeing of children and youth.

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⁴⁹ 2007: 210

⁵⁰ Korbin, 1994

⁵¹ Ibid

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