

Understanding the Mental Health of Child Sexual Abuse Survivors in Real and Reel Life

Kolla Swati^{1*}, Nalamari Srinivasa Rao²

^{1,2}GITAM Deemed-to-be University, Visakhapatnam, India

DOI: 10.55489/njcm.150820244108

ABSTRACT

Child sexual abuse is a widespread issue that has social implications for the victims' mental health. The child sexual abuse is a widely spread manifestation of trauma leaving the victims with immense and long-term mental effects. This review paper introduces CSA and how individuals who went through it are psychologically impacted. By looking at a real-world example of how this happens, we get to explore the many struggles and challenges that CSA survivors face, and also highlight the ways in which they manage to cope with the traumatic experiences they have gone through. Furthermore, this review draws attention to both the resonant and possible distortion of CSA in public discourse by contrasting these real-life tales with representations in popular media (reel-life case studies), such as literature and film. This review seeks to delve deep into the minds of CSA victims and acquires information on how their mental health is affected. The synthesis of research findings and personal narratives is to gain more insight into the tragic mental health outcomes of CSA victims and to appreciate the importance of support and intervention in their healing process.

Keywords: Child sexual abuse, mental health, trauma, review, intervention, literature and film

ARTICLE INFO

Financial Support: None declared

Conflict of Interest: None declared

Received: 06-05-2024, **Accepted:** 01-07-2024, **Published:** 01-08-2024

***Correspondence:** Kolla Swati (Email: tanamaiswatikolla@gmail.com)

How to cite this article: Kolla S, Rao NS. Understanding the Mental Health of Child Sexual Abuse Survivors in Real and Reel Life. Natl J Community Med 2024;15(8):691-696. DOI: 10.55489/njcm.150820244108

Copy Right: The Authors retain the copyrights of this article, with first publication rights granted to Medsci Publications.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Share Alike (CC BY-SA) 4.0 License, which allows others to remix, adapt, and build upon the work commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

www.njcmindia.com | pISSN: 0976-3325 | eISSN: 2229-6816 | Published by Medsci Publications

INTRODUCTION

World Health Organization defines CSA as *“the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society”*.¹

In the world, child sexual abuse affects one in four girls and one in thirteen boys statistically. Thus, this constitutes major public health issue.² According to Maltz “Sexual abuse is a shameful act when a dominant person does sexual act forcefully. It can also be defined as the sexual act between an adult and immature child, explicitly or in a hidden way”.³ A psychologist works to identify the victim's underlying issues and create a place of safety for them, enabling them to reintegrate into society.³ Nisha in her study states, Indian families tend to downplay the idea of CSA, especially incest abuse.⁴ Research conducted in India as early as 1996 and later on validates the existence of these incidents. The data gathered from these investigations indicates that a significant number of individuals had experienced sexual abuse at least once prior to turning 18 or 19. According to the research, around 62.5% to 76% of children are sexually abused at home, and between 40% to 50% of such crimes are carried out by male relatives.⁴

According to research and practical experience people who went through sexual abuse as children (CSA) are more vulnerable to develop a number of physical and mental health issues.^{5,6,7,8} Post-traumatic symptoms are believed to be more severe in victims of abuse by well-known and reliable abusers, including family members, than in victims of less well-known abusers. Signs of depression can arise in adults with a history of CSA.^{9,10,11} Diagnostic and Statistical Manual of Mental Disorders¹² describes Depression as feelings of sorrow or emptiness, feeling worthless, and excessive guilt. Adult depression rates for women who have undergone child sexual abuse (CSA) are up to four times higher than those of their counterparts who have not experienced CSA, according to Fergusson and Mullen.⁹

The DSM-IV¹² defines anxiety symptomology as physiological changes (such as elevated heart rate and perspiration), widespread feelings of stress or worry, and avoidance of stimuli that elicit anxiety^{13,14}. A history of sexual abuse is associated with anxiety in later life.^{9,11,14} According to Fergusson and Mullen, women who have experienced sexual assault as minors are at least three times as likely to have anxiety than women who have not.⁹

Scope and Objective

This study looks at a variety of subjects, including the prevalence and effects of child sexual abuse, common mental health issues that survivors face and evidence-based therapies that attempts to address the children's psychological need.

The study was conducted to give an in-depth overview of the effect that CSA has on mental health; to identify key factors that contribute to variability in outcomes, including individual, familial, and societal factors; to evaluate the effectiveness of existing interventions in addressing victim's psychological needs; and to highlight gaps in knowledge and areas for future research.

By shedding light on the mental health needs of child sexual abuse victims, this review seeks to inform and guide efforts to improve outcomes for survivors and enhance support services for those affected by this pervasive form of trauma. By addressing the complex interplay of factors that influence victim's psychological well-being, this paper can contribute to a better understanding of the effects of child sexual abuse and helps to shape evidence-based strategies for intervention, prevention, and rehabilitation.

REAL-LIFE CASE STUDIES

Case 1:

This is the case of Asha, a five and a half-year-old child. With her mother's consent, her father's friend—who often visited her home—insisted on taking her out in the afternoon on the day of Diwali. Her father wasn't home, so her mother granted permission to leave without second thought because she was preoccupied with household duties. In the meantime, her father came home as well. When Asha's father learned about it, he and his wife ventured out to look for their daughter since he was worried about her because it was growing dark. They discovered, to their complete dismay, that the father's friend was abusing his child sexually. The individual was then handed over to the cops. Asha was brought to the clinic mostly because of the legal fraternity's questioning technique, which made her afraid, agitated, and prone to weeping fits, rather than the trauma she endured as a result of the assault.¹⁵

Case 2:

A well-educated patient, twenty-four years old, complained of hypersomnia, overeating, poor self-esteem, and a sense of impurity. Upon closer examination, she admitted to have carried guilt for a long time. Her distant brother sexually assaulted her in her early adolescence. She told her parents about it. Later, the patient and her family relocated to a different town after it was discussed by the elders.¹⁵

Case 3:

A 5th-grade girl of 11 years was referred for psychiatric evaluation from the paediatric ward. It was observed that the girl had multiple hospital admissions for physical trauma. After assessing the youngster for physical abuse, paediatricians referred her for more testing. This little lady was living in the city with her father for her studies. Her mother remained

in the village with her siblings. The father repeatedly assaulted the girl sexually. Whenever she attempted to tell her mother about this, the perpetrator would physically abuse her.¹⁵

Reel-life case studies

In examining the portrayal of CSA victims' mental health in reel life, it is essential to explore the nuanced depictions presented in various forms of media, including literature, film, and television. These fictional narratives often serve as powerful platforms for raising awareness, fostering empathy, and sparking critical conversations about the psychological impact of CSA. By analysing the themes, characters, and storytelling techniques employed in these narratives, we can gain valuable insights into the ways in which CSA survivors' experiences are represented and interpreted in popular culture.

The play *30 Days in September* is a mirror to the parts of society we have chosen to ignore, but it offers some really insightful perspectives if we believe we are ready to expose ourselves to one of the most delicate and painful experiences in human history. Anxiety and depression limit the victim's mental growth and pull them back into a gloomy pit of sorrow. The victim's survival is abnormal. The victim gets restless as a result of the negative impact on their psyche. With reference to Mahesh Dattani's play *30 Days in September* it is clear through the conversation of Shanta (Mala's mother) and Deepak (Mala's boyfriend):

*Shanta: About a month ago, she told me she was going to a picnic at Palam Vihar with her office friends. However, the next day, I overheard her talking on the phone to her office friend saying that she had to spend Holi with me.*¹⁶

Psychotherapist, Amy Morin explains "When a child experiences a trauma that teaches him that he cannot trust or rely on that caregiver, however, he's likely to believe that the world around him is a scary place and all adults are dangerous-and that makes it incredibly difficult to form relationships throughout their childhood, including with peers of their own age, and into the adult years". It is mirrored through Mala's character, who struggles to return to normal after her horrific childhood experiences. Mala lives in constant fear due to her abusive upbringing, having been sexually assaulted by her uncle named Vinay, at the age of seven. She is prevented from living a regular life or having a positive relation with her partner for more than 30 days. Mala's damaged mental state is still being troubled by the incubus of old memories. The birthday gift that her uncle gives her is seen in this line: "Ready for a real birthday present. Lie down. Come on, quickly...Help me and I will love you more than your mummy and daddy"¹⁶. If a seven-year-old is subjected to forced sexual abuse by her uncle, can she still be considered guilty? If so, why is no one intervening to prevent her from rotting and choking from the immense psychological pressure the abuser continues to apply? Mala: "I see this man

everywhere. I can never be free of him. I am. not so sure I want to be free of him. Even if I was, I am not sure whether I have the ability, to love anyone... else".¹⁶

*Man: Shhh! don't cry you want to come here in your holidays, no? Then do not cry. Today, you are seven years old beautiful girl. It is your birthday so; a gift should be special. Lie down. Come on, quickly. Deepak: Look into my eyes.*¹⁶

Apart from Mala, her mother Shanta also suffers from sexual abuse. This aspect is brought to the audience notice at the end of the play, through the dialogue that Mala had with her mother in which Mala's decision to place the blame not only helps her live a healthier life but also resolves her mother's life's mystery:

*I was six, Mala. I was six. And he was thirteen . . . and it wasn't only summer holidays. For ten years! For ten years!! (Pointing to the picture of God.) . . . No, pain no pleasure, only silence. Silence means Shanti. However, my tongue is cut off. No. No. It just fell off somewhere. I did not use it, no. I cannot shout for help, I cannot say words of comfort; I cannot even speak about it. No, I cannot. I am dumb.*¹⁶

Shanta reveals her own misery of being victim of CSA by the same man Vinay as a child in the final scenes, when the viewers become indifferent towards her lack of sympathy and "frozen" facial expression. Shanta, on the other hand, resorts to staying locked within the four walls of the house and showing no interest in life. Furthermore, she is also portrayed throughout the play praying to God Krishna. Shanta turned to God for solace after becoming unable to tell anybody about her incestuous abuse. Ultimately, the mother-daughter's healing process in the prayer chamber culminates in Vinay's symbolic death, marking the end of their painful past confrontation. There, they both share their struggles and beg for forgiveness from one another.

DISCUSSION

Asha's psychological health has surely been significantly impacted by her horrific experience of being sexually abused as a youngster by her father's friend. Signs can be seen in the child after the abuse are Fear and Anxiety, Guilt and Shame, Trauma symptoms, Trust issues, Impact on Development, and Behavioural Changes

Majority of sexual assault incidents involve a known offender to the victim. These might be partners, instructors, coaches, healthcare professionals, caretakers, classmates, family members, friends, and neighbours.

According to a survey, 41% of female rape victims claim being raped by an acquaintance, and 51% of victims are reported by an intimate partner.¹⁷ Asha's story emphasizes the critical necessity for extensive

psychiatric care and intervention. With the assistance of expert therapeutic care and a supportive and understanding atmosphere, we can assist Asha in regaining her sense of safety and resilience during her healing process.

In case study 2 the patient displayed signs of depression. There was evidence of sexual abuse during the evaluation. Individuals who experienced sexual abuse as children may exhibit several mental health problems as adults, such as depression, anxiety disorder, conversion disorder, PTSD, eating disorder, substance use disorder and sexual problems- identity, dissatisfaction, promiscuity

For most female victims, the first rape occurred before the age of 18 (30% between the ages of 11 and 17 and 12% at or before the age of 10).¹⁷ For 80% of female victims, the age of 25 marked their first rape.

In the case study discussed the victim experiences her sexual assault in her early adolescence, and a study states that 2% of women reported one sexual abuse experience with a brother before the age of 18%.¹⁸ Research suggests that there is a high prevalence of sibling sexual abuse^{19,20} and underreported²¹. De Jong included 84 cases of sexual assault by siblings or cousins as a clinical sample in his 1989 study and discovered that most of the victims were female and most of the perpetrators were male.²²

It is important to know that physical and sexual abuse often coexists. Signs can be seen in child with physical and sexual abuse are ruptures to the tympanic membrane (eardrum), injuries to the rectum or genitalia, bite marks and cigarette burns, and high pain threshold, frequent hospital stays, quick weight gain following hospital stays, quick hospital recovery¹⁵.

It is crucial to realize that a child who has experienced sexual abuse may show in any of the ways listed above. Health care providers will be better able to safeguard children against sexual abuse if they are aware of the scope of the issue and how it manifests.¹⁵

As evidenced by the aforementioned incidents, child sexual abuse can cause a wide range of psychological issues for victims throughout their life. This includes academic decline, delinquency, developmental delays, anxiety, depression, psychosis, posttraumatic stress disorder (PTSD), guilt, fear, sexual dysfunction, substance misuse, impatience, poor focus, and suicide. According to research, the likelihood of becoming a perpetrator is increased by past victim experiences; this risk is doubled in the case of incest, increased in the case of pedophilia, and increased still in the case of individuals exposed to both pedophilia and incest¹⁷. Different studies show varying percentages of victims who later turn into offenders.

The most common type of abuse seems to be fathers sexually abusing their daughter.^{23,24,25,26} One of every 40 women who lived with their biological father re-

ported experiencing sexual abuse from their father, according to research by Russell in 1984.²⁷

In terms of real life case study, the fictional character may have:

Post-Traumatic Stress Disorder (PTSD): Mala may be suffering from post-traumatic stress disorder (PTSD)²⁸, which is a prevalent condition in survivors of child sexual abuse. Hypersexuality can result from trauma as a coping strategy or as a means of regaining control over one's body.

Depression and Anxiety: Anxiety and Depression are commonly seen in CSA survivors²⁸. Mala may be suffering from these disorders if she is reluctant to talk to people and has a tendency to isolate herself.

Attachment issues: Developing positive relationships with other people may be difficult for survivors. This holds particularly true for abused children. Adult survivors of childhood abuse may have uneasy attachment styles. They could have trouble forming close relationships.²⁸ Mala's action is a belief that she is undeserving of stable and loving relationship and may struggle with intimacy because of the betrayal they faced as children.

Dissociation and Emotional Regulation²⁹ Mala might go through dissociation, which is a psychological defence mechanism in which a person separates from their memories, ideas, feelings, and sense of self.

As stated earlier, research found that around 62.5% to 76% of children are sexually abused at home, and between 40% to 50% of such crimes are carried out by male relatives⁴. A study found that at least 2% of women reported one sexual abuse experience with a brother before the age of 18%²⁸ as stated previous. Mala and Shanta, the victims of CSA have experienced their first sexual abuse at the age of 7 & 6 respectively.

Since the abuse is supposed to change the structure and chemistry of the brain throughout its developmental stage, notably, a lot of the psychological effects of CSA might take ages to show symptoms. One study found that the average period between the onset of abuse and the onset of depression was 11.5 years³⁰, according to another study, the average time it took for depression to start and for PTSD to start was 9,2 years and 8 years, respectively³⁰.

Some negative consequences of CSA include:

Relationship disruption (breakup/divorce)²⁸ This is seen in Mala & Deepak's relationship, when Shanta brings a calendar to Deepak, having a cross on the day Mala broke up with him. There are several ticks and crosses on the calendar. Deepak realizes that they symbolize Mala's relationship with other men.

Coping Mechanism

Seeking Counselling: Cognitive-behavioural therapy (CBT)³¹ in particular can help Mala process her expe-

rience and lessen her feelings of anxiety, depression, and PTSD.

Practicing Mindfulness: By engaging in meditation sessions, Mala can more effectively manage her symptoms of anxiety, despair, and PTSD. This can entail practicing gentle meditation or paying attention to her breathing.

Building a support system³¹: Mala may find comfort in interacting with caring individuals who give her a sense of security and support.

Artistic Education: For Mala, artistic endeavours like painting, writing or acting could be therapeutic channels for expressing herself and helping her to digest and share her experiences.

CONCLUSION

The barriers to seeking mental health treatment for individuals who were the victims of child sexual abuse (CSA) particularly those who are male and who have not come forward to tell their story is a key area for future research. Identifying the reasons behind the high number of CSA victims speaking out about their abuse and the particular problems they have in accessing care and support is imperative. Besides, research should focus on the specific needs and experiences of male CSA survivors because they often experience stigma, misunderstandings, and social expectations that make it difficult for them to come forward with their abuse or ask for help. On the other hand, future studies will enable an improvement and evolution of the existing support networks so that they become much more inclusive and fairer and attend to the needs of all survivors who were victims of CSA. These studies should include the removal of the personal and structural barriers that keep the CSA survivors from seeking mental healthcare.

REFERENCES

- Guidelines for medico-legal care for victims of sexual violence [Internet]. [cited 2024 Apr 18]. Available from: <https://iris.who.int/bitstream/handle/10665/42788/924154628X.pdf>
- Lo Iacono L, Trentini C, Carola V. Psychobiological Consequences of Childhood Sexual Abuse: Current Knowledge and Clinical Implications. *Frontiers in Neuroscience*. 2021 Dec 2;15.
- Maltz W. Treating the sexual intimacy concerns of sexual abuse survivors. *Sexual and Relationship Therapy*. 2002 Nov;17(4):321-7.
- Nisha. The Indian family: too sacrosanct to touch? Indian women's movement and civil society's responses to incest abuse. *Agenda*. 2005 Jan 1;19(66):67-73.
- Arias I. Report from the CDC. The Legacy of Child Maltreatment: Long-Term Health Consequences for Women. *Journal of Women's Health*. 2004 Jun;13(5):468-73.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine* [Internet]. 1998 May;14(4):245-58.
- Irish L, Kobayashi I, Delahanty DL. Long-term Physical Health Consequences of Childhood Sexual Abuse: A Meta-Analytic Review. *Journal of Pediatric Psychology*. 2009 Dec 18;35(5):450-61.
- Maniglio R. The impact of child sexual abuse on health: A systematic review of reviews. *Clinical Psychology Review*. 2009 Nov;29(7):647-57.
- Fergusson DM, Mullen PE. *Childhood Sexual Abuse: An Evidence Based Perspective*. UK: SAGE Publications Ltd; 1999.
- Chaturvedi M. Child Sexual Abuse in India: Alarming statistics, lifelong impact, how to heal [Internet]. *India Today*. 2023 [cited 2024 Apr 15]. Available from: <https://www.indiatoday.in/education-today/feature/india/story/child-sexual-abuse-in-india-alarming-statistics-lifelong-impact-how-to-heal-2416285-2023-08-04?onetap=true>
- Neumann DA, Houskamp BM, Pollock VE, Briere J. The Long-Term Sequelae of Childhood Sexual Abuse in Women: A Meta-Analytic Review. *Child Maltreatment*. 1996 Feb;1(1):6-16.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*. 4th ed. Washington, DC: American Psychiatric Association; 2000.
- Najman JM, Dunne MP, Purdie DM, Boyle FM, Coxeter PD. Sexual Abuse in Childhood and Sexual Dysfunction in Adulthood: An Australian Population-Based Study. *Archives of Sexual Behavior*. 2005 Oct;34(5):517-26.
- Maity S, Chakraborty PR. Implications of the POCSO Act and determinants of child sexual abuse in India: insights at the state level. *Humanities and Social Sciences Communications*. 2023 Jan 3;10(1).
- Glasser M, Kolvin I, Campbell D, Glasser A, Leitch I, Farrelly S. Cycle of Child Sexual Abuse: Links between Being a Victim and Becoming a Perpetrator. *British Journal of Psychiatry*. 2001 Dec;179(6):482-94.
- Dattani M. *Thirty Days in September*. UK: Penguin; 2013.
- Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, et al. *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2011 Nov.
- Russell DEH. *Secret Trauma: Incest in the lives of Girls and Women*. New York: Basic Books; 1986.
- Finkelhor D. *Sexually Victimized Children*. New York: Simon and Schuster; 2010.
- Schlesinger B. *Sexual Abuse of Children*. Toronto: University of Toronto Press; 1984.
- Smith H, Israel E. Sibling incest: A study of the dynamics of 25 cases. *Child Abuse & Neglect*. 1987 Jan;11(1):101-8.
- De Jong AR. Sexual interactions among siblings and cousins: Experimentation or exploitation? *Child Abuse & Neglect*. 1989 Jan;13(2):271-9.
- Cupoli JMichael, Sewell PM. One thousand fifty-nine children with a chief complaint of sexual abuse. *Child Abuse & Neglect*. 1988 Jan;12(2):151-62.
- Dubé R, Hébert M. Sexual abuse of children under 12 years of age: a review of 511 cases. *Child Abuse & Neglect*. 1988 Jan;12(3):321-30.
- Gordon L. Incest and Resistance: Patterns of Father-Daughter Incest, 1880-1930. *Social Problems*. 1986 Apr;33(4):253-67.
- Kendall-Tackett KA, Simon AF. Perpetrators and their acts: Data from 365 adults molested as children. *Child Abuse & Neglect*. 1987 Jan;11(2):237-45.

27. Russell DEH. Sexual Exploitation: Rape, child sexual abuse, and workplace harassment. 1st ed. Beverly Hills: Sage Publications Inc; 1984.
28. Jeglic E. The Long-Lasting Consequences of Child Sexual Abuse | Psychology Today [Internet]. www.psychologytoday.com. 2021 [cited 2024 May 8]. Available from: <https://www.psychologytoday.com/us/blog/protecting-children-sexual-abuse/202105/the-long-lasting-consequences-child-sexual-abuse>
29. Taparia P. Trauma from child sexual abuse: Unlocking healing through holistic mental health support. The Times of India [Internet]. 2024 May 2 [cited 2024 May 9]; Available from: <https://timesofindia.indiatimes.com/life-style/parenting/moments/trauma-from-child-sexual-abuse-unlocking-healing-through-holistic-mental-health-support/articleshow/109690262.cms>
30. Teicher MH, Samson JA, Polcari A, Andersen SL. Length of Time Between Onset of Childhood Sexual Abuse and Emergence of Depression in a Young Adult Sample. The Journal of Clinical Psychiatry. 2009 Apr 7;70(5):684–91.
31. Jeglic E. How to Cope Following Sexual Abuse | Psychology Today [Internet]. www.psychologytoday.com. 2021 [cited 2024 May 8]. Available from: <https://www.psychologytoday.com/us/blog/protecting-children-sexual-abuse/202109/how-cope-following-sexual-abuse>