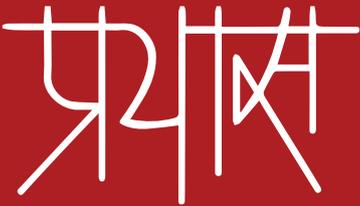


RESEARCH BRIEF

## YOUTH IN TRANSITION

# EXPERIENCES AND IMPACT OF CHILDHOOD SEXUAL ABUSE AMONG UNMARRIED YOUTH



Prayas (Health Group)  
Amrita Clinic, Athawale corner building,  
Near Sambhaji bridge, Karve Road,  
Pune-411004, Maharashtra, India.  
[www.prayaspune.org](http://www.prayaspune.org)



# Youth in Transition

## Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth

### Authors

Shrinivas Darak | Ritu Parchure | Trupti Darak | Vinay Kulkarni

### Citation

Prayas Health Group (2020), Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth- Findings from the Youth in Transition Study



Prayas (Health Group)

[www.prayas-pune.org](http://www.prayas-pune.org)

Prayas (Initiatives in Health, Energy, Learning and Parenthood) is a non-governmental, non-profit organization based in Pune, India. Prayas Health Group (PHG) is committed to generate evidence-based discourse on emerging issues on sexual and reproductive health and rights (SRHR). PHG is actively involved in socio-behavioral and epidemiological research, awareness building, programmatic interventions and provision of clinical and counseling services especially to persons living with HIV and youth.

## About Youth in Transition Study

India is one of the youngest countries in the world with around 28% of its population in the age group of 15-29. In recent years, the context of life of many young people especially in urban India is changing very rapidly. Urbanization, globalization and technological revolutions are leading to diverse impacts on people. Many young people are moving to cities in the pursuit of higher education and jobs and leading a relatively independent life. The age at marriage is increasing, especially in urban areas providing the youth more time and freedom to explore their sexuality. Increasing age at marriage, widespread availability of internet and social media, availability of spaces that are not under family surveillance and the desire to lead independent life are important aspects of social context of youth in neo-liberal urban India. In this changing context, it is essential to examine the choices young people make about their relationships and sexual intimacy, how these choices evolve over a period and how these choices are interdependent with other life domains. In order to address these issues, the Youth in Transition study was conducted, adopting a life course perspective.

The primary focus of the study was to understand the sexual health needs of never married youth.

The study focused on never married youth because, in Indian context, sex is often linked with marriage. The sexual health needs of unmarried youth remain unaddressed. We have taken a broader perspective of sexual health, beyond mere absence of diseases. We refer to sexual health as a state of physical, emotional, mental and social wellbeing in relationship to sexuality. Improvement in sexual health would require developing a positive and respectful approach to sexuality and sexual relationships as well as possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence.

While premarital relationship is the commonly used term in the literature to indicate relationships before marriage, the term 'non-marital relationship' is preferred in this report because the participants do not consider many of these relationships as precursor to marriage. Non-marital relationships in the context of the study refers to relationships among never married youth.

### Why life course perspective?

The current research literature on sexual intimacy before marriage in India is limited. The available literature mainly focuses on understanding 'proportion' of men and women who are sexually active (mostly defined as experiencing penetrative sex) and does not explain the context in which young people make their decisions and how these decisions evolve over a period of time. The Youth in Transition study adopted the life course approach to understand the dynamic process of decision-making of young people. A life course is defined as "a sequence of socially defined events (completing education, migrating to another place, starting a relationship, break-up, etc.) and

roles that the individual enacts over time". Life-course approach views developmental processes as a trajectory, which is shaped by multiple interacting factors, the interrelation of which is likely to change based on timing and sequences of life experiences and transitions. This approach enables understanding the continuity of life pathways by analyzing how behavior and experiences encountered during childhood and adolescence period may affect adult behavior and experiences. Such a diachronic understanding is essential to identify the patterns of behavior and for planning age and context appropriate interventions for improving sexual health of youth.

### How was the study conducted?

The study was conducted among never married, educated youth living in Pune for at least 6 months prior to interview, and were between 20-29 years of age. Being in a relationship or being sexually active was not a criterion for participating in the study. Given the focus on understanding the trajectories and the difficulties of recruiting a random sample, a non-probability sample of participants who self-nominated themselves for the study and were fulfilling the eligibility criteria was included in the study. An appeal was made to young people living in diverse socio-economic and educational backgrounds to participate in the study. [please see [this link](#) for details of the study methodology].

The data on timing and sequencing of different events in the life of a participant was collected in the Relationship History Calendar (RHC). The RHC gathered quantitative information on monthly changes in the status with respect to various life events such as education, work experience, history of migration, staying arrangement, relationships, sexual behavior, substance use, mental health, etc. A separate form was prepared to collect data of each relationship to understand details of sexual behavior, contraception use and abusive experiences in that relationship. Data were retrospectively collected from age 10 until current age. Narrative interview technique, which encourages participants to share their story, was used to collect information on different events. The RCH with narrative interview technique has been shown to follow the process of memory recall and reduce recall bias. The participant and the interviewer had a side-by-side sitting arrangement so that the participant was able to see the calendar and could participate in filling it and ensure the correctness of the information collected. The study tools were prepared in Marathi and English language. Data were collected between July 2017 and Jan 2019. Data were analyzed using the principles of event history analysis, sequence analysis and group based trajectory modelling in SAS and R statistical software. After each interview, the interviewer noted down important details of the participant's story including some quotes that were felt essential to provide the context. The quotes used in the briefs are based on these notes.

The findings of Youth in Transition study are shared through research briefs focusing on specific thematic issues.

# Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth

*"During summer vacation, I went to my Aunt's place. I was 13 then. There, my aunt's son forcefully kissed me and tried to have sex with me. I was shocked. To avoid family dispute, I did not disclose it to anyone... After that, I had often experienced bad (ghanerde) touch in crowded places. In response, I created my own defense mechanism. I started avoiding people, refrained from going out of the house or going in crowded places. I cut my hair, started wearing loose clothes so that I do not look attractive... I even took therapy (counselling) to overcome this fear but it was of no use. Even now when someone approaches me, my first reaction is of fear." (A 23-year-old woman)*

## Background

Child sexual abuse (CSA) includes all forms of sexual abuse against people aged under 18 years. CSA is one of the largest silent pandemic occurring in countries at all levels of development and hence a significant human rights and public health issue. Devastating and long term impacts [1] of CSA on physical [2], mental [3,4] and sexual health [5] have been reported in the literature. Reliable estimates of prevalence of CSA are lacking. While reliable estimates of CSA are lacking, a meta-analysis of data reported from 24 higher and middle-income countries reported that the prevalence could range from 8 to 31 % for girls and 3 to 17 % for boys [6].

The prevalence of CSA is very high in India. In the national survey conducted by the Ministry of Women and Child Development (MoWCD) in 2007, 53% children (both boys and girls) had reported some sexual abuse and more than 20% reported severe sexual abuse. Some other studies have also reported a very high prevalence of CSA in India [7]. Beyond these numbers, there is an overall lack of literature on long-term impact of CSA from India. A recent systematic review of research of CSA in India suggested the need of further research on this issue [8]. This section describes the experiences shared by the participants regarding CSA.

## Methodology

Retrospective data about experiences of CSA was collected from each participant, who were between the age of 20-29 years at the time of interview. In line with the current literature, experiences of CSA were categorized in three categories, non-contact abuse, contact abuse and forced sexual intercourse [8]. There were nine questions

asked under these three categories. The data about frequency of abusive act, age of the participant when the abuse was experienced for the first time, age and gender of the perpetrator and whether perpetrator was a family member or not was collected for each question. Considering the highly sensitive nature of the topic, interviewers were rigorously trained to undertake the interviews in an utmost sensitive and non-judgmental manner. In addition to ethical review of the study protocols and tools from the ethics committee, the questions regarding child sexual abuse and the way they should be asked were discussed with an expert working in the area. Counselling care was made available to participants when needed and they were linked to child sexual abuse survivors' support group if they wanted.

Further details about study recruitment, data collection and overall profile of the participants are provided in a separate document and can be accessed through [this link](#).

## Participant profile

Total 1240 participants were enrolled in the study out of which 653 were men, 584 were women, and 3 participants marked their gender as 'other'. One of them mentioned that she (her preferred pronoun) is still questioning her gender identity and for the purpose of the research, her identity can be marked as woman. While we completely understand and support collection and analysis of gender identity data to reflect the diversity, because of the very small number of participants with other gender identity in the research, it was not possible to include a separate gender category in analysis. There was no apparent difference in the trajectories of participants with other gender identities compared to men and women. Therefore, an analytical category of gender with 655 men and 585 women was created.

The median age of the participants was 23 years. Majority of the participants reported to belong to the middle/upper middle class (81% men, 91% women). Average monthly family income between 21000-75000 was reported by 46% men and 41% women whereas above 75000 was reported by 28% men and 43% women. Majority of the participants had completed or were studying for graduation (55% men, 47% women) or post-graduation (21% men, 23% women) degree. Almost half of the participants (57% men, 50% women) were involved in remunerative work at the time of interview. Majority of the participants were born and lived in the city during their childhood whereas 38% of the men and 23% of women were born and at least had schooling (up to 10<sup>th</sup>) in village or town and later migrated to the city for higher education or work.

## Findings

### High proportion of men and women reported sexual abuse in childhood

Among 1240 participants, 810 (65%) reported experience of at least one form of child sexual abuse. The proportion of women experiencing any form of child sexual abuse was significantly higher than men (86% vs 47%).

Table 5.1 below provides details of the different sexually abusive experiences reported by men and women study participants.

**Table 1: Childhood sexual abuse reported by participants**

Non-Contact Abuse	Men	Women	Total
Any non-contact abuse	208 (31.8%)	388 (66.3%)	596 (48.1%)
Made sexual remarks/comments	140 (21.4%)	253 (43.2%)	393 (31.7%)
Harassed/stalked (in person)	43 (6.6%)	185 (31.6%)	228 (18.4%)
Harassed online (using internet)	6 (0.9%)	108 (18.5%)	114 (9.2%)
Exposed sexual organs	53 (8.1%)	111 (19%)	164 (13.2%)
Made to see pornography	30 (4.6%)	15 (2.6%)	45 (3.6%)
Contact Abuse			
Any form of contact abuse	185 (28.2%)	394(67.4%)	579 (46.7%)
Touched sexually	162(24.7%)	388 (66.3%)	550(44.4%)
Made you touch sexually	70 (10.7%)	74 (12.6%)	144 (11.6%)
Forced Sexual Intercourse			
Any form of penetrative abuse	45(6.9%)	34(5.8%)	79(6.4%)
Tried penetrative sex	44 (6.6%)	33 (5.6%)	76 (6.1%)
Forced penetrative sex	18 (2.7%)	14(2.4%)	32 (2.6%)

## Context of child sexual abuse

### **Non-contact abuse**

**Made sexual remarks/comments:** Among 140 men and 253 women who reported that someone made sexual remarks at them, 61% of the men and 69% of the women reported that this happened very often. Most of the time family members, relatives, neighbors or school friends were the one who passed comments on their looks, color, weight, height, behavior (boy behaving like girl or vice versa), breast size etc. The body shaming by family members and relatives was often associated with expressing concerns about the person's chances of getting married in future.

**Harassed/stalked (in person):** Women more commonly reported stalking in person than men (32% vs 7%). The stalker was always a man except in one case where a man reported that a woman stalked him. Seventy-two percent of the men stalking girls were older to them while 24% were of the same age. Stalking was usually done by someone stranger to the child. Even among boys, it was always a man older than them did stalking. It was mostly in the form of forcing for a relationship by seniors from school or other boys/men standing on streets, some random boys following for a few days, following on bikes, etc. Overall girls were more likely to experience harassment/ stalking in person compared to boys.

*“When I was in 10th standard, some boys started coming everyday behind the school van. I used to stay in a gated community. Every day they used to wait in front of the gate. I never told this to my parents as I used to feel very scared. I thought that my parents would blame me. One day one of them proposed to me on the road and sent a letter with my friend. School principal saw it and called my mom to school and then they read that letter and understood that it was not my fault.”*  
(A 21-year-old woman)

**Harassed online (using internet):** Mostly women reported experiences of online abuse. Of the 108 women reporting it, 73% reported that this harassment happened multiple times. It was mostly in the form of unknown persons calling continuously, blank calls, harassing by sending unwanted messages, porn videos and photos on mobile, through WhatsApp or on Facebook.

*“When I was in 11th standard, someone had created a fake account on my name on social media. After that, many people used to send dirty messages. I had to change my SIM card 2 to 3 times. Till date I don’t know who was doing that.”* (A-23-year old woman)

**Exposed sexual organs:** Fifty-three men and 111 women reported that they experienced a situation when someone showed them sexual organs without their consent mostly in public space. Of these, 40% of the men and 76% of the women reported to experience this situation multiple times. Most of the time it was in the form of a stranger masturbating on the train, in bus, on road, in front of a hostel or house, in a rickshaw, or near school, etc.

*“I used to go to school by bus. In the bus, one boy used to pull out his penis and play with it. He was caught doing this by others at least 7-8 times. One day the conductor stopped the bus and made him get down.”* (A 22 years old woman)

**Made to see pornography:** Compared to other forms of non-contact abuse, relatively less number of participants reported that someone made them see porn against their wish. Among them, more men (n=30) compared to women (n=15) reported it. Most of the time school friends, elder cousins (male/female), elder boys or girls from the neighborhood were the one who showed porn to the participants.

Overall, 707 participants ever experienced non-contact sexual abuse. Analysis of sociodemographic factors associated with reporting of non-contact abuse showed that women compared to men were almost 6 times more likely to report any form of non-contact abuse. Though the sample size was too small, people with lesbian, gay, bisexual, queer or questioning (LGBQ) sexual orientation compared to heterosexual, were almost twice more likely to report non-contact abuse. Those living in nuclear families and with higher family income (>75000) were also more likely to report non contact abuse. However, the relationship of higher family income reporting abuse was not statistically significant.

**Table 2: Factors associated with reporting of non-contact sexual abuse during childhood**

		No	Yes	OR	P value
<b>Gender</b>	Boys	406 (62.0%)	249 (38.0%)	Ref	<0.001
	Girls	127 (23.8%)	458 (64.8%)	5.79[4.47-7.49]	
<b>Sexual orientation</b>	Heterosexual	500 (44.3%)	629 (55.7%)	Ref	<b>0.015</b>
	LGBQ	33 (29.7%)	78 (70.3%)	1.78[1.12-2.84]	
<b>Family type</b>	Joint	165 (48.7%)	174 (51.3%)	Ref	<b>0.002</b>
	Nuclear	368 (40.8%)	533 (59.2%)	1.56[1.18-2.06]	
<b>Family Income</b>	0-21000	129 (49.6%)	131 (50.4%)	Ref	<b>0.614</b>
	21000-75000	259 (47.3%)	289 (52.7%)	0.92 [0.67;1.27]	
	>75000	145 (33.6%)	287 (66.4%)	1.39[0.99;1.97]	

### **Contact abuse**

**Touched sexually:** women (66%) as well as men (25%) reported sexual touching as a form of abuse. The percentage of women reporting this abuse was much higher and 50% of the women and 37% of the men experienced this situation multiple times. The experiences ranged from unknown person touching breasts, buttocks, penis in public crowded places, on bus stop, in bus, train or while walking on streets, to neighbors, known person, or relative (close as well as distant) inappropriately touching at night during sleep or some other time. Men and women also reported such type of abuse by rickshaw drivers, spiritual gurus, male/female teachers, police, etc. A Few men reported that seniors in the school or hostel touched them sexually.

*“When I was 13-14 years old my uncle used to come and sit near me and touch my penis. I did not like it. I used to be scared of him so I never disclosed this to anyone. Until the last couple of years, he used to send pictures of his penis on my WhatsApp.” (A 26-year-old man)*

*“One of my grandmother’s relatives used to come to my place for my tuition. I must have been 5-6-year-old then. She used to do fingering (touch genitalia/put finger inside vagina). This went on for almost 6-7 yrs. It used to hurt. I am still scared of the pain and hence I have never tried sex in any of my relationships.” (A 24-year-old woman)*

**Made you touch sexually:** Almost equal number of men (n=70) and women (n=74) reported sexual abuse where the child was made to touch someone sexually. Half of the participants had experienced this abuse several times. Almost always a person older to them perpetrated the abuse. Women experienced this abuse usually from men. Men participants reported that they were made to touch sexually by other men (69%) as well as women (29%). Two men reported that a transgender person abused them. Among 34% of the men and 43% of the women, the abuser was a family member.

*“I was in 5th standard and there were two girls from 9th and 10th standard. They used to live near my house. They used to ask me to remove my clothes. They used to touch my penis and used to ask me to touch their breasts and vagina.” (A 24-year-old man)*

Overall, the experiences of any form of contact abuse were reported more by women and people with LGBTQ sexual orientation compared to men and people with heterosexual orientation respectively. In addition, younger people who were born after 1995 were less likely to report contact sexual abuse compared to those born before 1995 which might suggest possible decline in contact CSA in recent years.

**Table 3: Factors associated with reporting of any contact sexual abuse during childhood**

		No	Yes	OR	P value
<b>Gender</b>	Men	398 (60.8%)	257(39.2%)	Ref	<b>&lt;0.001</b>
	Women	135 (23.1%)	450 (76.9%)	5.63[4.35-7.28]	
<b>Sexual orientation</b>	Heterosexual	499 (44.2%)	630 (55.8%)	Ref	<b>0.015</b>
	LGBQ	34 (30.6%)	77 (69.4%)	1.76[1.12-2.76]	
<b>Cohort</b>	Post Millennial (Gen Z)	162 (44.9%)	199 (55.1%)	Ref	<b>0.001</b>
	Millennial (Gen Y)	371 (42.2%)	508 (57.8%)	1.61 [1.22-2.12]	

Millennial- Born between 1987-1995; Post Millennial- Born in or after 1996

### **Forced sexual intercourse**

**Tried penetrative sex:** There were 44 men and 33 women who reported that they experienced abuse where someone tried penetrative sex with them (anal, vaginal). Twenty men and 11 women reported that they experienced this abuse multiple times. Men, often older to the child, were the perpetrators. Abuse by family members was more common among girls (42%) compared to boys (25%).

*“We were in school and there was a college going girl who was our neighbor. She used to take me and my friend to her house every afternoon after school. She used to ask us to remove our clothes and used to try for penetrative sex. This was going on for 2 months”. (A 22-year-old man)*

**Forced penetrative sex:** Eighteen men and fourteen women reported forced penetrative sex. Of these, 14 men and 8 women mentioned that this happened multiple times. In most of the cases the perpetrator was an older man. Five men and six women said that the perpetrator was someone from the family. A man from rural background reported forceful penetrative sex with him for at least 15 times from a relative.

*“When I was in 6th standard my brother forcefully kissed me and did anal sex twice. Recently when I read about sexual abuse, I confronted my brother. He also said sorry for that. Now my relationship with him is good like it never happened.” (A 20-year-old woman)*

Overall, there were no specific demographic factors that increased the likelihood of reporting forced sexual intercourse except sexual orientation. Those who reported LGBTQ as their sexual orientation were three times more likely to report forced sexual intercourse during childhood compared to heterosexual. There is no difference in reporting of forced sexual intercourse among men and women.

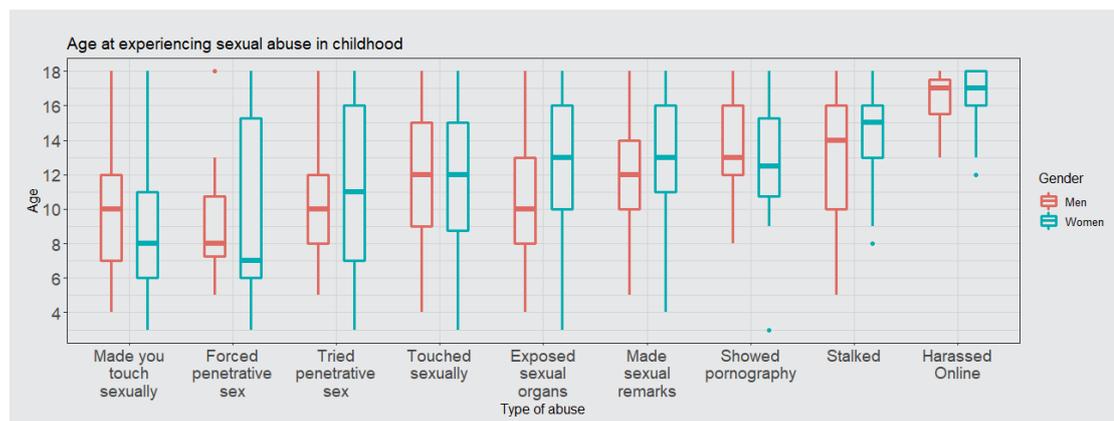
**Table 4: Summary of regression analysis for variables predicting reporting of forced sexual intercourse during childhood**

		No	Yes	Odds ratio	P value
<b>Gender</b>	Men	604 (92.2%)	51 (7.8%)	Ref	
	Women	537 (91.8%)	48 (8.2%)	1.17[0.76-1.81]	0.475
<b>Sexual orientation</b>	Heterosexual	1052 (93.2%)	77 (6.8%)	Ref	
	LGBQ	89 (80.2%)	22 (19.8%)	3.51[2.07-5.97]	<0.001

### The pattern of abuse differed with the age of the child

Forced sexual intercourse and contact sexual abuse started at earlier age (from 5-8 years of age) compared to non-contact abuse. Stalking (in-person or online) started after puberty. Similar age pattern was seen among men and women. The mean age of experiencing forced sexual intercourse was 9 years. Also, at this age, children were made to touch the perpetrators in a sexual manner. The average age to experience sexual remarks and sexual touch from others is 12 years. The average age when someone forcibly showed pornography was 13 years. The average age at experiencing harassment or stalking in person was 14 years and that through the internet was 6 years.

**Figure 1: Age at experiencing sexual abuse in childhood**



## Experiences of sexual abuse in childhood affected relationship decisions in later life

Experiences of child sexual abuse had multidimensional and long-term impact on the relationship choices and decisions people make in later life. Overall, men and women who experienced any type of CSA were more likely to ever have a relationship compared to those who did not experience CSA. In addition, those with experience of CSA were more likely to engage in penetrative sex in their intimate relationships in later life. Men who experienced forced intercourse during childhood were more likely to have earlier sexual debut compared to those who did not experience forced intercourse, whereas women who experienced any form of contact CSA had delayed sexual debut compared to those who did not experience contact CSA. In addition, men and women who reported to have experienced any form of CSA were more likely to report that they ever had short relationships (lasting for less than a month).

Experiences of sexual abuse in childhood were significantly related to reported emotional and sexual abuse in adult relationships. Women and men experiencing any form of contact sexual abuse were more likely to report emotional as well as sexual abuse in intimate relationships.

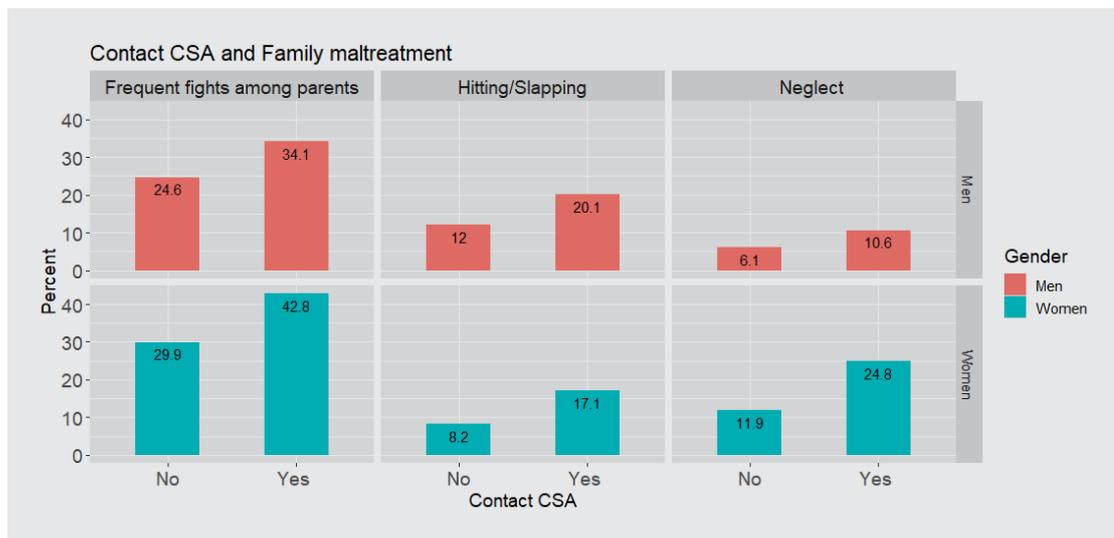
**Table 5: Summary of regression analysis for variables predicting any type of childhood sexual abuse**

	Non-contact abuse		Contact abuse		Forced intercourse	
	No	Yes	No	Yes	No	Yes
<b>Age at start of relationship (Mean)</b>						
<b>Men</b>	18.7	18.0	18.2	18.0	18.1	17.5
<b>Women</b>	17.8	17.7	18.1	17.6	17.8	17.0
<b>Ever had penetrative sex</b>						
<b>Men</b>	151 (37.2%)	120 (48.2%)	143 (35.9%)	128 (49.8%)	240 (39.7%)	31 (60.8%)
<b>Women</b>	37 (29.1%)	209 (45.6%)	36 (26.7%)	210 (46.7%)	214 (39.9%)	32 (66.7%)
<b>Age at sexual debut (Mean)</b>						
<b>Men</b>	20.8	20.0	20.3	20.6	20.7	18.7
<b>Women</b>	20.5	20.8	20.1	20.9	20.7	21.1
<b>Ever had a short relationship</b>						
<b>Men</b>	102 (35.5%)	90 (45.0%)	98 (34.9%)	94 (45.6%)	168 (37.9%)	24 (54.5%)
<b>Women</b>	22 (21.2%)	134 (34.1%)	19 (18.3%)	137 (34.9%)	133 (29.3%)	23 (53.5%)

## Children who experienced contact sexual abuse were more likely to report neglect and maltreatment from the family

There was statistically significant correlation between children experiencing any form of contact sexual abuse and reporting that they experienced adverse childhood in the forms of witnessing frequent fights among parents; being hit or slapped by parents in their teenage; and had the feeling that their parents neglected them during the childhood. Similar pattern was observed among both men and women. These data support the growing evidence of adverse childhood experiences and the multidimensional nature of vulnerabilities of the children.

Figure 2: Contact abuse and family maltreatment



## Summary

Analysis of experiences of child sexual abuse as reported by unmarried educated youth, majority belonging to middle and upper middle class, provided following insights. Men and women commonly reported experiencing contact and non-contact sexual abuse in childhood. Women compared to men and people with LGBTQ sexual orientation, compared to heterosexual, were significantly more likely to report non-contact and contact sexual abuse in childhood. Men and women equally reported forced penetrative sexual abuse during childhood. However, participants with LGBTQ sexual orientation were more likely to report forced penetrative abuse compared to heterosexual participants. There was an age pattern in experiencing abuse. Most participants experienced forced penetrative abuse at a very young age (before puberty). Experiences of CSA also appeared to be related to relationships decision-making in later life. Those who had reported CSA were more likely to ever have an intimate relationship and choose to have penetrative sexual relationships with the partner. The finding that those reporting CSA also reported neglect and other adverse childhood experiences in this study showed the multidimensionality of children's vulnerability. Though the findings are derived from a purposive sample and have

limitations in generalizing the proportions to all the youth, it provides important insights about the context of CSA pointing towards several implications.

## **Implications and way forward**

### **There is a need for interventions to support survivors of child sexual abuse**

A huge proportion of population experiences sexual abuse in the childhood and a significant proportion of it continues to experience its adverse impact later in life. However, currently there are no specific interventions and initiatives in the public health system for survivors of child sexual abuse to help them cope with the stress. Many a time people cannot relate their current emotional, inter-personal and sexual issues to their abusive experiences. It also makes it necessary for health care providers as well as counselors to have adequate skills to identify and address the issues arising from childhood experiences of sexual abuse. Many participants were narrating their CSA related experiences for the first time during this research interview and mentioned that the interview process helped them reflect on their past and understand the linkages of abusive experiences to their current anxieties, fears and behavior. This also highlights the need for having a non-judgmental, non-medical space for people to share their concerns and identify their conflicts with the help of a trained person.

### **Strategies to address CSA should recognize that vulnerabilities and risks are cumulative in nature**

In line with the emerging global research, our research clearly suggests that children who experience sexual abuse are also likely to experience other forms of victimization such as abuse from parents or abuse in relationship happening in later life. It significantly affects their relationship choices. These findings highlight the need to look at CSA not only as an acute 'state' of vulnerability and stress to the child when the abuse has happened but as a cumulative process that hampers the psychological and interpersonal growth of the child. Adopting this perspective would also entail recognition that the severity and negative consequences of CSA, would not entirely depend on the type of CSA but on the presence of individual and interpersonal resources to deal with the stressor. Non-contact CSA may not always have less severe impact than contact CSA have. Therefore, interventions for building resilience, self-esteem and self-efficacy of children and young people are essential not only for prevention of CSA but also mitigating its impact and preventing re-victimization in later life.

### **Need to move away from the stereotype 'men are perpetrators-women are victims'**

There is enough evidence from several studies including this youth in transition study, that both men and women experience sexual abuse in childhood. There is not much of a gender difference in abusive experiences, especially when it comes to contact abuse

and forced intercourse. Some of the CSA prevention interventions targeting boys are centered on the idea of boys as future perpetrators neglecting their vulnerability to experience abuse. It is however, important to include boys and girls, and gender non-conforming children, in the interventions to prevent child sexual abuse. It is observed from this study that a significantly higher proportion of participants who identify themselves as LGBTQ reported contact or non-contact abusive experiences during childhood. Those children who display non-normative gender expressions are more likely to be targets of abuse for not conforming. Therefore, it is also important for prevention interventions to focus on gender norms, gender diversity, power and patriarchy.

### **Education program should go beyond ‘good touch-bad touch’**

One of the most advocated approaches for preventing CSA is teaching children about good touch/bad touch. However, as can be seen in the data, CSA does not necessarily involve touch. In the context in which CSA happens (mostly from a known person), it could also be very confusing for kids to determine what is ‘good’ and what is ‘bad’ touch? While children certainly need to know about their safety from an early age, care must be taken that the approach to teach them is comprehensive, non-moralistic and does not perpetuate misconceptions and confusions in later life. The good touch/bad touch program, by qualifying the touch as good or bad appear to take a moralistic stand. In addition, this approach appears narrow in its perspective by restricting to specific forms of abuse. The CSA prevention interventions need to go beyond good-touch/bad-touch by adopting a more affirmative, comprehensive and incremental approach to education. To build agency of children to understand and act for preventing CSA, the education must also talk about choice and body autonomy from a very young age.

### **With increasing access to mobile phones and internet technology, comprehensive response to online child sexual abuse is required**

With rapid expansion of mobile and internet technology in India, there are concerns about significant rise in online child sexual abuse. Several forms of online abuse such as cyberbullying, grooming (preparing a child for sexual exploitation), online sexual exploitation, revenge pornography etc. have been documented. However, there is limited research based understanding of the prevalence, context and impact of online child sexual abuse in India. While there are some recent legal and policy initiatives to address the issue such as the plan to set up special prevention/investigation unit for online sexual abuse and exploitation of children and strengthening child protection laws, the issue still remains to be fully addressed. In addition, laws and policies alone will not be able to address the issue of interpersonal online abuse. Comprehensive approach involving communities, particularly parents and children is needed to address it. In the current context where there is almost complete lack of parent-child

communication about sexuality, children may not disclose their abusive experiences with parents for the fear of being blamed or losing access to mobile phones/internet services. Addressing this lack of communication is essential to address offline CSA as well. Therefore, response to online child sexual abuse should be a part of overall response to CSA which should be based on comprehensive education, building abilities and resilience of children and strengthening support systems including legal support.

## Acknowledgements

We gratefully acknowledge the efforts of Population Foundation of India and Prabha Nagaraja of TARSHI (Talking About Reproductive and Sexual Health Issues) in reviewing the research briefs and providing their valuable comments. We thank our data collection team – Maitreyee Kulkarni, Archana Kulkarni, Sanjay Chabukswar, Amar Deogaonkar and Anuj Deshpande for their sensitive and sincere efforts of talking to young people and their help in data entry and validation. Many thanks to all the participants who cooperated enthusiastically during long interviews and trusted us to share their personal journeys. We would like to thank Mr Makarand Sathe for language editing, Mr Mitwa AV of Elements of Poetry Studio for design and Mrs Rohinee RC for layout.

## References

- 1] Beitchman JH, Zucker KJ, Hood JE, et al. A review of the long-term effects of child sexual abuse. *Child Abuse & Neglect* 1992;16:101–18.
- 2] Irish L, Kobayashi I, Delahanty DL. Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. *J Pediatr Psychol* 2010;35:450–61.
- 3] Shrivastava AK, Karia SB, Sonavane SS, et al. Child sexual abuse and the development of psychiatric disorders: a neurobiological trajectory of pathogenesis. *Ind Psychiatry J* 2017;26:4–12.
- 4] Akinbode TD, Pedersen C, Lara-Cinisomo S. The Price of Pre-adolescent Abuse: Effects of Sexual Abuse on Perinatal Depression and Anxiety. *Matern Child Health J* 2020.
- 5] Slavin MN, Scoglio AAJ, Blycker GR, et al. Child Sexual Abuse and Compulsive Sexual Behavior: A Systematic Literature Review. *Curr Addict Rep* 2020;7:76–88.
- 6] Barth J, Bermetz L, Heim E, et al. The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *Int J Public Health* 2013;58:469–83.
- 7] Singh MM, Parsekar SS, Nair SN. An Epidemiological Overview of Child Sexual Abuse. *J Family Med Prim Care* 2014;3:430–5.
- 8] Choudhry V, Dayal R, Pillai D, et al. Child sexual abuse in India: A systematic review. *PLoS One* 2018;13.

## List of research briefs from the Youth in Transition Study

1. Relationship Patterns and Dynamics among Unmarried Youth
2. Sexual Health Risks among Unmarried Youth
3. Contraceptive Use and Unwanted Pregnancies among Unmarried Youth
4. Abuse in Non-Marital Relationships
5. Experiences and Impact of Childhood Sexual Abuse among Unmarried Youth
6. Sexuality and Mental Health Issues among Unmarried Youth

All the research briefs and detailed methodology of the Youth in Transition study is compiled in a report, which can be accessed through [this link](#).

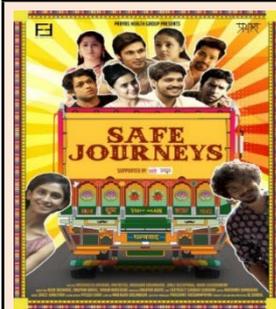
## Publications and resources based on insights from the Youth in Transition Study

### *The Wire Marathi Article Series*

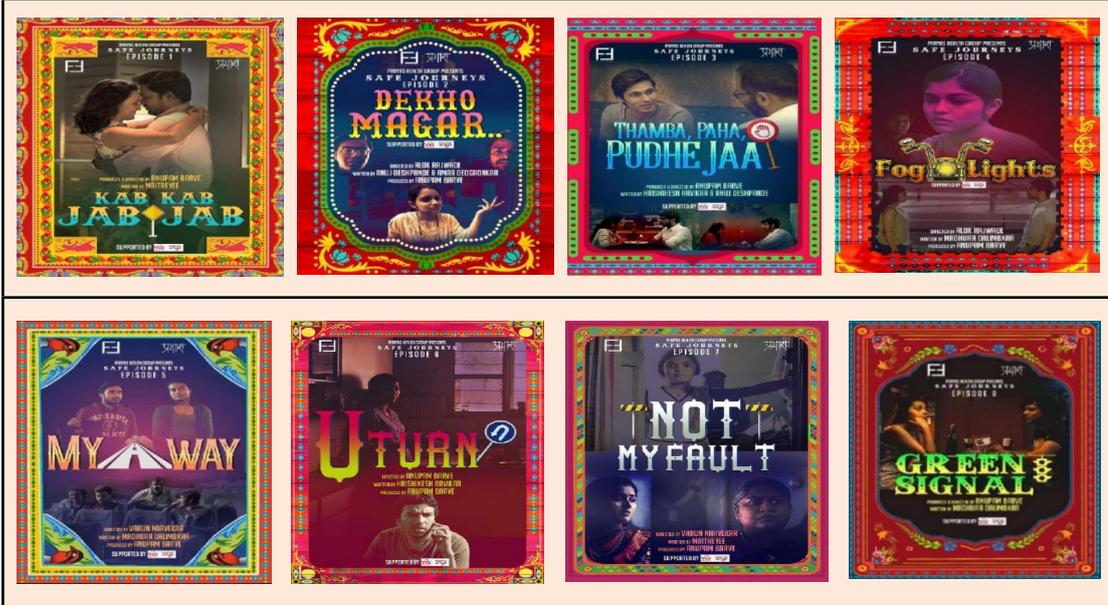
The findings of Youth in Transition Study were shared through a series of articles written in a Marathi news portal, The Wire Marathi. Click the title of the articles to read more.

1. युवकांना स्थित्यंतरात समजून घेण्याचा 'प्रयास'
2. 'सिरीयस', 'कॅज्युअल' आणि जातीची जाणीव
3. नाती, नात्यांच्या कल्पना आणि अदृश्य दबाव
4. लैंगिक अत्याचार आणि आपण सर्व
5. लैंगिक अत्याचाराचा लपलेला चेहरा
6. लैंगिकता आणि नैराश्य
7. संमतीची जाणीव- नेणीव
8. सेक्स आणि इज्जत का सवाल
9. सेक्स आणि जोखमीचे जोखड

Safe Journeys- A Web Series



The web series is based on the insights from the Youth in Transition study and is created with the aim of increasing young people's ability to deal with issues related to sexuality. The series of eight videos can be accessed from [Safe Journeys web page](#) and through [Prayas Health Group's You Tube channel](#)





Prayas (Health Group)

Amrita Clinic, Athawale corner building, Near Sambhaji bridge, Karve Road,  
Pune-411004, Maharashtra, India.

[www.prayaspune.org](http://www.prayaspune.org)