[**Sexual**](https://www.psychologytoday.com/us/basics/sex)**abuse**

is any sexual activity that occurs without consent. Also referred to as sexual assault or sexual violence, it includes unwanted sexual touching, forced oral sex, and rape, among other sexual acts. No matter which act occurs, it’s not the survivor’s fault that they were assaulted—and help is available to begin healing from such abuse.

Understanding [Sexual](https://www.psychologytoday.com/us/basics/sex) Abuse

Sexual violence is a pervasive problem. The abuse can lead to shock, [fear](https://www.psychologytoday.com/us/basics/fear), sadness, and in some cases, an [anxiety](https://www.psychologytoday.com/us/basics/anxiety) or depressive disorder. But therapy, coping skills, and social support can relieve the burden and help survivors heal.

Personal, societal, and legal hurdles often prevent survivors from disclosing the abuse and receiving the help they deserve. Although the #MeToo movement and the national discussion that ensued helped to address sexual harassment and assault, there’s still a long way to go to create cultural change and stop sexual violence.

If you’re concerned that a loved one is suffering sexual abuse, asking them directly can lead to relief, support, and treatment. The [signs that an adult may have been sexually assaulted](https://www.psychologytoday.com/us/blog/trauma-and-hope/201704/overcoming-sexual-assault-symptoms-recovery) include:

• Anxiety about specific situations that didn’t previously prompt anxiety

• Avoiding specific people or places

• Persistent sadness or depression

• Low self-esteem

• Disturbed sleep or nightmares

• Self-harming behavior

• [Suicidal](https://www.psychologytoday.com/us/basics/suicide) thoughts

• New sexually transmitted infections

What can I do to support a survivor of sexual abuse?

The most important thing to do is to simply [listen and believe your loved one.](https://www.psychologytoday.com/us/blog/the-sum-my-parts/201107/when-loved-one-is-survivor-sexual-abuse-part-one) Validate their emotions, ask questions, and avoid casting judgment. Help them explore options and resources, such as seeking medical [attention](https://www.psychologytoday.com/us/basics/attention), reporting the [crime](https://www.psychologytoday.com/us/basics/law-and-crime), calling an abuse hotline, or seeking therapy. Although you may have strong opinions, set those aside—the survivor should make every decision for themselves when they feel ready to do so.

**Key facts**

* **Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights.**
* **Estimates published by WHO indicate that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.**
* **Most of this violence is intimate partner violence. Worldwide, almost one third (27%) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.**
* **Violence can negatively affect women’s physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings.**
* **Violence against women is preventable. The health sector has an important role to play to provide comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need.**

**Introduction**

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." *(1)*

**Intimate partner violence** refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

**Sexual violence**is "any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms".

* [World report on violence and health](https://www.who.int/publications-detail-redirect/9789241564793)

**Scope of the problem**

Population-level surveys based on reports from survivors provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence. A 2018 analysis of prevalence data from 2000-2018 across 161 countries and areas, conducted by WHO on behalf of the UN Interagency working group on violence against women, found that worldwide, nearly 1 in 3, or 30%, of women have been subjected to physical and/or sexual violence by an intimate partner or non-partner sexual violence or both *(2)*.

* [Global and regional estimates of violence against women](https://www.who.int/publications-detail-redirect/9789240022256)

Over a quarter of women aged15-49 years who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner at least once in their lifetime (since age 15). The prevalence estimates of lifetime intimate partner violence range from 20% in the Western Pacific, 22% in high-income countries and Europe and 25% in the WHO Regions of  the Americas to 33% in the WHO African region, 31% in the WHO Eastern Mediterranean region, and 33% in the WHO South-East Asia region.

Globally as many as 38% of all murders of women are committed by intimate partners. In addition to intimate partner violence, globally 6% of women report having been sexually assaulted by someone other than a partner, although data for non-partner sexual violence are more limited. Intimate partner and sexual violence are mostly perpetrated by men against women.

Lockdowns during the COVID-19 pandemic and its social and economic impacts have increased the exposure of women to abusive partners and known risk factors, while limiting their access to services. Situations of humanitarian crises and displacement may exacerbate existing violence, such as by intimate partners, as well as non-partner sexual violence, and may also lead to new forms of violence against women.

**Child sexual abuse**

 is a worldwide phenomenon, and India is not an exception. The magnitude of this grave crime is underrated because of under-reporting. The reality is that the incidence of child sexual abuse has reached epidemic proportions in India. In 2021 only there were 53,874 cases registered under Protection of Children from Sexual Offences Act of 2012. To enable the all-around protection of children, the Indian government administrated the “Protection of Children from Sexual Offences (POCSO)” Act of 2012. The act is a comprehensive piece of legislation designed to protect children from crimes including sexual assault, sexual harassment, and pornography. The degree to which this act has improved child protection is therefore an important issue for interrogation. Here, we consider the implications of the POCSO Act (2012) in enhancing children’s protection from sexual abuse and pin-point the role of quality of life together with other social, economic, and demographic determinants in foreshortening POCSO incidences.

Child sexual abuse is a significant public health problem and an [adverse childhood experience](https://www.cdc.gov/violenceprevention/aces/fastfact.html) (ACE). Child sexual abuse refers to the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society and that he/she:

* does not fully comprehend
* does not consent to or is unable to give informed consent to, or
* is not developmentally prepared for and cannot give consent to

**Consequences**

experiencing child sexual abuse can affect how a person thinks, acts, and feels over a lifetime. This can result in short- and long-term physical, mental, and behavioral health consequences.
Examples of physical health consequences include:

* sexually transmitted infections (STIs)
* physical injuries
* chronic conditions later in life, such as heart disease, obesity, and cancer

Examples of mental health consequences include:

* depression
* posttraumatic stress disorder (PTSD) symptoms

Examples of behavioral consequences include:

* substance use/misuse, including opioid misuse
* risky sexual behaviors, meaning sex with multiple partners or behaviors that could result in pregnancy or STIs
* increased risk for perpetration of sexual violence
* increased risk for suicide or suicide attempts

Experiencing child sexual abuse can also increase a person’s risk for future victimization. For example, recent studies have found:

* Females exposed to child sexual abuse are at **2-13 times increased risk of sexual violence victimization in adulthood**
* People who experienced child sexual abuse are at **twice the risk for non-sexual intimate partner violence**

The number of rape incidents in India per 100,000 citizens is 22,172 as of 2020, according to world population data as shown in [Table 1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/table/T1/).[[7](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref7)] Indian children, at 440 million, constitute 19% of the world's population of children. United Nations International Children Education Fund study during 2005–2013 reported that CSA in Indian girls was 42%.[[8](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref8)] A Government of India, Ministry of Women and Child Development (MWCD) study in 2007 which interviewed 125,000 children in 13 Indian states revealed that the prevalence of all forms of child abuse is extremely high (physical abuse [66%], sexual abuse [50%], and emotional abuse [50%]). This major state-sponsored survey in India reported the prevalence of CSA as 53%.[[9](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref9)] Boys were equally affected and more than 20% were subjected to severe forms of sexual abuse that included: sexual assault, making the child fondle private parts, making the child exhibit private body parts, and being photographed in the nude. In both the major surveys, majority of the abusers were people known to the child or in a position of trust and responsibility. Several reports indicate that neighbors, friends, close relatives, and acquaintances, and employers at workplaces are the most common abusers.[[10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref10),[11](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref11),[12](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref12),[13](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref13),[14](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref14),[15](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref15),[16](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref16),[17](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref17),[18](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref18)] The Honourable Delhi High Court observed that in 2014, of the 1704 cases of rape registered in the capital, 215 cases were instances of child incestuous rape.[[19](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref19)]

The National Crime Records Bureau (NCRB) revealed that crimes against children increased by 4.5% in 2019 as compared to 2018.[[20](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref20)] In its report, NCRB stated that as many as 148,185 crimes against children were reported in 2019 in the country.[[20](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref20)] In this, 31.2% cases of crimes against children were registered under the POCSO Act, 2012.[[20](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref20)] Maharashtra is the state where the maximum number of 8,503 cases under the POSCO Act, 2012 were registered in the country during 2017–2019. In nearly 50% of these cases, minors were lured online into meeting people, who then subjected them to sexual abuse or entered into sexual relationships with the promise of marriage.[[20](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref20)]

On the list of states, Maharashtra is followed by Uttar Pradesh with 6,978 cases, Madhya Pradesh (5,348), Karnataka (4,339), and Gujarat (4,228).[[21](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref21)] In Maharashtra, it was found that cases of abuse of minors have been on the rise, going up from 2,398 cases in 2017 to 2,944 in 2018 to 3,161 in 2019.[[21](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref21)] The most vulnerable underage persons are between 16 and 18 years of age, followed by 12–16 years, 6–12 years, and then even those aged below 6 years following the enactment of the Criminal Law (Amendment) Act, 2013.[[21](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref21)]

Under the Criminal Law (Amendment) Act, 2013, the age of consent for sex has been increased to 18 years from 16 years in India, which means any sexual activity irrespective of the presence of consent with a girl below the age of 18 years will constitute statutory rape.[[22](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref22)]

Consistently, in other studies[[23](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref23)] the highest numbers of registered cases were falling in this age group where teenagers (16 to less than 18 years old) were engaging in consensual relationships (sexual intercourse by mutual consent).

The Honourable Madras High Court in a present ruling in June 2018 stated, “Any consensual sex after the age of sixteen or bodily contact or alleged acts could be excluded from the rigorous provisions of POCSO Act and sexual assault could be tried under more liberal provisions which can be introduced in the act, differentiating sexual assault and teenage relationship.”[[24](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref24)] This verdict has suggested that the minimum age of consent for sexual intercourse should be made 16 years again; and therefore, it would decriminalize the consensual sex for adolescents of the age group 16 to 18 years.

Medico-legal Aspects

(i) Obligatory reporting: An ethical dilemma:

Such a dilemma can arise when the victim and the family confidently provide the healthcare professional with a sexual history to obtain adequate treatment but do not want the incident to be reported to the police. There may be situations where out of interest, children or teenagers provide information on sexual exploration or participate in foreplay or perhaps even consensual sex with each other; and later on becoming pregnant. The POCSO Act, 2012 considers all pregnant minors (below 18 years of age) as survivors of sexual assault and allows healthcare professionals to inform the police of such pregnancies. The confidentiality clause under the Medical Termination of Pregnancy (MTP) Act, 2003[[41](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref41)] is in clear contravention with this. The MTP Act, 2003 makes it mandatory for healthcare professionals to keep all information on those seeking abortions confidential. According to POSCO Act, if a girl wants to undergo MTP on humanitarian grounds but does not want to file a police complaint (when pregnancy is an outcome of sexual assault), the healthcare professional must inform the police that the cause for pregnancy was rape. Healthcare professional's attempts to interact and work with young people will be severely compromised by a violation of privacy if they are legally obligated to reveal any knowledge of consensual, although underage sex.

(ii) Lack of medical evidence:

Reporting of sexual violence is sometimes delayed for weeks or months, and any direct evidence could be lost by that time. The observed unusual findings may be due to acute injury sustained during the recent episode or to lingering effects after frequent sexual encounters in the past. Delay in reporting of cases and medico-legal examination causes loss of essential biological trace evidence.

(iii) Ruling out accidental genital trauma:

The concerns are intensified in pediatric patients, where genital trauma can be caused by accidental injury and most significantly, where the injury will cause parents anticipatory anxiety regarding their potential gynecological issues, sexual growth and not to forget causing humiliation by defamatory questions asked by the police. The examination of female genitalia requires different techniques and methods than those used in adults,[[42](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref42)] and the examination should be comprehensive and detailed, and it is important to differentiate between those physical findings which resemble signs of trauma or sexual abuse. Therefore, careful examination findings are of importance in this group of patients.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/)

Long-Term Effects on Child

Preadolescent sexually abused children meet full criteria between 30% and 50% for a posttraumatic stress disorder diagnosis,[[43](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref43)]30–40% for depression,[[44](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref44)]27% for conduct disorders,[[45](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref45)]14.3% for attention deficit hyperactivity disorder,[[46](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref46)] and 5–8% for obsessive-compulsive disorder.[[47](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref47)]

In adolescent children, the experience of CSA has a strong association with feelings of hopelessness, suicidal ideation, and suicidal attempt.[[48](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref48)] Children most often do not reveal their shameful truth and stay silent. However, CSA typically triggers strong emotions, including fear, uncertainty, shame, guilt, rage, helplessness, depression, and distress. Survivors of CSA may consider themselves different, disgusting, and harmed.[[49](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref49)]

Owing to various emotional, social, and cultural factors, CSA survivors may not be able to express their feelings and experiences. The main rationale for this is that children are traumatized and are unsure of the proper words to express their encounter. CSA has long-lasting negative effects on mental health. Effects can be immediate, intermediate, and long-term. Reference should be made to the psychologist and psychiatrist in all cases needed for the assessment and treatment of acute stress reactions and, consequently, to posttraumatic stress disorder. Also, another reference should be made to other specialists like District Child Protection Units, child developmental experts, medical social workers as needed for both medical care and legal aid. Coordination and convergence between all key experts can support the child and help reduce the emotional stress of trauma. Appropriate steps must be taken to avoid further violence, trauma, and revictimization.

The Ministry of Women and Child Development (MWCD), Govt. of India, since 1stApril 2015, is establishing Sakhi: One Stop Centers (OSC) preferably within a hospital/medical facility to provide support and assistance to victims of gender violence.[[50](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref50)] So far 683 OSCs have been started operations in different state/Union territories in India.[[51](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8445113/#ref51)] The holistic facilities, including medical, police, psychosocial counseling, legal assistance, shelter, referral, and video-conferencing are therefore given “under one roof.” The scheme is centrally funded with complete financial assistance.

There are few offenses more painful to contemplate than child sexual abuse. Parents or loved ones may hesitate to raise such a concern with their child, but if they are worried, they should gently but directly ask. Ending any contact with the perpetrator and beginning therapy can help survivors of [childhood](https://www.psychologytoday.com/us/basics/child-development) abuse begin to heal, regardless of how recently the event occurred.

What are the signs of child sexual abuse?

The signs that a child may have been sexually assaulted include:

• Sexually transmitted infections

• Genital injuries including bruising or bleeding

• Inappropriate sexual behavior or sexual knowledge

• Regressing to past habits such as bed-wetting or thumb-sucking

• New fear of removing clothing to change or bathe

• New fear of being alone at night or having nightmares

• New discomfort or anxiety around certain adults

• Excessive worry or fear

• Extreme agitation or angry outbursts

• Withdrawal from family and friends

What should I do if I learn that a child has been sexually abused?

If parents or caretakers are concerned about sexual abuse, they should gently but directly ask. While some children may bring up abuse themselves, many do not.

If an incident is suspected, avoid putting the child in situations in which they might encounter the potential offender or be in an unsupervised situation with an adult, until the matter is resolved.

If an incident is confirmed, report it. Reaching out to a rape crisis center, [domestic violence](https://www.psychologytoday.com/us/basics/domestic-violence) center, or sexual assault hotline can help. (The National Sexual Assault Hotline number is 800-656-4673.)

Once the abuse has been reported, discuss next steps for the child with a doctor and [mental health professional.](https://www.psychologytoday.com/us/therapists)

What are the mental health consequences of child sexual abuse?

Some survivors of [child sexual abuse dissociate](https://www.psychologytoday.com/us/blog/talking-about-trauma/201312/understanding-dissociative-identity-disorder-in-children) to cope with chronic abuse, unconsciously disconnecting from reality to some degree. Dissociative disorders are more commonly found in victims of sexual abuse than among any other [psychiatric](https://www.psychologytoday.com/us/basics/psychiatry) population. Children who are 9 years old or younger are especially prone to dissociative disorders under conditions of severe sexual, physical, or [emotional abuse](https://www.psychologytoday.com/us/basics/emotional-abuse).

How can survivors of child sexual abuse recover?

Children can heal through trauma-focused therapy or therapy to process and address dissociation. Self-compassion may also be a key skill in overcoming past abuse. Survivors of [child sexual abuse often struggle with shame](https://www.psychologytoday.com/us/blog/the-compassion-chronicles/201501/healing-the-shame-childhood-abuse-through-self-compassion) and self-blame. Cultivating self-compassion—extending oneself the recognition, validation, and support that one would offer a loved one who is suffering—can neutralize shame. Self-compassion may provide emotional [resilience](https://www.psychologytoday.com/us/basics/resilience) and is linked to fewer mental health problems, research suggests.

Why don’t people disclose child sexual abuse?

Confusion, denial, fear, shame, and self-blame can lead [adult victims of child sexual abuse to stay silent.](https://www.psychologytoday.com/us/blog/the-compassion-chronicles/201903/why-adult-victims-childhood-sexual-abuse-dont-disclose) Survivors could feel confused as to whether the events that occurred constitute abuse. They also may not remember the events clearly, due to the tendency for children to [dissociate](https://www.psychologytoday.com/us/basics/dissociation), or because the perpetrator gave them drugs or [alcohol](https://www.psychologytoday.com/us/basics/alcohol) prior to the abusive act.

Survivors may also be in denial, unable to face the pain of admitting that abuse occurred. They could be fearful of the perpetrator’s threats, of not being believed, and of potential repercussions for the family. They may feel ashamed, due to the helplessness and humiliation they experienced. They may also still blame themselves for a range of unfounded reasons. These include messages conveyed by the perpetrator, or the fact that such a stance provides a semblance of control over an overwhelmingly painful situation.