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REVIEW PAPER

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Sexual abuse problems among adolescents and major remedial actions

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Abstract

Over the past two decades, there has been increasing recognition that runaway and homeless youth (RHY) constitute a vulnerable population that faces a multitude of problems while away from home and, often, difficulties of equal magnitude in the homes they have left. Many of these youth are thought to have been victimized by sexual abuse and to have left home as a means of escaping abusive families. Although risky behaviors are now well documented, relatively little is known about the scope and prevalence of sexual abuse among the families of origin of RHY, the extent to which such abuse may exceed that of comparable youth in the general population, and the role that sexual abuse plays in the youth's decision to leave home. The overall purpose of the study was to begin to delineate the scope of the problem, to stimulate further discussion, and to make recommendations concerning research and policy. This report presents the results of each of these initiatives, synthesizes findings, and presents recommendations**.** The directed study aims to look into the issues related to sexual abuse in adolescents and recommend remedial and preventive measures.

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Introduction

Adolescent is a stage of development transition i.e. a bridge between childhood and adulthood. It is a progress from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity. It is the stage of development of adult mental process and adult identity and transition from total socio-economic dependent to relative independent. The World Health Organization (WHO) defines in 1996, adolescence as the period of life between ages 10 and 19 years.

Adolescent is a distinct group in the society, clearly different from the children and the adults. This stage develops gradually without proper attention, especially in the developing countries. International conference on population and development (ICPD) held in Cairo in 1994, recognized the fact that the adolescents are a particular vulnerable group and need special health care. Care of the reproductive organs lays the foundation for the world's demographic future (Bangladesh Bureau of Statistics, 2000).

Adolescents are those who are not longer children and not yet adult and pass a period of rapid development, acquiring new capacities and facing new situations that presents opportunities for progress and risk to health and well being. The health program in Bangladesh is targeted primarily to children, women and adults - not to adolescents. Until now very little effort has been directed towards adolescent health. The female adolescents are the future mothers and they are so far identified as the vulnerable group of population. They need information about physiological conditions and about how to stay healthy. Important aspects are family welfare, reproductive health including menstruation, hygienic practices during menstruation to prepare the girl for the future (Chowdhury *et al.*, 1997).

Adolescence is particularly a significant stage in human development, which profoundly influences a person's future. Today's adolescent girl is the mother of tomorrow and adolescent girls have to experience the reproductive health in near future. So, clear and correct knowledge of adolescent girls on reproductive health will help them to maintain a good and sound reproductive health in future (Sultana *et al.*, 2001).
Sexual abuse or violence against children and adolescents is defined as a situation in which children or adolescents are used for the sexual pleasure of an adult or older adolescent, (legally responsible for them or who has some family relationship, either current or previous), which ranges from petting, fondling of genitalia, breasts or anus, sexual exploitation, voyeurism, pornography, exhibitionism, to the sexual intercourse itself, with or without penetration. There is a presumption that children younger than 14 years are unable to give informed consent. Cases of sexual abuse of children and adolescents are usually unsuspected and difficult to confirm, and are committed by people who are often closely related to the victims and over whom they have some kind of power or dependence. It is not always characterized by apparent physical violence and may present different forms and levels of severity, which greatly hinders the chances of reporting by the victim and diagnostic confirmation by medical-legal examination. The psychological effects of sexual abuse may be devastating and its consequences persist into adulthood (Pfeiffer *et al.*, 2005).

The United Nations Convention on the Rights of the Child (commonly abbreviated as the CRC, CROC, or UNCRC) is a human rights treaty setting out the civil, political, economic, social, and cultural rights of children. The Convention generally defines a child as any human being under the age of eighteen, unless an earlier age of majority is recognized by a country's law (UNICEF, 2010).

- For the purposes of the Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. Sexual exploitation is more common among adolescents and mostly Children engaged CSWs in many countries.

- Mexico's social service agency reports that there are more than 16,000 children engaged in prostitution, with tourist destinations being among those areas with the highest number.
- Children from children's homes, some 10 to 12 years old, have been used to make pornographic movies.
- Girls as young as 13 (mainly from Asia and Eastern Europe) are trafficked as "mail-order brides." In most cases these girls and women are powerless and isolated and at great risk of violence.
- Large numbers of children are being trafficked in West and Central Africa, mainly for domestic work but also for sexual exploitation and to work in shops or on farms.
- Trafficking is a violation of fundamental rights
- Trafficking in children is a global problem
- 1.2 million Children being trafficked every year.
- Demand for trafficked children as cheap labour or for sexual exploitation (UNICEF, 2010).

The perpetrators of child maltreatment may be: parents and family members**,** caregivers**,** friends, acquaintances, strangers, authority –teachers, soldiers, police officers clergy; employers; health care workers, other children.

Bangladesh perspective

Over the last decade or so, there has been an increasing interest in adolescents throughout the world. In Bangladesh the idea is comparatively new. Adolescents and youth in Bangladesh are particularly vulnerable to health risks, especially in the area of reproductive health. This is due to their lack of access to information and services and societal pressure to perform as adults notwithstanding the physical, mental, and emotional changes they are undergoing. The current information and services that are available are not specific to adolescents, and the quality of such information and services is often poor or inappropriate for this age group**.**

The adolescent population of Bangladesh has a generally poor understanding of sexual and reproductive health. This is associated with early marriage, adolescent pregnancy and the increasing occurrence of high-risk sexual practices. Findings of ICDDRB study showed that adolescents desired to have reproductive health information and easy-tore and information materials, which were the most preferred sources. A school-based intervention was undertaken to improve knowledge about reproduction, fertility, and contraception among adolescents in Bangladesh. The objective of the study was to determine the effectiveness of school-based intervention which combined community sensitization with the distribution of three booklets addressing 1) puberty, 2) fertility and family planning, and 3) STDs/AIDS.

In Bangladesh, adolescents represent over 20% of the total population. Two of the leading adolescent health concerns in Bangladesh are early fertility and the emergence of the HIV/AIDS epidemic. Age-specific fertility is high among adolescents aged 15-19 years, i.e. 144 births per 1,000 females. Forty-seven percent of females aged 15-19 years are currently married. By the end of their teenage years, 35% of females will have begun childbearing (Terry-Humen *et al*., 2002). The social context of Bangladesh disregards sexual relationships outside marriage, and this leaves the impression that premarital sexual relationships are uncommon among adolescents in Bangladesh. Information about premarital sex is limited. However, a survey, By the Population Council, Bangladesh suggests that this assumption is incorrect. The survey showed that 88% of unmarried urban boys and 35% of

unmarried urban girls had engaged in sexual activity by the age of 18 years. By this age, a smaller, but important proportion of unmarried boys and girls living in rural areas also reported (Chowdhury *et al*., 1997) having engaged in sexual activity (38% and 6%respectively). It has also been estimated that 55% of patients seen for sexually transmitted infections (STIs) are aged less than 24 years.

The recent surveys conducted by the ICDDR,B: Centre for Health and Population

Research and other organizations in Bangladesh among adolescents have consistently documented their generally poor knowledge of sexual and reproductive health. Furthermore, what is 'known' is often incorrect and derived through communication with friends who are equally not knowledgeable .A 'needs assessment' study carried out by ICDDR,B has also documented that adolescents in Bangladesh rarely discuss sexual and reproductive issues neither with their parents nor with their teachers. This study explored whether adolescents desired to have reproductive health information and from what source they preferred to have this information. Findings of the study showed that easy-to-read information materials were the most preferred sources. This study also found that there exist widely-varied opinions among parents, teachers, and decision-makers about the desirability of providing adolescents with sexual and reproductive health information (UNICEF, 2010).

Our culture demands that children mature from an egocentric to a socio-centric focus. They are expected to participate in school, become involved in the community, and develop relationships outside their families. This is a challenging process even for the average young person; living with abuse makes the process incredibly difficult. During adolescence, youth are growing and changing in a range of ways that are affected by sexual abuse (Friedrich, 1995).

Children in Bangladesh are vulnerable to being trafficked into bonded labour or brothels; being sexually abused in the home, the workplace, community and at school; and being sexually exploited. Child sexual abuse, exploitation and trafficking remain largely taboo in Bangladesh society. Because of this, there is little reliable quantitative data. Gaining qualitative data is also challenging because of the shame and culture of silence associated with abuse. A major underlying issue behind child sexual abuse, exploitation and trafficking is that children are often unaware of their legal rights, or are made to feel they cannot exercise those rights. In general, the rights and desires of children are often overlooked, particularly for the most vulnerable groups, such as adolescent girls (Friedrich, 1995). Inequality is another critical issue. Often disabled children and girls are more vulnerable. Isolated or impoverished regions are also more attractive to gangs of traffickers because it is both harder for parents to seek law enforcement but also easier to sell the idea of "lucrative jobs" to impoverished parents. In general, services for exploited or abused children are scarce, but it is even more so in these areas. Children who have a lack of economic opportunities and poor education are also more at risk of being trafficked, abused or exploited.

Global perspective

This section focuses on the effects of changes in the composition of sexual abuse among adolescents. United Nations estimated in 1995 that among 914 million adolescents in the developing world, about one-fifth of the total population of which 19% live in Asia. Bangladesh has nearly 27 million adolescents among which 13.7 million are girls (Terry-Humen *et al*., 2002). Many studies of sexual abuse among RHY have reported prevalence rates. As indicated earlier, however, it is difficult to synthesize the results of these studies in a meaningful way because of their heterogeneity of focus, methods, and instrumentation. For example, some studies reported a combined

prevalence for females and males, whereas others disaggregated rates by gender. Some studies reported experiences of sexual abuse only; others reported a combination of sexual, physical, and emotional abuse.

Although sexual abuse is a traumatic event that appears to be related to leaving home, not every adolescent who was sexually abused identified abuse as the reason for leaving home. Estimates of youth reporting this reason for leaving home vary across studies, ranging from 4% to 38% (Terry-Humen *et al.*, 2002).

The findings from these studies suggest that sexual abuse is one of myriad factors affecting decisions by youth concerning whether they remain in a dangerous situation home or move into a potentially dangerous one on the street. Other high-risk situations for a youth at home could include, for example, physical but not sexual abuse, emotional abuse, parental substance use, spousal abuse, homophobic attitudes toward gay/lesbian/bisexual/transgender youth, or other illegal activities perpetrated by members of the household.

Perpetrators of sexual abuse

Perpetrators of sexual abuse can be categorized as (1) family members, (2) acquaintances, or (3) strangers The family can include not only the father and mother but also surrogate parents such as a live-in boyfriend or girlfriend, stepparents, grandparents, or siblings. Acquaintance abusers include family friends, neighbors, coaches, religious leaders, peers, teachers, and others. Strangers, though often a well-publicized contingent of perpetrators, actually constitute a small percentage of actual perpetrators.

Unfortunately, only a few studies of RHY have queried sexually abused respondents about perpetrators, and most of these asked only about perpetrators from within the respondents' families that adolescent respondents who were only sexually abused were less likely to have been abused by a family member than those who had been both sexually and physically abused. Most of the sexually and physically abused group (86%), and almost 40% of the sexually abused only group, reported being abused by a family member**.** Both groups reported high rates of parental drug and alcohol use and paternal criminal justice histories.

Demographic correlates of sexual abuse

A literature search for the demographic correlates (e.g., gender, age, and race/ethnicity) of sexual abuse was conducted. Note that not all studies reported prevalence rates for all or, in some cases, any of these demographics. In fact, almost none of the studies examined ethnicity in regard to sexual abuse prevalence in this population.
Overall, in regard to gender, females appear to be at much greater risk of sexual abuse than males:

Suggest that 7-36% of girls and 3-29% of boys suffered sexual abuse. Sexual violence was the most prevalent type of domestic violence, amounting to 75.2% of cases. In 24.8% of reports, abuse occurred outside the victim's house, but even so, nearly all of these cases were committed by people who had a trustworthy relationship with the victim. This shows the nonconformity of society in this type of violence, when usually; the offender would be a stranger, delinquent or psychopath. It should be underscored that sexual abuse affects both sexes, but the highest incidence occurs among females, since it is more culturally accepted for the act itself and for reporting. International statistical data indicate that 10% of the victims are boys. The data from the Network for the Protection of Children and Adolescents, Curitiba, show that among 238 reports of sexual violence investigated in 2003, 24.4% concerned boys (Pfeiffer *et al.*, 2005).

Because it is an exploitation of power, young people are more vulnerable to sexual abuse than are adults.

Emerging data indicate sexual abuse is a major problem worldwide:

- In Uganda, half of sexually-active primary school girls reported being forced to have sexual intercourse (Moore *et al.*, 1989).
- In a survey of 134 men and 202 women between 25-44 years of age in Nicaragua, 27% of women and 19% of men reported sexual abuse in childhood or adolescence (Moore *et al.*, 1989).
- One-third of all reported rape victims in India are under the age of 16, and incidences increased 26% among 10-16 year olds between 1991-1998 (Moore *et al.*, 1989).
- In Zimbabwe, 30% of 549 secondary school students reported they had been sexually abused; half were boys being abused by female perpetrators.

All of the 143 Guatemalan street youth in a 1991 study reported being sexually abused, some by more than one perpetrator—53% by family members (often stepparents), 6% by friends, 3% by neighbors, and 46% by strangers (Moore *et al.*, 1989).

Sexual abuse is being addressed in varying degrees across cultures and within communities. Program strategies range from raising awareness of the issue to implementing training workshops and developing counseling and referral networks. The impact of sexual abuse programs on young adult reproductive health is not fully understood, because most programs operate on a small scale and have little or no evaluation data.

There is, however, broad consensus that education and services are important tools for addressing sexual abuse among youth.

Adolescent perspective sexual abuse

Many children who have experienced, or are experiencing, sexual abuse, exploitation or trafficking are susceptible to drug and substance abuse as a form of escape. These children are vulnerable to HIV/AIDS and other sexually transmitted infections. Reintegration into mainstream community is another issue that cuts across child sexual abuse, exploitation and trafficking. Many child survivors of these practices require psychosocial counseling and life skills training. Adolescence is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood (age of majority), but largely characterized as beginning and ending with the teenage stage. Adolescence sexual abuse is a form of abuse in which an adult or older adolescent uses an adolescent for sexual stimulation (Bulkley and Sandt, 1994)

Physiological Change: How tall they are or how much they weigh becomes a source of concern to young people during adolescence, particularly as they compare themselves with their peers. That comparison may produce feelings of anxiety or contribute to dampening their self-esteem. For youth who have experienced abuse or criticism by their parents, teasing about their looks may reinforce their perception that they are not valued.

Emotional development: Young people in abusive situations must redirect their energy from emotional development to survival. When they are forced to focus on avoiding the violent or sexual advances of an adult caretaker, they do not make the same developmental progress as children who receive unconditional love, support, and guidance.

Cognitive change: Young people develop their cognitive thinking ability, which means that they will re-experience and reframe abuse that occurred to them earlier, particularly if it began when they were young.

Moral and spiritual development: During adolescence, youth begin to question the meaning of life and specifically to think about the larger world, the role

they play in it, and the options and opportunities available to them.

Sexual development: For some young people, it is during adolescence that the real consequences of being sexually abused occur. When a child of 3 or 4 years of age is sexually abused, it is not a sexual event in the way adults may think. It is physically hurtful, confusing, and alarming, but they do not have a context for defining the abuse. When those children turn 12 or 13, they cognitively reassess the abuse as they begin to learn about or experience sexual feelings.

While all young people's development is affected by both internal and external factors, each youth experiences growing up differently. For youth who are abused, however, that process is negatively affected, resulting in certain reactions or behaviors.

Children and adolescents keep quiet

In approximately 20% of all cases of child and adolescent abuse there is sexual abuse, always followed by psychological maltreatment, just as all types of violence in this age group. The most frequent cases of sexual abuse up to adolescence involve incest, i.e., when the offender has some degree of kinship with the victim, causing a much more severe psychological injury than the violence committed by strangers. It is a type of domestic violence that often occurs repeatedly, insidiously, in a favorable relationship environment without the child initially perceiving the abuse by the offender, who makes the child feel as teaser and participant, making him/her believe he/she is to blame for the abuse. The offender uses the trust he/she has established with the child or adolescent and his/her power as legal representative in order to come closer and closer, committing acts that the victim initially sees as a display of affection and interest. This approach is, at first, received with satisfaction by the child, who feels privileged receiving attention from the adult. The offender conveys the idea of protection and that his/her acts would be normal between fathers and daughters, or sons, or for the degree of kinship he/she has with the victim. The approaches, which become more frequent and more abusive, produce a feeling of insecurity and doubt, which may persist for a long time, depending on the victim's maturity, on his/her system of values and knowledge, in addition to the possibility or not of having a dialog with and support from another adult in the family, usually a facilitator, who is aware or unaware of the abuse. When the offender realizes that the child is beginning to see his/her acts as abuse or at least as abnormal, he/sherries to swap the roles, placing the blame on the child for having accepted his/her caresses. He/she uses the Immaturity and insecurity of his/her victim, casting doubt on the child's importance to the family, lowering the victim. Self-esteem even more by showing that any complaint would be useless or seen as a lie. Then the offender demands that the victim keep quiet about what happened. . Feeling unprotected by the other adult, usually the mother, who allowed the abuser to get closer to him/her, insecure for thinking that he/she would never be heard or believed, ashamed of what has happened and of not being able to report on the offender, with low self-esteem and also threatened by the one on whom he/she usually depends physically and emotionally, the child keeps quiet, sometimes for the rest of his/her life. Homosexual abuse, this type of violence is more frequent between the male adult and the boy or adolescent, but it does not represent definitive homosexual behavior by the offender or by the victim. This type of violence often belongs to a general abuse situation, of pedophilic nature, in which girls also suffer the same kind of abuse.

A family impact of silence

As part of a family disease, in order for reporting of the sexual abuse to occur, it is necessary that the domestic balance be broken, in a relationship distortion known as incestuous family. In more common cases inside a patriarchal structure of power inherited from previous generations, the mother

becomes the silent partner. Having a silent participation in a general abuse situation a common profile of these mothers: almost all of them had a domineering, cold and emotionally detached mother, who rejected her daughters in favor of her sons. Due to the consequence of unequal socialization of genders, this mother develops the female inferiority complex. This mother seeks to maintain the. Stability and safety. Of the family, which represents her safe harbor? In several cases, the mother, either consciously or unconsciously, delegates the heavy role of mother and wife, in every respect, to her adolescent daughter. In some situations, when incest is discovered, the mother shows jealousy, regarding her daughter as a rival, blaming her for the abuse. To corroborate this practice, the mother finds it difficult to admit incest, as this would acknowledge her failure as a mother and wife, whereas the offender uses all the tricks to keep his acts secret and .unrevealed. Another fact that shows the complex impact of this type of violence on family structure is that incest is more frequently reported in families with a lower socioeconomic background and more easily concealed by upper-class families.

Therefore, we may conclude that sexual abuse is part ofa group of relationship ruptures in a sick family structure, which comes from the life history of every family member, including the offender. This history may determine permissiveness towards the sexual act, through depreciation of childhood and adolescence, and also of the women's role, consisting of a collective blindness and deafness to the victim's (often silent) requests (Moore *et al.*, 1989).

Identity formation in adolescence

Forming an identity is a major developmental issue during adolescence. This process of individuation, however, is one that begins when children are very young and crystallizes in adolescence. For positive identity formation to occur in any human being, some basic things have to be attained, including the following (Friedburg *et al.*, 1992).

Expressions of love: Children have to feel that somebody cares about them.

Feelings of significance: Children must feel that they are significant or important to someone.

A sense of virtue: Children must have a belief in their innate, inner goodness.

A sense of belonging: Children must feel connected to a family that provides them with a sense of stable belonging.

Mastery and control: Children must experience feelings of mastery and personal power and control.

All of these variables are severely compromised by child abuse and neglect. Abused children's sense of self and their future has been badly damaged. They may have learned that negative attention is better than no attention, and they act accordingly. Unfortunately, their behaviors, which result directly from the abuse, often lead significant people in their lives to react in ways that reinforce this negative self-image. This further damages young people's sense of virtue and feeling of being loved.

To deal with these overwhelmingly negative feelings, some children develop an affect disorder, which results from a person compartmentalizing information about an abusive event separately from their feelings. They will describe an abusive event in great detail without emotion, as if it were happening to someone else. This dissociation is a defense mechanism that helps people block reality, especially when it is painful. Children who are being sexually abused use dissociation to separate from their own experiences. They talk about floating above their bodies or sitting on top of a lamp watching what happened. This process enables a young person not to feel the pain associated with actually being present during the abusive event. Unfortunately, dissociation also creates a problem with a child's sense of identity and interrupts their sense of being anchored in reality.

Children who have an identity problem or no sense of who they are may, for example, develop an insecure attachment disorder. Therapists experience this with young people who ask to see them every day or to come live with them. These young people do not feel real unless they are in another person's presence. Or they fear that the person they are with now will go away and not come back, leading to feelings of abandonment and despair.

When children are not allowed to develop an identity, they may appear as if they are presenting a "false self." These youth simply may not have a good sense of self to present to the world. When with other groups of people, especially other youth with strong personalities, abused children may easily retreat into themselves or mimic those they are around. Helping young people go back through the developmental stages and rebuild a sense of self is critical to their overall emotional well-being.

The abused adolescent

While there is no clear profile of a sexually abused child, the research indicates that there are symptoms that present frequently in young survivors. These include the following:

Anxiety/Numbing

Young people who have been sexually abused often exhibit the polarity of anxiety/numbing behaviors. These youth are hyper vigilant, scanning the environment for threats to their safety; conversely they have learned to shut down their feelings. The chronicity of the abuse plays a part in the level of anxiety experienced by child victims. Youth who have been assaulted through most of their developmental phases have learned to maintain a defensive posture to protect them. They have learned the most debilitating lesson of child abuse: people who love you hurt you. For these children, the expression of caring is presumed to be followed by harm or danger.

At the end of 4 months of therapy, 6-year-old "Katie," for example, brought a paddle to her therapist. When the therapist asked about the paddle, Katie said, "It is for you to hit me with." When the therapist asked why Katie thought she wanted to hit her, the child replied, "Well you like me, don't you?" The sad reality is that children seek out behaviors with which they are familiar. In some instances, children do so to master or take control of situations, thereby reducing their anxiety about what might happen next.

Hypersensitivity

Young people growing up in violent or abusive environments tend to be hypersensitive to their surroundings (UNICEF, 2010). They flinch at sudden noises and are hyper aroused or over stimulated easily. They may experience acute fear in some situations and typically "stay on alert," which requires energy and takes a tremendous toll on their physical and mental well-being. They tend to carry a lot of tension in their bodies, so they may not move as fluidly as other children. Many of these youth present somatic concerns, such as always having headaches or stomach pains. Again, the chronicity of the abuse is an important factor in the degree to which young people develop hypersensitivity. If the abuse is an isolated incident, the child is better able to regroup. When the assault is frequent or long term, the child does not have respite to reorganize or stabilize and must develop highly refined defense mechanisms.

Depression

Even the youngest children who have been abused exhibit characteristics of depression. They may have a flat affect, not make eye contact, or not laugh. There are many manifestations of depression, including self-mutilation, substance abuse, and eating or sleeping disorders. The foster parents of a 9-year-old boy reported that he would cut himself and watch the blood run down his arm. A therapist asked what he said to himself when he watched the blood, and the youth replied, "It's red." She asked what he expected

to see, and he replied, "guck." Through further questioning, the therapist learned that the boy expected guck to come out of his arm like the bionic man on television. This boy thought of himself as a robot, which is a strong defense mechanism against being hurt. When he saw the blood, he actually felt better because he could say, "I'm a real human being." For the next 3 weeks, he would be more interactive, responsive, and happy because he had verified his own existence.

Alcohol or drug use

While some young people may experiment with drugs or alcohol as a rite of passage, youth who were or are abused use substances to numb their feelings. The alcoholism of one 6-year-old child was discovered when her preschool reported unusual behavior to her foster family. The child was given a medical examination, through which the doctors determined that she had been sexually abused. She was referred to a therapist who used play therapy. The child would pick the play therapy rag doll up and roll its head back and forth, put one foot in front of the other, as if the doll were walking, and then make it fall. She repeated the sequence 14 times.

After watching this behavior, the therapist wondered if the child was acting out the behavior of someone who had been drinking. The therapist brought in a small bottle of liquor, the type you get on an airplane, and waved the open bottle under the child's nose, asking if she had ever smelled the odor before. The child grabbed the bottle and tried to drink its contents. Through further questioning, the therapist learned that the child kept a bottle of vodka she had smuggled from her home to the foster residence inside the zipper pouch of a stuffed animal. It turned out that the child's father had given her alcohol in a bottle so that she would relax and go to sleep while he sexually molested her. The child learned that when she drank, she could go to sleep and have the experience of not being "present" while the abuse occurred.

Problem sexual behaviors

Children who were sexually abused may become involved in sexual acting-out behaviors, particularly when they reach adolescence, a time of increasing biological urges and exposure to sexual education. Under normal conditions, sexual behavior develops gradually over time, with youth showing curiosity and then experimenting with themselves and others. When children are sexually abused, however, they are prematurely exposed to material they do not understand and cannot make sense of.

Moreover, children become conditioned to respond to certain things. In many instances, adults who interact sexually with children may reward them before or after the event. The children are conditioned to believe that if they engage in certain behaviors they will be rewarded. This is pure learning theory: children repeat acts for which they receive positive reinforcement (Herman, 1992).

Some children who were sexually abused also may become sexually provocative, dressing and talking in a manner that puts them at risk of further sexual exploitation. Others merge sexual behavior and aggression and become the victimizers of other children.

Aggression

Eventually, most abused children get angry and some begin to act aggressively, typically with smaller children. This is the victim-victimizer dynamic; abused children learn that the bigger, stronger person hurts or takes advantage of the smaller, weaker person. Youth who have been victimized are conditioned to believe that when two people interact, one of them will be hurt. At each interaction with others, they may wonder who will be hurt this time. Some children adopt the victim role; others become

the victimizers. In either case, they simply are playing out the roles that they have been conditioned to believe people play during interactions with others.

The research would indicate that boys tend to adopt the role of aggressor more often than girls. They have a harder time tolerating the role of victim, which is in stark contrast to the cultural definition of masculinity. Girls tend to adopt the role of victim more often, which could be linked to the traditional social view of women as the weaker gender. Yet neither pattern holds true in all cases. Some boys take on the victim role; some girls become aggressive. Obviously, these behaviors and reactions are learned. Young people who have survived sexual abuse can just as easily learn more positive behaviors if communities choose to provide them with appropriate interventions and support. They need support in both working through the trauma and addressing the developmental stages they may have missed because of the abuse. This includes the critical step of developing an identity separate from their family or caretaker.

Most people already are aware of the risk of sexual abuse that some adults present to our children. There is growing understanding that the vast majority of children who are sexually abused, are abused by someone they know, and often trust. Unfortunately, very few adults recognize that children and adolescents also can present a risk to other children. In fact, over a third of all sexual abuse of children committed by someone under the age of 18. This can be a difficult issue to address, partly because it is often challenging for adults to think of the children or adolescents we know as capable of sexually abusing others. Also, it is not always easy to tell the difference between natural sexual curiosity and potentially abusive behaviors. Children, particularly younger children, may engage in inappropriate interactions without understanding the hurtful impact it has on others. For this reason, it may be more helpful to talk about a child's sexually "harmful" behavior rather than sexually "abusive" behavior. It is essential that all adults have the information needed to recognize potentially harmful active early stage and to seek help so the behaviors can be stopped. Every adult who cares about children has an opportunity, as both teacher and role model, to show children how to interact without harming others, either while they are still children, or later, as adults. Adults have the added responsibility of ensuring that'll children who have been involved in a harmful sexual situation, whatever their role, are given the help they need to live healthy productive lives.

Most adults understand that children pass through different stages of development as they grow. Sometimes, adults have more difficulty acknowledging that, from birth, children are sexual beings. Like other areas of a child's development, it is normal for children's awareness and curiosity about their own sexual feelings to change as they pass from infancy into childhood, and then through puberty to adolescence. Each child is an individual and will develop in his or her own way. However, there is a generally accepted range of behaviors linked to children's changing age and developmental stages. These behaviors may include exploration with other children of similar power or stature—by virtue of age, size, ability or social status. Sometimes, it can be difficult to tell the difference between sexual explorations that I is appropriate to a developmental stagehand interactions that are warning signs of harmful behavior. Occasionally, adults may need to set limits when children engage in behaviors we consider inappropriate, even if the children may be unaware of potential harm. This is a chance to talk with them about keeping themselves and others safe, and to let them know that you are someone they can talk to when they have questions. Adults can help children be comfortable with their sexual development and understand appropriate sexual boundaries, for example, adults can model appropriate, respectful behavior. Children with

disabilities or developmental challenges benefit from special attention to their safety. Depending on the nature of their disability, they may develop at different rates, which can make them more vulnerable to being abused. They may also inadvertently harm another child without understanding the hurtful impact of their actions. For example, children with disabilities.

Sometimes behave sexually in ways that are out of step with their age. Particular care may be needed to help children understand their sexual development and to ensure that these children and their caregivers can communicate effectively about any questions or worries they have. It is important to recognize that, while people from various backgrounds have different expectations about what is acceptable behavior for children, sexual abuse is present across all ethnic groups, cultures and religious beliefs (Pfeiffer *et al*., 2005).

Prevent sexual abuse

Include training skills for refusing sex, improving communication, and resolving conflict in all young adult reproductive health education efforts, as well as in other appropriate forums. In Honduras, the NGO ,uses a gender approach to work with young women who have been abused to help them develop assertive behavior, including the capacity to set limits, defend their rights and strengthen self-esteem. Maiti Nepal, an NGO, has a prevention program in rural districts of Nepal with high rates of sex trafficking. The program raises awareness among girls and their parents about the dangers of prostitution and how girls are kidnapped or lured into the sex industry. Girls are also given non-formal and vocational training to enable them to earn a livelihood and improve their self-esteem. In the Alexandria section of Johannesburg, South Africa, a former advisor to Nelson Mandela heads a group working to decrease the incidence of rape by teaching adolescents appropriate ways to relate to one another. The project is funded by UNIFEM's Trust Fund for Actions to Eliminate Violence Against Women (Cohen, 1998)

Raise awareness and advocate for legal sanctions

Create societal awareness by bringing the issue of sexual abuse into the public domain. Target policymakers, parents, teachers, community leaders, police and the media with educational campaigns.21 Create systems for data collection to monitor the incidences and prevalence of abuse and publicize the results.24 Advocate for the review, revision and enforcement of laws to protect victims and punish abusers.

A Nepalese non-profit organization, Media Alert, is creating a full-length film to expose the realities of girls' lives who are trafficked to brothels in India. The film will be shown in mobile video vans to educate high-risk villagers living in remote areas. It will be released with Hindi and English subtitles to raise awareness among the male clients of young girls who have been trafficked. A Peruvian organization of professionals working with youth, Redess Jovenes, sponsored a widely- publicized workshop on violence and sexual abuse in young people. As a result, a municipal agency conducted a media education campaign that resulted in a 140% increase in requests for help for sexual abuse. Fifty-eight percent of the victims were under the age of 12, and 42% were young adults age 12-18. In Pakistan, the NGO Sahil analyzed child sexual abuse laws and is advocating for the total legal protection of children. They are, for example, working to repeal an ordinance which makes it possible for victims—rather than the perpetrators—of sexual abuse to be penalized.

Screen for Sexual Abuse: Train health providers, teachers and peer educators to identify individuals who have been victims of sexual abuse by including questions about abuse in health assessments. Health care providers, in particular, need to be aware that not

all clients are having consensual sex, pregnancy may result from incest or rape, and introducing condom use may put young women at risk of reprisal.

In Turkey, the NGO Human Resource Development Foundation is implementing a curriculum to train future teachers in sexual health issues, including sexual abuse. The project is developing a sexual health training program to enable teachers to function as sexual health counselors by identifying victims of sexual abuse and making appropriate referrals for counseling and legal services.

A leading family planning organization in Colombia, Profamilia, has a screening program that identifies sexually-abused individuals during clinic visits and offers information, counseling and legal assistance. It assists clients in recovering self-esteem and improving their body image and relationships with the opposite sex.

Respond with Services: Create a protocol for responding to clients who have been sexually abused and, when necessary, develop a referral system to health, legal and other services. In Soweto, South Africa, the Zamokuhle Child Abuse Center has a medical/legal clinic which sees 150-200 child sex abuse cases a month. The clinic uses a multi-disciplinary approach to integrate medical and psychological services with legal management. It holds workshops for young people on life skills and personality development issues (Cohen, 1998).

INPPARES, in Peru, has integrated sexual abuse into its educational activities. Peer counselors helped to produce a video on sexual abuse that is used in schools, public meetings, workshops, and presentations to policymakers. Its service centers provide counseling to abused young adults and their family members or partners when appropriate. It also refers clients to outside services for assistance in legal processes. The Brazilian Family Planning Association, BEMFAM, demonstrates how all four recommendations can be incorporated within the work of a single organization. It trains staff to identify victims of sexual abuse and has developed health care and counseling guidelines for young women who report violence. It distributes materials promoting the availability of clinic staff to work with victims of violence, and works with schools to raise awareness about sexual abuse and help teachers respond to young people facing abuse. It also has established a referral system to special courts that handle youth issues and agencies that provide therapy for victims of violence (Cohen, 1998).

Remedy in prospect of sexual abuse among adolescents

Treatment or remedies for adolescent sexual abuse is a complex process. Orchestration of treatment in the adolescent's best interest is a genuine challenge. Moreover, it is often difficult to know how to proceed because there are so few outcome studies of treatment effectiveness. Therapists have identified three stages to working with survivors of childhood abuse: establishing the young person's safety, both in their home situation and with the therapist; processing traumatic material; and fostering social reconnection (Pfeiffer *et al*., 2005).

One of a therapist's most important tasks is to ensure that a child is living in a safe environment with a central, supportive, caring adult. Often, young people who have been abused or neglected experience incredible mobility in their lives as they move from one placement to the next. These youth begin to doubt that any adult will be with them for very long. A sense of security and safety in one place, therefore, is very important to the therapeutic process.

Once the child is in a safe environment, the therapist can begin to develop a relationship with the child. Through that relationship, the therapist can begin to

help the child understand why it is important to process what happened to them. Most abused adolescents want a sense of control over their lives. Therapists can show youth how, by working through their earlier experience, they can eliminate some of their negative feelings and the resulting behaviors. Through that process, youth can develop a sense of control over their behavior. When a young person is ready, the therapist can help them begin affiliating with others and developing the ability to trust and have relationships with other people, both adults and peers. Often at this stage, a therapist will place a youth in group therapy.

Time and consistency of care are key factors in all three stages of therapy, but especially in stage 1. By the time an adolescent receives the help they deserve, they may have been sexually or otherwise abused over a period of time. They have built up an array of defenses to protect themselves, and making contact with them may be difficult. To establish the trust of an abused child, a therapist needs to build a relationship with that child, which takes time. Therapists need that time to demonstrate that they are trustworthy, by action as well as words.

In some communities, the new managed care systems are threatening this process by covering the costs of only short-term therapy. The trust of a severely abused child simply cannot be established in six to eight sessions. Under those circumstances, experts caution that therapists should work only on phase 1, or the establishment of the child's safety. It is inappropriate to encourage a child to talk about traumatic abuse if that child is not in a position to receive ongoing therapeutic support.

In such situations, a therapist must simply advocate for children's safe placement and help them to develop coping strategies, teach them about available resources, and suggest behavioral alternatives that may positively affect their interactions with others. A therapist also might help children understand that their behavioral problems may be related to something they learned or experienced a long time ago. Helping youth explore past abuse is specialized work, requiring significant education, training, and expertise. The following key principles provide guidance for those working with youth who have been sexually abused:

Remain neutral in your early interactions with abused children

When some youth sense that a therapist or other professional is paying attention to or trying to help them, they may withdraw because the circumstances feel risky to them. The very nature of counseling or therapy, which involves personal contact with another human being and focused, positive attention, can produce stress and anxiety for children who have been sexually abused. Youth who have been sexually abused also may associate nice behavior with seduction. In the past, people were nice to them when they wanted something. They may wonder what therapists or other adults expect from them in return for their help.

Assist youth in understanding that they are not to blame

Typically, left to their own resources, children make incorrect assumptions about why they were abused or neglected. When 100 youth in San Francisco were asked why they were in the foster care system, 98 of them said, "Because I am bad." And young people's behavior often reflects how they feel about themselves. If they think they are bad, they may act in ways that perpetuate that image.

Be non-judgmental

Youth do not respond well to adults who want to tell them what to do or who are constantly critical.

Catch youth doing something good

Focus on telling young people what they are doing that is good. When they make a thoughtful decision and stick to it, for example, congratulate them on following through.

Help them view their feelings without judgment

Feelings are not good or bad, they are just feelings. Help young people understand that it is all right to feel angry, and help them to learn to express their anger in ways that are healthy for themselves and others.

Think of your interactions with youth as "invitations" for them to do or say as much or as little as they choose

Youth need to learn to make choices about how they will participate, or not, in different situations. Offering youth options give them a chance to practice making choices in a safe environment. If a young person does not complete an assignment, for example, consider talking with him or her about what the assignment might have looked like if they had finished it. Or, discuss what might have been the biggest problem in completing the task. Through this process, you might accomplish more than if you focus on the young person's failure to complete the task.

Avoid power struggles with young people

It generally is non-productive to spend time arguing a point with an adolescent. Move on to other discussions that might prove more useful. Keep in mind that if a young person is feeling defensive, they are not feeling safe.

Remember that abused adolescents have a reason to be defensive

If you are hit enough, emotionally or physically, you learn to stand ready to protect yourself or even to ward off attacks by attacking first. Young people who have been abused need time and a trusted relationship to feel safe.

Understand how easy it is for abused children to be further victimized:

Without question, once abused, children become more vulnerable to further victimization. It is not just the abuse that leaves them exposed to exploitation; it is the concomitant loss of love, nurturing, and feelings of being safe and valued. Often adult predators provide, at least at first, the very things missing from an abused child's history: time, attention, caring, and a sense of belonging.

Be aware that some behaviors provide youth with a sense of control

When children are treated well, nurtured, loved, and accepted, they learn to expect that treatment from others. When children are abused, they similarly expect others will abuse them. These children may engage in aggressive behavior as a defense mechanism; their behavior is a means of taking control of a situation they anticipate will occur anyway. When you work with youth to stop behaviors that place them at risk, it is important to be aware that those behaviors may be the only current means they have for mastery and control.

Help educate others that young people are never responsible for their abuse

Often, people suggest that adolescents should have told someone or fought back. The expectation is that adolescents should be able to protect themselves. It is important to remember that many young people have long histories of abuse, which makes them vulnerable; they are not "normal" (no abused) adolescents suddenly confronted with dangerous circumstances. Moreover, it is critical to remember that children are relating to their parents, the people they love and need most in the world. When asked, "Who is bad, you or your Mom and Dad?" children will always choose themselves. Children need to protect the idealized image of their parents; those are the people they long for.

Implications for school nursing practice

School nurses, as with other clinicians, should regularly screen adolescents—boys and girls—for experiences of sexual abuse and should be prepared to respond therapeutically in the event that a young person reports such abuse .Such screening should be done with sensitivity; it is important to provide privacy when asking such questions and to ask about abuse in a nonjudgmental, matter- of-fact tone, explaining that you ask everyone these questions, because it happens to a lot of teens. One way to ask, for example, is to say, "many teens have had sexual experiences they didn't want to have, where someone forced them to do something sexual when they didn't want to. So I always ask everybody about this: Have you ever had a sexual experience when you didn't want to?" This opening question may elicit reports of incest, no family sexual abuse, acquaintance rape, sexual assault, or even just sexual experiences the teen now regrets. Any positive responses should be explored further so that you can determine if a teen is currently at risk or if this is a prior trauma.

Adolescents who have been sexually abused are also more likely to have experienced date rape or other sexual assault than their non abused peers, in part because the traumatic effects of sexual abuse in childhood may impair their abilities to judge relationships or risky situations Therefore, this type of assessment question provides an opportunity to help teens identify circumstances in which they are at risk for further unwanted sexual experiences or assault, and to help them strategize ways to avoid these situations. Confidentiality in the health care setting is an important issue to adolescents, but a school nurse cannot promise to keep reports of sexual abuse in confidence. It is important for school nurses to be familiar with the mandated reporting laws in their state and know to what agency they should report suspected sexual abuse (most often, Child Protective Services). To prevent a teen from feeling betrayed after he or she has confided sexual abuse, nurses should routinely begin their screening or health history interviews with a statement that addresses confidentiality and identifies under which circumstances they must break that confidentiality and why. School nurses, as with other clinicians, should regularly screen adolescents—boys and girls—for experiences of sexual abuse and should be prepared to respond therapeutically in the event that a young person reports such abuse (Gil, 1997).

Adolescents who have been sexually abused have difficulty trusting adults, and it is important for the nurse to be careful to model therapeutic behaviors. It's usually better not to touch a teen with a history of sexual abuse without permission and without clearly identifying why you need to touch them. It is essential to be familiar with the resources available in the community for both supporting adolescents and helping their families be supportive when dealing with this challenging issue.

Because sexual abuse is generally a taboo topic, it is important to raise awareness not only in schools, but also in the community. Interventions aimed at prevention of sexual abuse require changing community perceptions and responses, not just individual behaviors. The first step toward prevention of sexual abuse is an understanding of the prevalence and scope of the problem. However, this requires the ability to talk about the issue in public venues in meaningful ways. Until the community understands the prevalence of sexual abuse among adolescents and can talk about in the public discourse, interventions will only be able to focus on treatment after abuse has occurred, and for most abused young people, sexual abuse will remain a secret trauma.

The types of treatment and their uses

Group therapy: Group therapy is generally regarded as the treatment of choice for sexual abuse. However, usually groups are offered concurrent with other treatment modalities, and some clients may need

individual treatment before they are ready for group therapy (Friedrich 1995). Furthermore, there will be a few clients who are either too disturbed or too disruptive to be in group treatment. Groups are appropriate for victims, siblings of victims, mothers of victims, offenders, and adult survivors of sexual abuse. In addition, "generic" groups that include offenders, parents of victims, and survivors of sexual abuse have been found to be very powerful and effective for all parties involved

Groups may be time-limited, long-term, or open-ended. They may deal with specific issues (e.g., relapse prevention, sex education, or protection from future sexual abuse), or they may deal with a range of issues. Some programs have "orientation" groups for new clients, usually with separate groups for children and adults. Victim's and offender's groups have been brought together for occasional sessions. Models that have concurrent groups for victims or children and their non-offending parents, where from time to time the two groups join for activities, are very productive.

Individual treatment: Individual treatment is appropriate for victim, offender, and mother of victim (as well as for siblings of victims and survivors). As a rule, an initial function and a major one for individual treatment is alliance building. All parties have to learn to trust the therapist and come to believe that change is possible and desirable. The members of this triad may have different levels of commitment to therapy, with the victim usually the most invested and the offender the least.

Dyadic treatment: Dyadic treatment is used to enhance and/or repair damage to the mother-daughter relationship, the husband-wife relationship, and the father-daughter relationship, as well as to deal with issues initially addressed in individual treatment.

Family therapy: Family therapy is the culmination of the treatment process and is usually not undertaken until there has been a determination that reunification is in the victim's best interest.

Multiple therapists: Multiple therapists can be very helpful. Such a complex series of interventions can rarely be provided by one individual. If possible, two therapists should be involved, even if it is only one person doing the group work and another individual, dyadic, and family work. However, because each family member will typically participate in a group as well as other treatment modalities, there are usually several clinicians involved with a single family. Moreover, there are reasons other than logistics for involving several clinicians.

Sexually abusive families are very difficult to work with, and therapists need one another's support. Such families are crisis-ridden and multi-problem, making it very difficult for one person to have total responsibility for the family. Assigning a different therapist to the victim and to the offender "recreates," although artificially, a family boundary that was crossed when the sexual abuse occurred. It also enhances a sense of privacy and safety for the victim—two elements violated by the offender.

In addition, co-therapy, using both a male and female therapist, has considerable therapeutic advantage. It exposes family members to appropriate role models of both sexes. Co-therapy also enhances the ability of clinicians to effect change because of the leverage it allows, particularly in group therapy. Finally, decisions that must be made in the course of treatment are very difficult ones, and mistakes are potentially devastating. Two or more heads may be better than one. And as noted earlier, ideally clinicians should be guided in their decisions by the input of a multidisciplinary team (Plucker *et al.*, 1993).

These are appropriate foci of treatment, and indeed it may be necessary to treat them because they increase the risk for future sexual abuse. Nevertheless, it is crucial that the clinician not allow him/herself to become sidetracked into only dealing with these other problems. Distraction can occur more easily than one might think if the offender refuses to admit to the sexual abuse or is reluctant to focus on it in treatment, yet is more than willing to work on his other problems. This pitfall is usually avoided if group therapy, which forces the offender to deal with his abuse, is a major component of the intervention and/or if there are several therapists involved in the case (Briere, 1992).

Children are at risk of abuse or harassment in their own homes, from relatives and family "friends". It is found in schools, communities and the workplace. While disadvantaged and disabled children are more vulnerable to abuse, it is not limited to them. Most children know their abuser, who is usually someone close to them.

Research, networking and advocacy take on an important role when viewed through the cultural taboos associated with child sexual abuse, exploitation and trafficking. Efforts in this area have paved the way for the issues to be discussed publicly, but more is needed to properly understand the extent of the problems and the associated contributory factors. This study was unique in terms of children's involvement in the process of developing research tools, methods, etc. A child advisory group, consisting of children exposed to and at risk of abuse, was consulted throughout the study. The study aimed to find out what Bangladeshi children considered negative behaviors, their coping strategies, the people who could support them and their recommendations to stop such behaviors.

Conclusions

From the above we can draw the few conclusions:

- Sexual abuse usually occurs within a known environment of the victim
- The victim is often too ashamed or frightened to complain.
- The care givers have to be alert.
- Children as they grow up on signs of sexual abuse.
- The children need to be taught to report sexual abuse and to be able to protect themselves.
- Perpetuators need to be prosecuted or strongly dealt with so that recurrences of the events do not occur.

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