

Original article

Physical, sexual, emotional and Psychological abuse of street children brought to shelter house of Ghaziabad (U.P.)

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Abstract

“Child sexual abuse is the involvement of a child in sexual activity that he/she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the need of the other person.

Objective:

1. Know the nature and extent of child abuse in street children.
2. To know some epidemiology of child abuse in street children.

Key words: Child, Sexual abuse, Shelter house, Ghaziabad

Introduction

The dynamics of child sexual abuse differ from those of adult sexual abuse. In case of children, rarely disclose sexual abuse immediately after the event. Moreover, disclosure tends to be a process rather than a single episode and is often initiated following a physical complaint or a change in behavior. In 1999, WHO Consultation on Child Abuse Prevention, which stated that “Child sexual abuse is the involvement of a child in sexual activity that he / she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of

responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child is to engage in any unlawful sexual activity, the exploitative use of a child in prostitution or other unlawful sexual Practices, the exploitative use of children in pornographic performance and materials”. [1] WHO estimates in the Global School-Based Student Health Survey is carried out in a wide range of developing countries mentioned that between 20% and 65% of school going children reported having been verbally or physically bullied in school in the previous 30 days. Similar rates of bullying have been found in industrialized countries. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual

violence involving physical contact. ILO estimates that 218 million children were involved in child labor in 2004, of whom 126 million were engaged in hazardous work. Estimates from 2000 suggested that 5.7 million were in forced or bonded labor, 1.8 million in prostitution and pornography and 1.2 million were victims of trafficking. Only 2.4% of the world's children are legally protected from corporal punishment in all settings. [2] Certain categories of children are particularly vulnerable to sexual exploitation because of their socio-economic status. These include boys and girls of underprivileged, marginalized religious and ethnic minorities or caste groups.[3] Abusive practices were found to range from traditional systems like "Besavi" and "Vardiyar" to well organized sex trade in Mumbai, Delhi and Goa. Sexual abuse has been reported by domestic workers and agricultural labors [4] and also educated high school Students [5]. Perpetrators of sexual abuse find their victims in wide ranging situations and it is natural that homeless boys, living in unprotected environment in streets make easy prey for sexual abuse, as evidenced found by many studies [6]. The study will contribute to breaking the silence around child abuse in the country. The study will inform about the nature, extent and some epidemiology of child abuse in street children and recommend immediate and appropriate responsive actions that can be undertaken by the families, community, government and civil society organizations for the care and protection of children.

Materials and Methods:

This is community based cross sectional study. That was conducted with a Baal ashram under the field practice area of the Rural Health Training Center of a Medical College, in Ghaziabad. Total 124 non-delinquent children were registered in Bal ashram

during the study period and 102 children (6-16 years) were included in study population (due to mentally challenged/not willing to give information). The ethical committee of the college approved the study. Informed consent of the Bal ashram authorities was obtained prior to the study. All the children included in the study were explained the nature and implication of the study and no child was forced to answer or undergo physical examination against his/her will. Pilot study was done on subjects before the study. Predesigned / pretested proforma was started to fill when permission allowed by the managing trustee. In the interviewer team 25 undergraduate students were included in the supervision of medical social workers (Female) and three assistant professors. The proforma has parameters for different abuse, socio-demographic information and physical examination. Physical examination was done only by assistant professors of the department (in the presence of female attendants and female social workers). (Treatment was also provided if participants have diagnosed with any disease). An attempt was made to classify the socio-economic status of the participants with the help of self-developed scale selecting parameters, the information regarding which was likely to be provided by the children, without validation of parents. Each child was individually approached by the interviewer as soon as possible after admission and was first interviewed regarding his socio-demographic profile. After this, each participant was interviewed regarding any episode of sexual abuse recalled by child anytime before admission. Any number of episodes reported by a child was recorded as a single entry. Sexual abuse was measured using two standardized scales namely the Finkelhor's scale (8) to assess the detailed nature of the sexual act and the Child Maltreatment History Self-Report. Following the interview,

the participant were requested to undergo examination in a separate room by the medical officer of Rural Health training Centre in the presence of female Medical social worker, based on the guidelines of American

Medical Association (AMA, 1985).[for diagnosis of suspected sexual abuse (9)]. Questioner have Physical Abuse, Sexual Abuse and behavioral signs questions (10).

Results:

Table-1 : Total 102 children out of 124 were included in study.22 participants were excluded because either below the age of 6 years or they were not able to communicate with interviewer due to unwilling for giving information(N=102)

S.No.	Age group (Years)	Male (%)	Female(%)	N (%)
1.	6- <7	15(18.99)	5(11.11)	20(16.13)
2.	7-<8	24(30.38)	15(33.33)	39 (31.45)
3.	8-<9	0(0)	0(0)	0(0)
4.	9-<10	19(24.05)	10(22.22)	29 (23.39)
5.	10-<11	0(0)	1(2.22)	1(0.81)
6.	11-<12	10(12.66)	7(15.56)	17(13.71)
7.	12-<13	0(0)	0(0)	0(0)
8.	13-<14	9(11.39)	4(8.89)	13 (10.48)
9.	14-<15	1(1.27)	1(2.22)	2(1.61)
10.	15-16	1(1.27)	2(4.44)	3 (2.42)
	Total	79(100)	45(100)	124 (100)

Table-2 :State of origin of participants (n=102):

S.No.	State of origin of participants	No.(%)
1.	Delhi	14(13.73)
2.	West Bengal	4(3.92)
3.	Uttar Pradesh +Uttaranchal	27(26.47)
4.	Bihar+ Jharkhand	28(27.45)
5.	Madhya Pradesh+ Chhattisgarh	4(3.92)
6.	Assam	4(3.92)
7.	Haryana	2(1.96)
8.	Rajasthan	3(2.94)
9.	Other State	9(8.82)
10.	State not Known	7(6.86)
	Total	102(100)

Table-3:Socio demographic profile of participants:

Charactoristics	Socio-demographic factors	No.(%)
A. Religion	Hindu	93(91.18)
	Muslim	9(8.82)
	Sikh	0(0)
	Christian	0(0)
	Not Known	0(0)
B. Place of origin	Rural	16(15.69)
	Urban	84(82.35)
	Not Known	2(1.96)
C. Socio-economic Status of family	Upper	1(0.98)
	Upper middle	6(5.88)

	Middle	29(28.43)
	Lower middle	62(60.78)
	Lower	2(1.96)
	Not Known	2(1.96)
D. Education of participants	Illiterate	37(36.27)
	Literate (Bellow primary)	44(43.14)
	Primary	14(13.73)
	Middle	5(4.90)
	Not Known	2(1.96)
E. Literacy status of father	Illiterate	31(30.39)
	Literate (Bellow primary)	65(59.80)
	Not Known	6(5.88)

Table-4:Family environment of participants:

Family Characteristics		
A. Domestic violence (Self reported)	No violence	20(19.61)
	Mild	32(31.37)
	Severe	50(49.02)
B. Reasons for leaving home	Left home for work	4(3.92)
	Death of mother	24(23.53)
	Death of father	21(20.58)
	Remarried parents	11(10.78)
	Abandoned	2(1.96)
	No reasons	40(39.22)
C. Age at leaving home (Years)	<5	8(7.84)
	>5-10	64(62.9)
	>10	24(23.53)
	Not Known	6(5.88)

Table-5:Types of physical abuse experienced by participants (n=102)*-

S.No.	Physical abuse	N (%)
1.	Slapped	61(74.39)
2.	Kicked,Bite,Punched	47(57.32)
3.	Hit with objects	67(81.71)
4.	Threw some thing	33(40.24)
5.	Burned,Scaled	32(39.02)
6.	Other meanes	43(52.44)
Total number of physical abuse experience		283
Total Number of Participants experienced any physical abuse		82(80.39)

Multiple responses by one participant.

Table -6 : Nature of sexual abuse experienced by study subjects (N = 102)

S.No.	Act of abuse	No.*(%)
A. Finkelhor's Scale ⁸		
1.	Touched the subject in a disturbing way	85(83.33)
2.	Kissed/hugged which troubled the subject	28(27.45)
3.	Kissed the subject	22(21.57)
4.	Touched multiple parts of the subject	34(34.31)
5.	Exposed genitalia to the subject	14(13.73)
6.	Forced the subject to expose his genitalia	12 (11.76)
7.	Tried to force the subject to touch his/her*** genitalia	34(33.33)
8.	Touched the subject's genitalia	38(37.25)

9.	Forced the subject to touch his/her genitalia	28(27.45)
10.	Forced the subject to sit on his/her lap	8(7.8)
11.	Forcefully rubbed the subject	22(23.53)
12.	Tried to have sex with the subject	41(40.2)
13.	Had sex with the subject, used force	29(28.43)
B. Child mal treatment History self report(CMHSR)		
1.	Any adult(s) exposed themselves more than once to subject	19 (18.63)
2.	Subject threatened to have sex by any adult	15 (14.71)
3.	Any adult(s) touched the sex parts of subject's body	27 (26.47)
4.	Any adult(s) tried to have sex / sexually attacked the subject	35 (34.31)
5.	Any act of sexual abuse experienced	34(32.35)

*Multiple answers

TABLE-7 :Signs of sexual abuse observed on examination of study subjects as per AMA guidelines (N = 102).

S . No.	Signs of sexual abuse	No.*(%)
A. Physical sign(n=102)**		
1.	Bruise/bleeding/wound of genitalia	2 (1.96)
2.	History of recurrent urinary tract infection*	54 (52.94)
3.	Signs of genital herpes	8 (12.75)
4.	Signs of lymphogranuloma venereum	21 (20.59)
5.	Genital ulceration	5 (4.90)
6.	Any physical sign	3 (2.94)
7.	History of bruise/bleeding/wound of genitalia	24 (23.53)
B. Behavioral sign¹⁰		
1.	Confide in caretaker	2 (1.96)
2.	Withdrawn	13 (12.75)
3.	Suicide attempt	2 (1.96)
4.	Excessive masturbation/sexualized behavior	4 (3.92)
5.	Frightened especially of adults	1 (0.98)
6.	Enuresis/ encopresis	2 (1.96)
7.	Any behavioral sign	4 (3.92)

*History of recurrent urinary tract infections has been considered an important sign suggestive of sexual abuse in children by American Medical Association⁹.

**Multiple sign of presentation

Result:

Out of Total 124 children, 102 children were included in the study[Table-1]. Most of the participants were from Bihar+ Jharkhand (27.45%) and Uttar Pradesh +Uttaranchal (26.47%) [Table-2] while .93 participants were from Hindu family and 9 were from Muslim. 84 participants were from urban area and majority were belong from lower middle socioeconomic status. Among the 102 subjects were living away from families, 62.9% had left home between 6 to 10 years of age [Table-3]. Commonest

reason for leaving home was Death of mother (23.53%)/ Death of father(20.58%). Amongst all (102) participants 82(80.57%)reported for Domestic violence(Mild or Severe)[Table-4].

Mostly 85(83.33%) subjects reported that they were touched in a disturbing way and 41(40.2 %) reported that they tried to have sex out of which 29(28.43%) have penetrative sex. Overall, 28.43 % children reported sexual abuse with use of force ranging from 11.76 % to 21.57 %. The maximum proportion of abuse was reported in the age groups 8-10years

(43.14 %). The mean age at abuse was reported at 9.13 +/- 2.4 years. Most children (93.2%) reported the incident to be within one month of leaving home. The mean duration between the incident and interview was 2.34 +/-0.4 years. All boys reported single episode of sexual abuse except four. The maximum proportion of incidents occurred during late evening or night (73%). In 27%, the episode occurred during day. Most children (56%) were abused at the railway platforms, commonly in some deserted or empty railway coach. About 20% were abused at the work place and 24 % at some other places. Among the 72 abused children, 44 (61.1%) had some physical sign of abuse while 29 (40.2%) showed behavioral signs of sexual abuse. Eighteen boys presented with signs suggestive of sexually transmitted diseases.

Discussion:

In present study majority of the street children were below 12 years of age, male and many of them were in school.[Table -1]. Many studies on street children also reporting that they belongs to under 12-13 years of age ¹¹.A study by M.S. Baybuga¹² reported that most of the street children belongs to bellow 11-12 years. UNICEF ³ report on child protection, had mentioned that major portion of street children were from 10 years or below. In present study participants reported Physical, sexual abuse during the stay in street. TURKIS ¹⁴ reported that children working long hours on the streets are exposed to many hazards including sexual, emotional and physical abuse. They also face a high risk of injury or even death. Some are even forced into child prostitution or other criminal activities. ILO , UNICEF also reported the same report. In this study 83.33% subjects reported that they were touched in a disturbing way and 41(40.2 %) reported that tried to have sex out of which 29(

28.43%) penetrative sex. Kacker et al ¹⁵ concluded two of every three children were physically abused, while 53.2% children reported one or more forms of sexual abuse and half reported emotional abuse. Another study by Kurt et al ¹⁶ found in 591 children working and living in the street were exposed to domestic abuse and 22 and 569 of these children were verbally and physically abused, respectively. In the present study most of the children were physically abused by hit with some objects. Celik Sevilay Senol¹⁷ in his study stated that some of the children were also abused physically and attacked with sharp instruments, as well as being kicked and hit. In present study participants mostly from lower middle class family (60.78%), illiterate (36.27%)/low literacy (43.14%) of participants and low (59.80%) or illiteracy (30.39%) of father playing important role for child abuse. UNICEF ³ report on child protection, had also mentioned that certain categories of children are particularly vulnerable to sexual exploitation because of their low socio-economic status, underprivileged ,marginalized or caste groups .Behavioral sign like withdrawn, excessive masturbation /sexualized behavior, frightened especially of adults are common in participant in this study. In a study by Valente ¹⁸ reported some Psychological responses to abuse such as anxiety, denial, self-hypnosis, disassociation and self-mutilation are common. Coping strategies may include being angry with the perpetrator or acting as a passive victim, rescuer, daredevil or conformist.

Conclusion:

Such high prevalence of (83.33%) child sexual abuse in street children is a dark reality that routinely inflicts our daily lives but in a majority of cases it goes unnoticed and unreported on account of the innocence of the victim, stigma attached to the act,

callousness and insensitivity of the investigating and the law enforcement agencies, etc. On the other hand age, low socio-economic status, underprivileged, marginalized, low literacy playing some role in child abuse as epidemiological factors.

Limitation of the study: The information about total family income, detail of occupation could not be assessed.

Recommendation: Merely enacting legislation will not be enough unless this is followed by strict enforcement of the law with accountability defined. Also, parents, teachers and others in the community have a vital role to protect children from sexual exploitation and abuse.

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