Millions of girls and boys worldwide are being sexually abused within their homes, schools, and outside. The estimated global prevalence of child sexual abuse is 19.7 percent for females and 7.9 percent for males. Though child sexual abuse can start at any age, in the majority of cases, it starts around five years of age, peaks at around 12 to 14 years of age, and then begins to decline. However, it can continue into adulthood. The abuser (male or female) may be a family member, close relative, neighbour, caretaker, school teacher, swimming trainer, game teacher, or school caretaker. In a 1999 news story, the BBC reported that close-knit family life in India masks an alarming amount of sexual abuse of children by family members. Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation and gratification. This includes fondling, penetration, intercourse, exploitation, pornography, exhibitionism, child prostitution, child grooming, group sex, oral sex, or forced observation of sexual acts. It can result in both short-term and long-term harmful effects on the sexually abused child, like physical injury, genital injury, infections, sexually transmitted diseases, teenage pregnancy, chronic or recurrent urinary tract infections, neurological problems like epilepsy, psychological and behavioural problems like depression, anxiety, eating disorder, poor self-esteem, sleep disturbance, somatization, post-traumatic disorder, attention deficit hyperactivity disorder, borderline personality disorder, dissociative identity disorder, etc. Later in one’s life, difficulties in maintaining relationships, an inability to trust close family members and friends, harmful sexual behaviour, and marital problems may also arise. Though many children disclose sexual abuse to carers or others spontaneously, they usually don’t talk about such abuse. They feel that they won’t be believed, that they will be blamed for it, or that they don’t want the family to break up because often the abuser is a family member or very close to the family. As the child grows up loving and trusting that person, the person starts ‘grooming’ the child for sexual abuse by touching him or her in an ‘unsafe’ way. The family remains unaware of this act, and the child is confused. If the family has brought up the children to think that anything to do with the reproductive tract is ‘dirty’ or ‘shameful’, the

child will find it very difficult to report CSA. In the meantime, the abuse continues and become more severe. The child now feels trapped and thinks, “I didn’t tell anyone when it first started; how can I tell now? Everyone will blame me for not resisting or not telling earlier. Anyhow, I feel too ashamed to explain all this to my mother, parents, or teacher. Maybe it will stop.” The abuser, emboldened by the silence of the child, goes ahead and may use bribes, threats, secrecy, promises, and emotional manipulation to keep the child from telling anyone. So the majority of such cases may go unrecognised. To be able to recognise CSA requires a high index of suspicion and familiarity with the verbal, behavioural, and physical indicators that may be suggestive of sexual abuse. One may suspect CSA when one observes a change in the social behaviours of the child: a happy child becomes introverted and silent, refuses to participate in group activities, becomes insecure and clings to a trusted adult, becomes excessively submissive, fearful, or excessively violent, and tries to avoid coming in contact with a particular person. A change in the personal grooming of the child can also be marked: he or she would neglect personal appearance (deliberately try to look unhygienic, shabby, or unattractive), begin to wear multiple layers of clothing inappropriate for the weather, change in eating habits, etc. There may be changes in academic performance, poor concentration, feeling distracted and sleepy, and a lack of interest. He or she may replay the abuse with another child, generally younger or of the same age. Let us have zero tolerance for CSA, even minor forms of sexual abuse such as petting, hugging, or kissing children. As it is not possible for a parent to look after a child 24 hours a day, it is better to empower the child. The child can be taught about personal safety, personal space rules (the space around our bodies that we consider to be our own), and safe and unsafe touch (a touch the child doesn’t like) just as we teach our children about how to protect themselves from injury. The child should be asked to inform someone they trust if anyone breaks their body rules. We must explain to the child that personal safety is a choice and introduce the concept in a comfortable and non-threatening manner. The child should be told that “you are the boss of your body. No one can touch you in a way you don’t like.” One may talk especially about private parts and why no

one can touch them except to keep themselves clean and healthy (by a mother or a doctor). We need to let them be aware and careful in the presence of a certain individual who has behaved in a reprehensible manner. CSA is outlawed nearly everywhere in the world, generally with severe criminal penalties, including life imprisonment or capital punishment. An adult sexual encounter with a child below the legal age of consent is defined as statutory rape, based on the principle that a child is not capable of consent and that any apparent consent by a child is not considered to be legal consent. The United Nations Convention on the Rights of the Child (CRC) is an international treaty that legally obliges states to protect children's rights. Articles 34 and 35 of the CRC require the states to protect children from all forms of sexual exploitation and abuse. In India, the Protection of Children Against Sexual Offences Act, 2012, deals with the crime of CSA. The silence of the abused and of the people who know about it is the main reason that CSA continues in society. Exposing the abuser in society in a way that doesn't traumatise the child helps the child heal as well as stop other children from being abused. Social ostracism often works better and faster than legal recourse. It also safeguards other children in the neighbourhood and in the extended family.