

MAKING THE WORLD SAFER FOR CHILDREN: PREVENTION OF SEXUAL ABUSE OF MINORS

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Child Sexual Abuse (CSA), though an age-old and widespread problem, has received universal attention in recent decades prompted by #MeToo revelations and clerical sexual abuse. Child abuses are of various kinds and the motivations of abusers vary from the situational to the pedophilic. CSA happens in almost all contexts, including within families, neighborhood, and schools. Considering its devastating and lasting impact on the life of the victims, concerted effort from all stakeholders is required to counter this moral and social evil. The author analyzes CSA in the Indian context from different perspectives, such as psychological, medical, social, and legal angles. Public awareness of CSA's prevalence, impact, causes, and possible interventions can pave way for a lasting systemic change. To face this multifaceted problem, a multipronged approach at the levels of children, families, institutions, and society is required. The prevention-intervention model that has been implemented by the Catholic Church in recent years can serve as a model worth adapting to various social contexts, for creating a safer environment for children in the world.

Keywords: child sexual abuse, prevention, intervention, victims-first approach, Catholic Church model

A number of child sexual abuse cases have been reported from various corners of India in the recent times, which has shocked our conscience. Children as young as 8 months old have been sexually assaulted. We have been hearing reports of girls being gang raped and left to die on the road or brutally killed. The Press Trust of India (2020) reports that as many as

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109 children were sexually abused every day in India in 2018, which is a 22 percent jump in such cases from the previous year. PTI informs us that according to the data from the National Crime Records Bureau (NCRB), 32,608 cases were reported in 2017 while 39,827 cases were reported in 2018 under the Protection of Children from Sexual Offences Act (POCSO). As many as 21,605 child rapes were recorded in 2018, which included 21,401 rapes of girls and 204 of boys.

Has India become a dangerous place for children? Statistics of child abuse, child sexual abuse in particular, do not give any rosy picture of safety for children in India. Perhaps yesteryears were no better. A culture of silence over sexual issues and the very social system prevalent in India did not help to present realities as they are. We do not expect a movement similar to *#MeToo* in the West to take off in India in order to bring about a systemic change. But it will not go well with us if we are to ignore the unpleasant realities. Considering the huge number of children affected by abuse and the magnitude of the impact child sexual abuse has on the victims, efforts and attention should be on this issue by all people concerned. Focus should be on prevention of abuses as much as on the care and healing of the victims. Creating awareness of the problems that children face and educating the children and the public are important steps to counter this malady corrupting our society. We can learn from the Catholic Church how an intensive campaign for safeguarding minors can bear fruit.

Fifty Shades of Child Sexual Abuse

Child Sexual Abuse (CSA) is a worldwide problem. Meta-analysis of 55 studies from 24 countries show prevalence estimates ranging from 8 to 31% for girls and 3 to 17% for boys (Barth, Bermetz, Heim, Trelle, & Tonia, 2012). According to it, nine girls and three boys out of 100 are victims of forced intercourse. In another meta-analysis from the University of Barcelona analyzing 65 research studies across 22 countries estimated that 7.9% of men and 19.7% of women globally experienced sexual abuse prior to the age of 18 (Wihbey, 2011). The real percentage will be much higher considering the fact that most cases go unreported and most victims do not speak about it.

The Indian scenario is all the more disconcerting. In recent times, there have been public outcry against the heinous rape of children as young as six-month olds. Within six months of January to June in 2019, India has registered 24,212 cases of child abuse (Priya, 2019). It is a disturbing

unsolicited distinction that India has the world's largest number of CSA cases. Studies estimate that over 7,200 children, including infants, are raped every year. Government reports acknowledge that 40% of India's children are susceptible to threats such as being homeless, trafficking, drug abuse, forced labour, and crime, and every second a child is being exposed to one or the other form of sexual abuse (Nandini, 2019). The prevalence of CSA in India ranged from 4%- 41% in studies conducted exclusively among young women below 18 years of age and who are current students, whereas the studies have reported a lifetime CSA prevalence of 3–39% among women above 18 years of age (Choudhry, Dayal, Pillai, Kalokhe, Beier, & Patel, 2018). There was a much wider range of CSA prevalence (4%- 57%) reported among boys in educational institutions.

What it all means is that our homes, schools, and other institutions cannot be considered any more as safe places for children. Researchers repeatedly observe that the abusers are not some weird strangers but people who are known and closely associated with children. It is found that 95 percent of sexually abused children are abused by someone they know and trust, and of those molesting a child under six, 50 percent are its own family members (Sanders, 2017).

Understanding CSA

The statistics of CSA depend on how child sexual abuse is defined. The behaviors included also depend on the cultural sensibilities of the people. Though there is no consensus on definitions of CSA, in general it can be defined as a sexual contact – hands on or hands off – between an adult and a minor. A minor or child is defined as a person who has not reached 18 years of age chronologically. But it includes also vulnerable adults, who, though have crossed 18 years of age, are depend on others for reason of mental or other disability, and are unable to protect themselves against significant harm or exploitation (Tidy, 2016). It is assumed that a minor is not able to give consent to the actions involved in the abuse or to agree to it on one's own free will. An informed consent is lacking in a person below 18 years of age, on account of various counts:

- 1) The child does not understand what he or she consents to
- 2) The child is unaware of the accepted sexual standards in its community

- 3) The child is not able to appreciate the eventual, possible consequences of the decision
- 4) The child and the adult are not equally powerful so that coercion from adult influences the child's decision (Abel, Becker, & Cunningham-Rathner, 1984).

Hence even if the victim, a child, claims that she has given the adult consent for a sexual act, the act will be considered an abuse by the adult from the legal perspective. It should be noted that in most cases of child sexual abuse, even when the child bears with the abuses of an adult, it is because of the threat and coercion involved rather than free consent. As Heggen (1993) observes, a child sexual abuse happens

whenever anyone with less maturity or power is tricked, trapped, coerced, or bribed into a sexual experience. It occurs whenever anyone disempowered by handicap, age, or situation is involved in an activity which is sexually stimulating to the perpetrator and which the victim does not fully comprehend or to which she is unable to give informed consent. The imbalance of power between victim and perpetrator is critical in the determination of abuse. The power imbalance may result from the perpetrator's greater age, size, position, experience or authority. (p. 20)

Sexual abuse is understood especially from the behaviors involved. One can easily recognize certain behaviors as inappropriate and abusive. Sexual intercourse is a sexual activity that is participated in by at least two individuals of the same or opposite sex for purposes of attaining erotic pleasure. Sexual intercourse encompasses a wide range of sexual activities not limited to those involving penetration, genitals, and opposite sexes. It may be penetrative or simply stimulative. It may or may not involve persons of opposite sexes. When forced, sexual intercourse constitutes rape.

When we speak of sexual contact, a useful distinction is made between behaviors hands-on or hands-off. Hands-on abuse includes any touching of intimate body parts. Perpetrator may fondle the victim, induce the victim to touch him or her, or engage in mutual fondling or masturbation. Fondling can be on the top of or underneath the clothing. Frottage is sexual contact by which a perpetrator seeks gratification by rubbing one's intimate parts against the victim's body. Hands-off or noncontact sexual abuse means

abuse without actually touching the person. For example, forcing a child to watch pornography, voyeurism or exhibitionism, filming of a child in a sexual manner (e.g., depiction, either photographic or cinematic, of a child in a sexual act), sexual harassment of a child through comments or attention of a sexual nature by an adult to a child, prostitution of a child (e.g., employing, using, persuading, inducing, enticing, encouraging, allowing, or permitting a child to engage in or assist any other person to engage in prostitution, or sexual trafficking (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Even when the action has not taken place but there is a clear intention to abuse, it is considered an abuse because of the fear it creates in the victim. If the minor has already been abused, the threat of abusing by certain gestures or words causes a re-victimization.

An adult is defined as a person who has reached 18 years of age. But is it necessary that only an adult can be an abuser? Legally, a child sexual abuse is when the perpetrator is 18 years or above. But a 16-18-year-old person also is an abuser if the victim is five years younger to him or her. Another thing to note is that it is not necessary that an adult should be the one who does the sexual act for him or her to be abusive. Abusive sexual contact can be performed by the adult on the child or by the child on the adult. Abusive sexual contact can also occur between the child and another individual (adult or child) through force or coercion by another adult. It goes without saying that abusive sexual contact does not include touching required for the normal care or attention to the child's daily needs by a caregiver.

Sexual abuse is a form of sexual violence and as violence, it is a crime. Sexual abuse is not a private matter of the family but a matter that has social consequences and hence, to be dealt with legally. Considering sexual abuse as violence also means that sexual abuse is an abuse of power. Power is the capacity for influencing another person's thoughts, feelings, and behaviors. In CSA the adult, for his or her advantage and pleasure, manipulates with his or her superior strength, knowledge, and authority the thoughts and feelings of the minor. In a predominantly patriarchal society like India, there is much power differential between a male adult and minors, which can have either positive or negative consequences. In CSA, it comes as a disadvantage for the children. It remains to be researched if the authoritarian set-up of our society is a contributing factor for the higher prevalence of child sexual abuse in our country. Together with this power imbalance as a critical criterion in defining

sexual abuse, abuse of trust is another characteristic of CSA. Authority figures are also people whom children trust. Thus, child sexual abuse is a serious breach of trust.

Victimizers

Child molesters are of various kinds and their motivations vary. Some are pedophiles who are sexually aroused by children as their sexual object, and abuse young children who have not yet reached puberty. But not all perpetrators are pedophiles; in fact, majority of them are not. The *Diagnostic and Statistical Manual of Mental Disorders - 5th edition* (DSM-5) specifies the criteria to diagnose pedophilia (APA, 2013):

- A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
- B. The individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.
- C. The individual is at least age 16 years and at least 5 years older than the child or children in Criterion A. (Diagnostic Criteria 302.2 [F65.4], p. 697)

Most of the child molesters do not come under this category. Even with sexual urges and attractions towards children, it does not necessarily follow that pedophiles act upon such impulses (Mallett, 2016). Others have an attraction to older children and abuse minors who are in pubescence or are post-pubescent. These individuals are sometimes labelled as hebephiles or ephephiles (Rossetti, 2017). Some abusers of children feel incompetent as an adult, and feel competent and powerful with children. Some others are sexually compulsive and/or narcissistically inclined to using others, including children, for their satisfaction. Still others are dysfunctionally trying to undo their own childhood experience of abuse, becoming victims-turned-victimizers. Some abusers are narcissistic and/or have asocial traits. These abusers have little or no empathy or conscience. They use people for their own pleasure, sometimes in indiscriminate ways (Rossetti, 2017). Faller (1988) observes that dysfunctional behaviors of the perpetrators serve such functions as (i) “an outlet for sexual feelings”; (ii) “an expression of angry feelings” (e.g., towards women, mother, anger related to marital problems, economic

adversities, physical incapacities, and other personal disappointments); (iii) “an effort to express and receive affection” and (iv) “an opportunity to exert power” (e.g., the perpetrator chooses a victim who is weaker and vulnerable to exploitation) (p. 17). Hence the perpetrators are of different kinds and the motivations behind abusive acts too vary.

Impact of CSA

One of the worst things that can happen for a child is to be sexually abused. He or she will suffer from different short or long-term consequences. Different factors influence the consequences: the developmental status of the minor, his or her personality, the relationship with the perpetrator, the intensity and duration of the abuse as well as the support offered by the people around the abused minor (Fuchs, 2017). The consequences for the person victimized can be physical, psychological, emotional, social, and spiritual (Wilson, 2010). As Choudhry (2018) observes, the profound consequence of CSA for the child is interference with growth and development, and has been linked to numerous maladaptive health behaviors, and poor social, mental and physical health outcomes throughout the lifespan. There is evidence that CSA can affect neuro-biological systems such as the cortical representation of the genital somatosensory field.

Physical impact has to do with the body of the person, its physiology and integrity. Child sexual abuse, especially at very early ages, can have horrific consequences on the body and lead to chronic disease, sexually transmitted diseases, sterility, damaged genitals and anal zone, etc. CSA has been also related to problems of substance abuse, obesity, and other eating disorders (Gustafson & Sarwer, 2004; Rohdea et al., 2008, as cited in Demasure & Joulain, 2017). Bridgeland, Duane, and Stewart, and others have found that a history of childhood sexual abuse has been linked to fear, anxiety, depression, insomnia, obesity, self-destructive behavior, headaches, aggression, anger, hostility, poor self-esteem, substance abuse, suicide attempts, and sexual maladjustment (Wilson, 2010).

The psychological impacts are concerned with the person’s mental health. The traumatic dimension of sexual abuse impairs a person on different levels of his or her mental health, relation to the self and others, disempowerment, self-doubt, low-self-esteem, suicidal thoughts and attempts, and many other forms of mental disorders or challenges (Briere & Elliott, 2003 as cited in

Demasure & Joulain, 2017). Maladaptive coping skills, disturbed self-identity, poor interpersonal skills, lack of social support, and increased vulnerability to stress have all been found in higher prevalence in adult survivors of childhood sexual abuse (Wilson, 2010). A proper sense of identity too suffers. The victims find difficulty to appreciate their own body as good. They often consider it dirty and defiled. The sexual abuse can lead to persistent sadness, despair, sense of inadequacy, and fear of others. These feelings can lead the person to depression, anxiety disorders, and other psychopathologies. Fuchs (2017) summarizes the various impacts of CSA on children thus: emotional difficulties (e.g., anger, anxiety, sadness or low self-esteem), mental health problems (e.g., depression, eating disorders, post-traumatic stress disorder [PTSD], suicidal thoughts), dependencies (e.g., drugs or alcohol), disturbing thoughts, emotions and memories that cause distress or confusion, poor physical health, struggling with parenting or relationships, worrying that their abuser is still a threat to themselves or to others, learning difficulties, lower educational attainment, difficulties in communicating, behavioral problems (including anti-social behavior or criminal behavior).

At the social level, a person might have difficulties in relating to others such as their lovers, sexual partners, co-workers, and employers (Davis & Petretic-Jackson, 2000, as cited in Demasure & Joulain, 2017). According to Choudhry (2018), the adult survivors of CSA may have relational challenges (e.g., increased risk for domestic violence), violent behaviors, and increased risk of perpetration of CSA as adults. Wilson (2010) concludes from various studies that low educational attainment, smoking, divorce, identification of self as homosexual, attempted suicide are correlated to child sexual abuse. At the spiritual level, the victims of sexual abuse might find difficulty to make sense out of one's life, purposefulness, and meaning. Because of the experience of helplessness, a person can feel disconnected from his or her spiritual resources, especially when the abuse has been done by a figure of authority and, in particular, a religious figure of authority (Demasure & Joulain, 2017).

Wide range studies exist on the impact of traumas on the brain. The impact of child sexual abuse, being traumatic for most of the victims, is no different from that of post-traumatic stress disorder. As Rothschild (2000) points out, long after the event, those with PTSD will be still disturbed by intense emotions and bodily sensations. They may experience numbness, freezing sensation, dissociation, and emotions that make no sense in the current context; and

it is difficult for them to understand that the past dangers are no more real presently. Van der Kolk (2014) also points out, citing the DSM definition of PTSD, that a person exposed to a horrendous event causing intense fear, helplessness, or horror, results in a variety of manifestations: intrusive re-experiencing of the event (flashbacks, bad dreams, feeling as if the event were occurring), persistent and crippling avoidance (of people, places, thoughts, or feelings associated with the trauma, sometimes with amnesia for important parts of it), and increased arousal (insomnia, hypervigilance, or irritability). He concludes that a person suddenly and unexpectedly devastated by an atrocious event is never the same again. The trauma may be over, but it keeps being replayed in continually recycling memories and in a reorganized nervous system.

Though there are many signs and symptoms of CSA, it should be noted that there is no clearly identifiable ‘abuse syndrome.’ Not every change in behavior or mood is necessarily based on sexual assault, but can be due to puberty or caused by family issues (i.e., separation of parents). Hence alternative hypotheses should always be considered before concluding that CSA taken place (Fuchs, 2017).

Factors to Consider

As Fuchs (2017) observes, evidence suggests that the earlier the minor can get help, the greater chance there is of preventing the child from moving on to more serious behavioral, physical, and psychological consequences. It is important for responsible adults to be alert to the early warning signs that something is going wrong. Thus, in dealing with CSA, we need to look from different perspectives: psychological, medical, social, and legal ones. All these factors contribute to the existence and perpetuation of the problem. The perpetrators are to be understood, as Applewhite (2014) argues, from their internal and external mechanisms of control system. Internal mechanisms of control are fundamental reasons why human beings resist the urge to act out every thought or impulse they may have. They are the keys to self-restraint and moral behavior. Internal mechanisms of control are based on elements such as belief system, morals, impulse control, personal insight, understanding of consequences, ability to anticipate negative outcomes, professional ethics, empathy for others, unwillingness to cause harm. External mechanisms of control are those systems used by communities to control

and maintain the behavior of their members. It includes elements such as laws, rules, prohibitions, monitoring, knowledge that one will be caught, lack of opportunity, accountability, verification of self-reports, other people interrupting or stopping wrong behavior, etc. Thus, interventions to reduce CSA should be targeted to all these elements.

Psychological Issues

Perpetrators of CSA are of different kinds. Some suffer from pedophilia, which is a pathology and needs psychiatric and/or psychological care. By legally punishing and placing them in prison would not make them different. The recent cases in the UK of those terrorists who, immediately after their release from prison, resumed violent attacks only confirm that imprisonment alone would not guarantee the required change. Serious and long-term treatment will be required for perpetrators who are diagnosed as pedophiles, and those who are significantly passive and dependent personalities and/or feel inadequate as adults, narcissistic and/or have asocial traits. With serious pathological problems, it is not reasonable to conclude that their internal mechanisms of control can be set right easily. Hence, they have to be followed with external mechanisms of control.

In confronting the perpetrators, one has to be aware of the psychological mechanisms they use. Perpetrators typically have distorted justifying their behavior. For example, they might say that “it is not about abuse, but about sexual education,” or that “if there is no penetration, there is no abuse” (Rossetti, 2017). They often resort to such rationalizations and denials.

Social Responsibilities

The sexual abuse of the children should be seen from a social perspective as well. The unbridled sexual freedom, patriarchal family set ups, taboos and secrecy behind preventing public discourse on the matters of sexuality, and shame and guilt attributed to sex have something to contribute to the problem. With multi-billion sex industry blooming with easy access to pornography and online sex, the mind-set of the people itself is prone to change and sex gets trivialized. Given the opportunities, the perpetrators with no sense of morals may act out sexually with adults as well as with children. It cannot be anymore set aside as a western problem as the usage of internet has become part and parcel of even ordinary people universally.

Though there may be differences of opinion as to whether dominant patriarchal culture and attitudes are a protective factor or a risk factor in relation to CSA, the culture of having excessive power for the parents to do anything with their children – those with almost no power to determine their matters – can increase the vulnerability of the latter. In the Indian culture, there is little openness and freedom to discuss sexual issues, unlike in the West. Though such freedom is on the increase and there is public discussion when abuse stories involving celebrities break out, silence is the norm in the cases of abuse occurring in families. The society must value every child and protect them from abuse and violence. Children are to be recognized as having intrinsic human rights, especially the right to be treated with respect and dignity. As pointed out by Rossetti (2017), when sexuality is a taboo subject and cannot be discussed rationally and in a healthy way in society, it can foster sexual repression leading to sexual pathology and abuse going underground. This makes the victims less likely to come forward and reveal their victimization, and society at large is less likely to be aware of the reality of sexual abuse and therefore neither can respond on time nor prevent such events.

Family factors play an important role in CSA. Researches have shown that incest is caused primarily by family dysfunction. Inadequate mothering or parents failing to fulfil their parental role responsibilities, sexual dysfunction, and dominant or tyrannical fathers are some of the family characteristics noticed among the families where CSA occurs (Faller, 1988).

CSA is also seen to increase in situations of poverty, unemployment, and social unrest such as war and displacement of people. General improvement of living situations, peace and prosperity, education etc., are factors that will help to reduce CSA.

Legal Steps

Where laws are not strict and law enforcement is weak, and when people with political clout and power bypass the laws easily, CSA is bound to be on the increase. In India, the Protection of Children from Sexual Offences (POCSO) Act 2012 provides a strong legal basis for the protection of children from offences of sexual assault, sexual harassment, and pornography. It provides mechanisms for child-friendly reporting, recording of evidence, investigation, and speedy trial of offences through designated Special Courts.

However, everyday occurrences of new cases of child sexual abuses reported from all parts of the country raise the question whether the laws have helped to restrain CSA effectively in India. Mere existence of the laws will not make the situation safer for the vulnerable ones; what is required is a serious, committed, and practical valuing, dissemination of information, and implementation of the laws. There must also be provisions made in the law for the medical and psychological care and treatment of the victims as well as the victimizers who may be chronologically adults but psychosexually of the same age as the victims, having even serious neuropsychological impairment or who were themselves abused as minors.

Timely Care of the Victims

The earlier the care given to the victims, the better and speedier recovery they will have. For many victims, the experience of abuse is traumatic and when the imprints of it get reinforced by repeated experiences, recovery becomes extremely difficult. Hence, detecting abuses early, controlling the external situations to prevent further abuse, and immediate attention to mitigate the psychological impacts are to be important concerns of the care-givers.

The children abused also tend to lose a sense of purpose and meaning of life. Citing Janoff-Bulman, Nadeau (2017) points out that three positive basic or core assumptions or beliefs a child normally has, are affected by the experience of sexual abuse: (i) the world is benevolent, (ii) the world has meaning, and (iii) the self is worthy. Hence, it is important that the victims are assisted in building anew their shattered philosophy of life and the world. Care is to be given especially by spiritual care givers. Demasure reminds us that it requires respecting the values, the pains, the interrogations, the laments, and the anger of the survivor. Valuing them which usually is a new experience for abused people whose interpretation of what has happened, and respectful and attentive listening to them gives the victims their voice back as well as their identity as subjects capable of making meaning and reordering the world (Nadeau, 2017).

Interventions for Prevention

As observed by Faller (1988), in most cases the dynamics of CSA are complex and multiple factors lead to sexual abuse. The probability of sexual

abuse is increased by cultural, environmental, individual, and familial factors. Choudhry (2018) too affirms that CSA is a multifaceted phenomenon grounded in the interplay between individual, family, community, and societal factors. The patriarchal societal norms and power differentials in such societies based on class, gender, and sexual preferences are common factors that increased the risks of CSA (Choudhry, 2018). Hence all these factors are to be taken into consideration in addressing the problem of CSA. According to theories of crime prevention, two ways of reducing crime are by changing the offender's disposition or by reducing his or her opportunities. Changing the disposition of people is hard to achieve. The focus of the situational crime prevention is on altering situations of crime. It aims to reduce opportunities for crime in five areas: increase the effort for crime, increase the risks of crime, reduce the rewards, reduce provocations, and remove excuses. Situational factors, it is argued, can influence not just whether a person abuses a child, but whether the idea of abusing occurs to them in the first place. As most of the abusers are considered 'situational,' a good control of the factors that might lead or provoke abuses would greatly reduce the crime ("Situational crime prevention," n.d.). Considering various systemic factors, the intervention should be at the levels of children, family, and society.

At the Level of Children

At the level of children, for them to feel comfortable with their own character and personality we need to help children to develop self-confidence. By enhancing a sense of purpose and helping them to understand that existence is made of goals they can achieve, and their significant others desire that they develop healthy and strong personalities.

One way to increase the effort of the crime is by hardening the target. The target of abuse is hardened when children are trained to assert themselves and say "No" to abusive advances of the adults. Children need be taught to distinguish the grooming techniques of the abusers from normal good and innocent behaviors of the relatives and well-wishers. "Grooming is a process whereby the perpetrator gradually establishes a 'special' relationship with the potential victim and begins to cross boundaries ever more significantly until finally the victim is sexually abused" (Rossetti, 2017). Typically, grooming can include giving expensive presents to the victim, telling the victim that

she or he is special, demanding from the child that their relationship needs to be kept secret. Some perpetrators give the victims money or pay for their expenses or schooling.

Children are also to be taught to recognize and report when abuse occurs. Children should know how to differentiate between a good touch and a bad touch. Generally, children are reluctant to report for various reasons. The children will remain quiet regarding abuse perpetrated by an otherwise loving adult who is in a position of power and has singled the child out for special attention. It could be also that the child is afraid that he or she will not be believed, that the abuser will be in trouble, or the relationship will be lost, or even that he or she will be blamed for the abuse (Applewhite, 2014). Children are to be taught to take courage and report as the benefit of doing so is much greater in the long run. Creating a climate of safety and transparency should be with others than leaving the burden of disclosure on the children. Collin-Vézina (2017), after examining different barriers in disclosure of CSA, comments that although the taboo of CSA might not be as prominent as a few decades ago when it was rarely spoken of, veiled issues still prevent victims from reaching out to authorities to reveal the abuse they suffer. Hence it is important to have a broad ecological framework when understanding the factors that inhibit disclosure of CSA, and motivate children for the disclosure.

At the Level of Parents

As most instances of the CSA happen in the family and the perpetrators are family members, the interventions should focus on educating and empowering the parents. Helplessness of the mother, fear of confronting the perpetrator, lack of understanding, unwillingness to believe the victim, and blaming the victim are some of the dynamics noted among the parents. Empowering them with assertive capacities, empathy for the victims are important qualities they need to acquire for preventing further abuse. Parents also need to be taught how to be an active listener to their children, the importance of praising, healthy communication, asserting boundaries, etc.

It was found that child sexual abuse at home could be dealt with by educating mothers in identifying and reducing situational risk: by increasing understanding about abuse, how and where it happens, accepting the possibility of abuse at home and in the family, accurately assessing the risks

posed to one's own children, lowering known risks by negotiating with family members.

At the Level of Organizations & Institutions

As Applewhite (2014) observes, throughout the world, offenders have abused children in schools, camps, churches, hospitals, foster care, residential care facilities (orphanages), amusement parks, and other facilities that provide services and recreation to children and youth. History has demonstrated that there is no such thing as a child-serving organization that is totally immune to incidents of sexual abuse even when administered by religious or charitable organizations. Hence guidelines are to be in place with clear code of conduct for all the staff and members of the institutions and their strict implementations.

Institutions should screen out the potential abusers as far as possible. However, as Rossetti observes, it is very hard to locate them all, as there is no one litmus test. There are some markers like someone who is hanging out with children a lot, someone with childish interests, someone who cannot relate to people of their own age, etc. When these kinds of risk factors are present, caution is called forth.

Collin-Vézina (2014) suggests there should be mandatory training program on CSA for all personnel working with children and youth. Institutions should have a safe place for children to speak out their experiences of abuse. Staff are to be trained for helping the children for disclosure, with reassuring and supportive attitude. Schools can play a great role in helping children to acquire the social skills and abilities necessary for life. Moreover, they are supposed to equip children with the intellectual tools for building their existence.

At the Societal Level

A criminal act is usually performed if the offender decides that there is little or no risk attached to the act. If the society is not sensitive to the issue of CSA and no public reactions arise at the occurrences of CSA, the abusers have a conducive atmosphere to perpetuate their criminal behaviors. Thus, it is important that society unambiguously and unconditionally condemns sexual abuses.

Countries, where there are extreme poverty, war, and a poor economy, are more exposed to the risk of being exploited and endangered. Poverty

has been identified as a risk-factor for child sexual abuse. As Joulain (2017) observes, poverty increases the risk of a child who is left alone or exposed to other risk-factors linked to poverty such as alcoholism, drug addiction, criminogenic environment, promiscuity, and the like. In time of war or civil unrest, children are particularly at risk of being sexually abused by armed-forces, military, militia, who forcibly enroll children in order to use them as sexual objects. Some children are also exposed to the risk of being forced into labor at a very early age, making them share the working condition of adults who then might present a risk for the security of the child.

Conversely, a positive community environment also helps to reduce the incidents of CSA. This is a very important target of intervention. Children ought to benefit from a healthy neighborhood, religious practice, good social services, and proper health care, in which the children's rights are respected and promoted. The situation in the country and the area the children are living in are important factors of safety for the children. Thus, it is important that while looking at the welfare of children, the welfare of the society and the nation should also be considered important.

In India, we need to look into the cultural factors that facilitate CSA. The patriarchal system of the family, caste system which classifies people as high or low in status, are risk factors at least to certain groups of children and women. Intervention should be made to change the mind-set of the people when any practice, even when it is an age-old one, goes against the fundamental dignity and wellbeing of human being.

Prevention of CSA: The Catholic Church Model

It is with the revelations of clerical child sexual abuse, the larger problem of CSA in the society received greater public attention. Though late in responding adequately, the Catholic Church has taken a leading role for implementing measures for preventing CSA and creating safer environment for children in the Church and society. Pope Francis observed that everything possible must be done to rid the Church of the scourge of the sexual abuse of minors and to open pathways of reconciliation and healing for those who were abused (Pope Francis, 2015).

The new awareness of the enormous nature of the issue and the huge impact it has on the life of many led the United States Conference of Catholic Bishops for the creation of the *Charter for the Protection of Children and Young*

People (USCCB, 2011). It states that the Church is committed to creating a safe environment for children and young people, making prompt and effective responses to allegations of child sexual abuse, cooperating with law enforcement, disciplining abusers, providing accountability, and undertaking healing of and reconciliation with victims and survivors. It is pointed out that new cases of clerical child sexual abuse reduced radically and there is hardly any new accusation of current occurrences of clerical child abuses in the US (Hanson, Pfäfflin, & Lütz, 2004). The efforts of the Church, not only of the US Church specifically but also of the Vatican and other places could be a model in creating a better and safer world for children and the most vulnerable.

Victims-First Approach

Initially, as the cases of clerical child sexual abuses began to come out in the open, the response of the authorities in the Church was aimed at damage control for the Church, to protect her from losing her dignity and name. Hence, the voice of the victims was suppressed or neglected. When persons humiliated by sexual trauma are not empathetically received or listened to or accompanied, it leads to “second injury” often as harmful as the abuse itself (Demasure, Fuchs, & Zollner, 2018). But the Church soon recognized her mistake in this approach, and initiated a course-correction and took her stand with the victims. Pope Francis reminds all those exercising governing powers to protect the most vulnerable. This is a duty to be exercised by all members of the Church according to him (Pope Francis, 2016). Today under the slogan of “Victims-First” the Catholic Church calls for giving top priority to the concerns and wellbeing of the victims.

Faced with the potential harm to the institutional name and fame, the natural tendency of any institution—whether religious or secular—would be to protect itself. In that process, victims get further victimized. The corrective stand now embraced and implemented by the Catholic Church is a model worth adopting by any institution, to initiate immediate care for the victims and to be concerned about their wellbeing as the most important and primary thing to do in cases of sexual abuse.

Affirming the Right and Dignity of Children

The Catholic Church has been in the forefront in promoting the dignity and rights of children with her stand on protecting them from the womb to

maturity. Rossetti (2017) points out that it is one of the important contributions for the prevention of child sexual abuse. Christian philosophy of life not only recognizes the inherent human dignity of all people, including minors; it gives a special place of honor to children. Jesus said: “Let the children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs” (Matthew 19:14, New Revised Standard Version of the Bible, Catholic Edition). When women and children are not seen as having an inherent human dignity and God-given inviolable rights, there will be more of their abuses.

Creating Awareness

Ever since heavy criticism came upon the Catholic Church for its failure to adequately respond to the child abuses among the clerics, she has made bold efforts to make a difference and set an example for bringing about a sea change. The conferences conducted worldwide on the issues of safeguarding children under the auspices of the Church, instructing ecclesial authorities and offices to ensure speedy responses and interventions, enacting legal changes for stringent actions against abusers, training people for caring for the victims, providing formative guidelines to help the formation of priests and religious for greater integrity, and continuous education for anyone working in ministries associated with children, are all positive steps from the part of the Church to disseminate information, create awareness of the issue, and enable people to respond proactively to heal abuses where it occurs as well as prevent any abuse from occurring at all. The steps taken at the global and the local levels by the Church for attending to the victims, listening to them, accompanying them, and ensuring their healing and rehabilitation are models worth emulating and adapting by any organization or society at large.

Guidelines and Code of Conduct

The Catholic Church has demanded from the local churches to formulate protocols for safeguarding minors in the church and its institutions. Following the guidelines and instructions from the Vatican, all dioceses, religious congregations and institutions have drawn up their own protocols or code of conduct with preventive, protective, and curative measures of possible child abuses in their context.

When the institutions have clear-cut policies and procedures with respect to the behaviors of the members in relation with children, acceptance and

promotion of members, and appointments of staff in the institutions, the chances of abuses are reduced. The Church has provided guidelines for an effective and comprehensive system of protective measures and intervention procedures when issues rise up. For example, the Conference of the Catholic Bishops in the United States (USCCB) has drawn up and adopted a *Model Code of Conduct: For Clergy, Administrators, Staff, and Volunteers Within Dioceses, Parishes, Organizations and agencies* (Virtus, 2004/2016) for adapting and implementing in all dioceses, parishes, communities/institutes, or organizations. It provides a set of standards for conduct in certain pastoral situations. The USCCB instituted reforms to prevent future abuse by requiring background checks for all its employees and volunteers. The Code of Conduct now requires dioceses faced with an allegation to alert the authorities, conduct an internal investigation besides that of the civil law procedures, and remove the accused from duty.

The efforts have borne significant results. Citing a report from Bishop Blase J. Cupich, a wikipedia article on the clergy abuse in the US, observes thus:

According to Bishop Blase J. Cupich, then Bishop of Rapid City, by 2008 the U.S. church had trained 5.8 million children to recognize and report abuse. It had run criminal checks on 1.53 million volunteers and employees, 162,700 educators, 51,000 clerics and 4,955 candidates for ordination. It had trained 1.8 million clergy, employees and volunteers in creating a safe environment for children. (Catholic Church Sex Abuse, 6.4. para. 2)

Various reports also have confirmed continued decline in number of cases in the US, as reported by Roberts (2015):

The number of clergy sex abuse cases in the Catholic church in the United States continues to decline, and most of those newly reported stem from the 1960s through the 1980s, according to the latest report on how dioceses are complying with the ongoing requirements of the U.S. bishops' 2002 Charter for the Protection of Children and Young People. (2015, para. 1)

A serious commitment of this sort by our institutions and organizations would help to curtail the incidents of CSA.

Conclusion

Child Sexual Abuse is a dark spot in our society, highly prevalent, and calls for urgent attention from everyone. It is not a subject to be pushed under the carpet as it touches the future of a substantial number of people, as well as the health of any given society. A systemic change has to take place with creation of awareness of its seriousness through a multi-faceted approach. This paper has been a reflection on this global evil as applied to the context of India. The model initiated by the global Catholic Church in order to combat CSA in its ranks has been radically and significantly successful, and is offered here as a model worth adopting and adapting by any organization or society, in order to create a safer environment for children. Going beyond the provisions of the POCSO act, what India needs is a comprehensive commitment and political will to create a system that targets every socio-cultural-political-religious institution to embrace a culture of ensuring dignity of children, education on CSA and its preventive strategies, and systems and processes to ensure effective prevention and intervention. Ultimately, the goal of the efforts must be to enhance and ensure the fundamental rights and dignity of every child and his or her blossoming into healthy personalities.

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