
EXPLORING THE LONG-TERM PSYCHOLOGICAL IMPACT OF CHILDHOOD ABUSE ON ADULT SURVIVORS

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ABSTRACT

Historically, childhood has been perceived as a precious phase marked by protection, care, and moral development, with children often considered "national assets" crucial for the future and economic progress of a nation. However, in developing countries like India, many children can barely dream of such an idyllic childhood. Child abuse, a severe violation of basic human rights, results from a complex interplay of familial, social, psychological, and economic factors, making it a significant issue on the global human rights agenda. In India, the acknowledgment of child rights as fundamental and inviolable is a relatively recent phenomenon, reflecting a broader global understanding. Child abuse, encompassing emotional, physical, economic, and sexual maltreatment of individuals under eighteen, is a widespread issue. Unfortunately, the comprehension of its extent, magnitude, and patterns remains limited in India, as in many other countries. The socio-economic transitions and increasing life complexities have notably heightened children's susceptibility to various forms of abuse.

This paper delves into the severe physical and psycho-social impacts of child abuse, which detrimentally affect children's health and overall well-being. According to the World Health Organization (WHO), child abuse or maltreatment includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, negligent treatment, or commercial and other exploitations, leading to actual or potential harm to a child's health, survival, development, or dignity within a context of responsibility, trust, or power¹. This paper aims to highlight the multifaceted nature of child abuse and its pervasive presence across societies, emphasizing the urgent need for protective measures and a greater understanding of child rights².

Keywords: Childhood abuse, adult survivors, long-term psychological impact, trauma, victim rights, legal redress, child protection laws, rehabilitation, criminal justice response, PTSD, ACE.

¹ World Health Organization, *Child Maltreatment*, <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment> (last visited March 24, 2025).

² David Finkelhor, *Developmental Victimology: The Comprehensive Study of Childhood Victimization*, UNH Crimes Against Children Research Center (2008).

INTRODUCTION

The haunting experiences of child abuse often linger with survivors well into adulthood, leaving indelible scars that manifest in various psychological and physical disorders. Adults who have endured and buried the trauma of childhood abuse may continue to suffer from a myriad of conditions, including post-traumatic stress disorder (PTSD), eating disorders, substance misuse, depression, anxiety, low self-esteem, anger, guilt, learning disabilities, physical illnesses, disturbing memories, and dissociation. A particularly challenging issue for these survivors is the difficulty in forming and maintaining healthy adult relationships. Recent research indicates that nearly one-third of all lifetime psychiatric disorders can be traced back to adverse childhood experiences.³

The impact of child abuse extends deeply into the survivor's psyche, often adversely affecting their personality and emotional regulation. This disruption can lead to self-destructive and impulsive behaviors such as recurrent self-harm or suicide attempts. Individuals who have endured prolonged abuse may experience dissociation, entering trance-like states that can be triggered by reminders of their past trauma, causing them to relive abusive experiences.

Child abuse profoundly disrupts the victim's development, resulting in long-term consequences that permeate every aspect of their lives. The inability to regulate emotions and the propensity for self-destructive behavior are significant hurdles that survivors must confront. These challenges are compounded by the physiological impacts of prolonged stress and trauma, which can manifest in chronic health conditions and heightened vulnerability to mental health issues. Moreover, the social stigma and lack of understanding surrounding child abuse often exacerbate the survivor's struggles. Victims may find it difficult to seek help or discuss their experiences, further isolating them and preventing them from accessing the support they need. The societal tendency to dismiss or downplay the severity of child abuse only adds to the burden carried by survivors, making their journey toward healing even more arduous.

Given the profound and far-reaching effects of child abuse, it is imperative to address this issue with a multifaceted approach. This includes raising awareness about the prevalence and impact of child abuse, implementing comprehensive support systems for survivors, and ensuring that policies and practices are in place to protect children from abuse. By fostering a deeper

³ American Psychological Association, *The Long-Term Impact of Child Abuse and Neglect on Mental Health*, 373 Arch. Psychol. 137 (2021).

understanding of the long-term effects of child abuse, we can better support survivors in their recovery and work towards preventing such trauma from occurring in the first place.

RESEARCH QUESTIONS

1. What are the long-term psychological and emotional consequences of childhood abuse on adult survivors, and how adequately do existing legal frameworks address these impacts?
2. To what extent does the Indian criminal justice system provide effective redressal and rehabilitation for adult survivors of childhood abuse, particularly in cases of delayed reporting?
3. How can victim-centric legal reforms and trauma-informed approaches be integrated into child protection laws to better support survivors through adulthood?

RESEARCH OBJECTIVE

To examine the long-term psychological effects of childhood abuse on adult survivors and critically evaluate the adequacy of existing legal frameworks and victim support mechanisms in addressing these consequences, with a specific focus on the Indian context.

RESEARCH METHODOLOGY

This research adopts a **qualitative doctrinal methodology**, involving an in-depth analysis of secondary sources such as statutes, case laws, government reports, journal articles, and international conventions related to child abuse and its psychological impact on survivors. The study critically examines the legal framework and victimological perspectives concerning the long-term consequences of childhood abuse, with a focus on India.

In addition, the research incorporates **empirical elements through review and synthesis of existing psychological studies and survey data**

➤ TYPES OF ABUSE AND NEGLECT

Child abuse and neglect encompass any actions or failures to act that result in harm, potential harm, or the threat of harm to a child aged 0–18 years. These harmful actions may be either

deliberate or accidental⁴. Typically, except in cases of sexual abuse, such maltreatment is inflicted by a parent or caregiver. Child maltreatment can be categorized into five primary types: physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence. Evidence indicates that various forms of abuse and neglect seldom occur in isolation. Children who suffer repeated maltreatment often experience multiple forms of abuse simultaneously.⁵ For instance, a child who is physically abused may also be emotionally neglected or exposed to domestic violence, compounding the impact on their development and well-being.

Physical abuse involves intentional bodily harm inflicted on a child, such as hitting, kicking, or burning, leading to severe injuries and long-term physical and psychological damage. Sexual abuse includes any sexual act performed on a child, including fondling, rape, or exploitation, often resulting in deep psychological trauma and a range of emotional and behavioural issues.⁶ Emotional abuse involves actions that harm a child's self-worth or emotional well-being, such as verbal abuse, humiliation, or rejection, resulting in long-lasting psychological effects, including anxiety, depression, and difficulty forming healthy relationships. Neglect, the failure to provide for a child's basic needs including food, shelter, clothing, education, and medical care, can stunt a child's physical, emotional, and cognitive development.⁷ Exposure to domestic violence, even if the child is not directly harmed, can have significant emotional and psychological consequences, instilling fear, anxiety, and behavioural issues in children.

➤ CHILDHOOD TRAUMA THEORY

"Childhood trauma theory" in the field of victimology posits that significant traumatic experiences during childhood can have enduring adverse effects on an individual's life. These early traumas can heighten one's susceptibility to future victimization and profoundly impact psychological well-being. As a result, individuals may face a higher likelihood of developing mental health issues and encountering difficulties in social interactions as they grow older.⁸

⁴ Gilbert R. et al., *Burden and Consequences of Child Maltreatment in High-Income Countries*, 373 Lancet 68 (2009).

⁵ Daryl Higgins, *Differentiating Between Child Maltreatment Experiences*, 69 Fam. Matters 50 (2004).

⁶ Cathy Spatz Widom, Sally J. Czaja & Mary Ann Dutton, *Childhood Victimization and Lifetime Revictimization*, 30 Child Abuse & Neglect 785 (2006).

⁷ Kathleen Kendall-Tackett, *The Health Effects of Childhood Abuse: Four Pathways by Which Abuse Can Influence Health*, 9 Child Abuse & Neglect 293 (2002).

⁸ M. Kelly-Irving & C. Delpierre, *A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses**, 18 Soc. Pol'y & Soc'y 445 (2019), <https://doi.org/10.1017/S1474746419000101>.

The theory delves into how such early trauma can mould an individual's vulnerability to becoming a victim in various scenarios, influencing their life trajectory in profound ways.

Further, childhood trauma can disrupt the development of essential coping mechanisms, leading to maladaptive behaviors that persist into adulthood. These individuals may struggle with trust and intimacy in relationships, often feeling isolated and misunderstood.⁹ The pervasive sense of insecurity and the inability to establish a stable sense of self can make survivors more prone to re-victimization, perpetuating a cycle of abuse and trauma.

Moreover, the theory suggests that the effects of childhood trauma are not only psychological but also biological. Chronic stress during formative years can alter brain development and function, affecting areas involved in emotion regulation, cognition, and stress response. This biological impact can exacerbate the psychological difficulties faced by survivors, making recovery and adaptation more challenging.¹⁰ In understanding "Childhood trauma theory," it is crucial to recognize the need for comprehensive support systems and therapeutic interventions tailored to address the complex needs of survivors. By acknowledging and addressing the long-term consequences of childhood trauma, we can better support individuals in their journey towards healing and resilience, ultimately breaking the cycle of victimization.

➤ LONG-TERM CONSEQUENCES OF CHILD ABUSE AND NEGLECT

The following section explores the enduring effects of child abuse and neglect that can persist into adulthood. The adverse outcomes associated with histories of abuse and neglect are frequently interconnected, as one negative consequence can precipitate another (for instance, substance abuse issues or engaging in risky sexual behavior can lead to physical health problems).¹¹ These adverse effects are broadly associated with all types of abuse, although, where applicable, connections are drawn between specific forms of abuse and neglect and particular negative outcomes.

1. Physical Health Problems - Adults who were victims of child abuse can face a range of physical health problems that persist into adulthood. These issues often

⁹ Cheyenne Downey & Aoife Crummy, *The Impact of Childhood Trauma on Children's Wellbeing and Adult Behavior*, 6 Eur. J. Trauma & Dissociation 100237 (2022), <https://doi.org/10.1016/j.ejtd.2021.100237>.

¹⁰ World Health Organization, *Child Maltreatment*, <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment> (last visited May 21, 2025).

¹¹ Jianjian Cai et al., *Long-Term Effects of Childhood Trauma Subtypes on Adult Brain Function*, 13 Brain & Behavior e2981 (2023), <https://doi.org/10.1002/brb3.2981>.

stem from the chronic stress and trauma experienced during their formative years. For instance, chronic stress from abuse can lead to cardiovascular diseases, such as hypertension and heart disease, as well as an increased risk of diabetes. Additionally, respiratory issues like asthma and chronic obstructive pulmonary disease (COPD) are common among those who suffered from neglect and abuse during childhood. Survivors often suffer from gastrointestinal problems, including irritable bowel syndrome (IBS) and other digestive issues, while chronic pain conditions, such as fibromyalgia and migraines, are also prevalent.¹² The trauma of abuse can weaken the immune system, making survivors more susceptible to autoimmune diseases, and there is a higher prevalence of obesity among adults who experienced childhood abuse, often due to stress-related eating behaviors. Some studies even suggest a link between childhood abuse and an increased risk of developing certain types of cancer. These physical health problems are often compounded by the psychological effects of abuse, creating a complex web of health issues that can significantly impact the quality of life for survivors.

2. **Mental Health Problems-** Persisting mental health issues are a common consequence of child abuse and neglect, often extending well into adulthood. Adults with a history of childhood abuse and neglect frequently experience mental health problems such as personality disorders, post-traumatic stress disorder (PTSD), dissociative disorders, depression, anxiety disorders, and psychosis.¹³ Depression is particularly prevalent among these individuals, representing one of the most common outcomes of past abuse or neglect.¹⁴ According to an American study based on the National Comorbidity Survey, adults who experienced child abuse were two and a half times more likely to suffer from major depression and six times more likely to develop PTSD compared to those who had not experienced abuse. The risk of these mental health issues increases significantly if the individual experienced both child

¹² Kristen W. Springer, Jennifer Sheridan, Daphne Kuo & Molly Carnes, *The Long-Term Health Outcomes of Childhood Abuse: An Overview and a Call to Action*, 18 J. Gen. Internal Med. 864 (2003), <https://doi.org/10.1046/j.1525-1497.2003.20918.x>.

¹³ Tracie O. Afifi et al., *The Relationship Between Child Abuse, Parental Divorce, and Lifetime Mental Disorders and Suicidality in a Nationally Representative Adult Sample*, 124 Child Abuse & Neglect 105437 (2009).

¹⁴ Kathleen Kendall-Tackett, *The Health Effects of Childhood Abuse: Four Pathways by Which Abuse Can Influence Health*, 9 Child Abuse & Neglect 293 (2002).

abuse and parental divorce.¹⁵ In a prospective longitudinal study in the United States, Wisdom, DuMont, and Czaja found that children who were physically abused or subjected to multiple types of abuse had a heightened risk of developing major depressive disorder in early adulthood. Adding to this, adults who have endured childhood trauma often struggle with other psychiatric conditions such as substance use disorders and severe anxiety, which complicate their ability to function daily. These mental health issues can interfere with educational attainment, job performance, and interpersonal relationships, perpetuating a cycle of disadvantage and suffering. Furthermore, the social stigma attached to mental health problems can exacerbate feelings of isolation and shame among survivors, making it more challenging for them to seek help and support. Thus, addressing the long-term mental health consequences of child abuse is essential for improving the overall well-being and quality of life for survivors. This underscores the necessity for integrated therapeutic approaches that address both the psychological and social dimensions of recovery.

3. Self-Harm Thoughts - Extensive research consistently demonstrates a strong correlation between child abuse, neglect, and the risk of attempted suicide among both young people and adults. The Adverse Childhood Experiences (ACE) study found that adults who endured four or more adverse experiences during childhood were twelve times more likely to attempt suicide than those without such experiences. This highlights the profound long-term impact of childhood trauma on mental health.¹⁶

In a meta-analysis by Gilbert et al. (2009), retrospective studies revealed a significant association between child abuse, neglect, and attempted suicide in adults. Prospective studies, which follow individuals over several years, also confirmed this link, although the relationship appeared somewhat more moderate. The higher rates of suicidal behavior among adult survivors of child

¹⁵ Tracie O. Afifi et al., *The Relationship Between Child Abuse, Parental Divorce, and Lifetime Mental Disorders and Suicidality in a Nationally Representative Adult Sample*, 124 *Child Abuse & Neglect* 105437 (2009).

¹⁶ Emma Ashworth et al., *Suicidal Crisis among Children and Young People: Associations with Adverse Childhood Experiences and Socio-Demographic Factors*, 20 *Int'l J. Env'tl. Res. & Pub. Health* 1251 (2023), <https://doi.org/10.3390/ijerph20021251>.

abuse and neglect are often attributed to the prevalence of mental health issues such as depression, anxiety, PTSD, and personality disorders. These conditions increase the risk of self-harm and suicide attempts, driven by the chronic stress and emotional turmoil stemming from childhood abuse. Moreover, compounding adverse experiences, such as parental divorce alongside abuse, further amplify the risk. Wisdom, DuMont, and Czaja (2007)¹⁷ found that children who were physically abused or experienced multiple types of abuse were at a significantly increased risk of developing major depressive disorder in early adulthood, which in turn heightens the likelihood of suicide attempts. Addressing the long-term effects of child abuse and neglect requires comprehensive mental health support, therapeutic interventions, and social services to help survivors cope with their traumatic pasts. By understanding the profound impact of childhood trauma on self-harm and suicidal behavior, we can better support survivors and work towards breaking the cycle of abuse and its devastating consequences.

4. Revictimization - Research indicates that adults, especially women, who were victimized as children face an elevated risk of experiencing re-victimization later in life.¹⁸ The Australian segment of the International Violence Against Women Survey (IVAWS) revealed that 72% of women who suffered physical or sexual abuse as children also encountered violence in adulthood, compared to 43% of women who did not endure childhood abuse (Mouzos & Makkai, 2004). Widom and colleagues (2008) conducted a prospective study showing that all forms of childhood victimization—physical abuse, sexual abuse, and neglect—increase the risk of re-victimization over a lifetime. Their findings highlighted that childhood victimization significantly heightens the risk of physical and sexual assault/abuse, kidnapping/stalking, and even tragic events like the murder or suicide of a family friend.¹⁹

¹⁷ Cathy Spatz Widom, Kimberly DuMont & Sally J. Czaja, *A Prospective Investigation of Major Depressive Disorder and Comorbidity in Abused and Neglected Children Grown Up*, 64 Arch. Gen. Psychiatry 49 (2007), <https://doi.org/10.1001/archpsyc.64.1.49>.

¹⁸ Alister Lamont, *Effects of Child Abuse and Neglect for Adult Survivors*, Austl. Inst. of Fam. Stud. (2010), <https://aifs.gov.au/resources/policy-and-practice-papers/effects-child-abuse-and-neglect-adult-survivors.>

¹⁹ Cathy Spatz Widom, Sally J. Czaja & Mary Ann Dutton, *Childhood Victimization and Lifetime Revictimization*, 30 Child Abuse & Neglect 785 (2008).

Furthermore, women who have experienced violence during childhood or witnessed parental violence are at heightened risk of being victimized as adults. This increased vulnerability often stems from low self-esteem and learned behaviors that perceive violence as a normal way to handle conflicts.²⁰ The patterns established during formative years can perpetuate a cycle of abuse, making it crucial to address and break these patterns.

5. Aggression, violence, and criminal behavior- These are frequently identified as long-term consequences of child abuse and neglect for adult survivors, especially those who have experienced physical abuse or witnessed domestic violence. Widom (1989) compared adults with substantiated cases of child abuse and neglect in the United States to a matched comparison group and found that those with a history of abuse and neglect had a higher likelihood of arrests, adult criminality, and violent behavior. In a study of 36 men with a history of perpetrating domestic violence, Bevan and Higgins (2002) found that child maltreatment, particularly neglect, and low family cohesion were associated with the frequency of physical spouse abuse. Additionally, witnessing domestic violence during childhood (but not physical abuse) was uniquely associated with psychological spouse abuse and trauma symptoms. Adults with a history of physical abuse or witnessing domestic violence may be more prone to violence and criminal activity, having learned that such behavior is an appropriate method for responding to stress or conflict resolution²¹. Furthermore, substance abuse problems are often linked to higher rates of criminal behavior, including theft and prostitution, further complicating the lives of those affected.

INDIAN SCENARIO OF ABUSE IN CHILDREN AND ITS IMPACT ON ADULT SURVIVORS

In India, which is home to 19% of the world's children, it is estimated that every second child is exposed to sexual abuse and violence. According to the Indian National Crimes Records

²⁰ Jenny Mouzos & Toni Makkai, *Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)*, Austl. Inst. of Criminology, Research & Pub. Pol'y Series No. 56 (2004), <https://www.aic.gov.au/publications/rpp/rpp56>.

²¹Constance L. Chapple, *Examining Intergenerational Violence: Violent Role Modeling or Weak Parental Controls?*, 8 Violence & Victims 117 (2003).

Bureau (NCRB), a child is sexually abused every 15 minutes, and 53% of children report abuse by a parent, relative, or school teacher. The prevalence of child sexual abuse (CSA) in high-income countries is about 20% for females and 8% for males. In contrast, in India, the estimates vary widely, ranging from 4% to 66% for females and 4% to 57% for males. These figures are likely underestimates due to limited surveillance of childhood adversities, such as physical and emotional abuse, and the stigma surrounding CSA, especially for girls. Additionally, under-reporting by healthcare and police authorities, as well as the stigma and taboo associated with being a victim, further contribute to these underestimated figures. The prevalence rates also vary by geography (urban vs. rural vs. slum settings) and different communities (school-based, hospital-based, trafficking victims, etc.).²²

Poverty, particularly urban poverty in India, is widespread due to high economic migration that has shifted poverty from rural to urban areas. Although the proportion of deprived populations in India decreased from 45% to 22% between 1994 and 2012, one in every six urban Indians lives in slums. Health inequalities resulting from poverty and rapid urbanization need to be addressed to achieve the United Nations Sustainable Development Goals, which include reducing child maltreatment and violence against girls and women. Studies show strong associations between the socioeconomic status of a family and the risk of children within the household experiencing abuse and neglect. Greater economic hardship in urban slums increases the likelihood and severity of child maltreatment. Conversely, research also indicates that children from high-income households are almost four times more vulnerable to physical violence compared to those from low-income households. This increased vulnerability is often due to parents in high-income households having high expectations of their children, especially regarding academic achievement, and a general undermining of a child's status compared to elder perspectives. Children from more deprived backgrounds, on the other hand, often have parents who remain indifferent to their care and well-being, especially for female children.²³

Previous research has shown that experiences of child maltreatment rarely occur in isolation and tend to cluster. Community-based studies have reported the prevalence and overlap of childhood sexual, physical, and emotional abuse, but such studies in India have been limited.

²² D.K. Carson, J.M. Foster & A. Chowdhury, *Sexual Abuse of Children and Youth in India: An Anthropological Perspective*, 14 *Oriental Anthropologist* 343 (2014), <https://doi.org/10.1177/0976343020140212>.

²³ M. Kelly-Irving & C. Delpierre, *A Critique of the Adverse Childhood Experiences Framework in Epidemiology and Public Health: Uses and Misuses*, 18 *Soc. Pol'y & Soc'y* 445 (2019), <https://doi.org/10.1017/S1474746419000101>.

A systematic review focusing on CSA highlighted the high prevalence rates of CSA among Indian children. However, it also acknowledged that CSA often co-occurs with other forms of child maltreatment in the same child, emphasizing the need for comprehensive approaches to address all forms of abuse.

Adult survivors of CSA in India often face a myriad of challenges in their interpersonal relationships, intrapersonal functioning, and mental health. According to a government study involving 12,447 children aged 15-18 years, 53% of boys and 47% of girls reported being sexually abused. This under-reporting issue suggests the actual numbers might be higher. A study involving 146 female psychiatric patients found that 30% experienced sexual coercion, with 7% reporting CSA, 16% adult sexual coercion, and 7% both. Women who had experienced CSA were more likely to engage in high-risk behaviors.²⁴

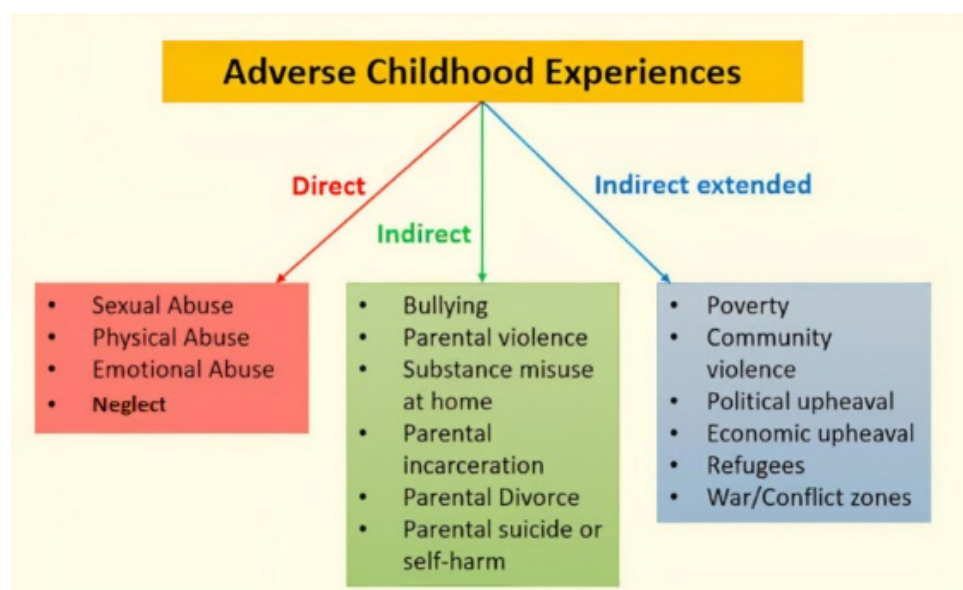
Further studies have shown that survivors of CSA in India are more likely to suffer from a range of mental health disorders, such as anxiety, depression, eating disorders, posttraumatic stress disorder (PTSD), and an increased risk of suicide attempts.²⁵ These individuals often have higher contact with mental health services, and severe forms of abuse experienced at an older age are linked to a greater risk of developing psychopathology. The trauma from CSA can lead survivors to develop negative beliefs and self-perceptions, such as self-blame, overestimation of danger, and an underestimation of their self-worth.

Moreover, long-term consequences such as difficulties in interpersonal functioning, especially in intimate relationships, are commonly reported. The impact of CSA varies significantly among individuals, depending on various factors such as gender, age, severity of abuse, and exposure to multiple forms of abuse.²⁶ These factors mediate the degree of dysfunction experienced by survivors, highlighting the need for a nuanced understanding and tailored interventions to support their recovery. Addressing these issues is crucial for improving the overall well-being and quality of life for survivors in the Indian context.

²⁴Radhika Kolavarambath, Manjula Munivenkatappa & Binukumar Bhaskarapillai, *Child Sexual Abuse, Psychopathology, Trauma and Attachment Beliefs and Interpersonal Functioning Among Young Adult Survivors Attending Psychiatric Services in India*, 44 Indian J. Psychol. Med. 52 (2022).

²⁵ U.S. Dep't of Justice, Office for Victims of Crime, Child Abuse Victimization, Help Series for Crime Victims (2002), https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/OVC_Archives/reports/help_series/pdf/txt/childabusevictimization.pdf.

²⁶ C. Claussen, E. Esina & L. Wells, *Child Sexual Abuse: A Cursory Review of Risk and Protective Factors for Victimization and Perpetration*, Ass'n of Alta. Sexual Assault Servs. (2013).



STUDY CONDUCTED AND ITS RESULT

The study involved individuals in their early adulthood, with a mean age of 26.1 years (± 4.89). It was observed that 66% of the participants were outpatients, with 57.5% being male and 42.1% female. Sixty percent of the individuals had completed their graduation, and 34.4% were students. Most of the sample (76.9%) were unmarried, identified as Hindu (76.1%), came from nuclear families (67%), and had an urban background. Most of the participants (78%) did not report experiencing child sexual abuse (CSA), while 21.5% had undergone CSA. Additionally, 37.7% had no significant adverse life events until the age of 18, 5.3% had experienced other unwanted sexual experiences in childhood (such as exposure to pornography by peers or molestation in public places), and 3.65% had experienced adult sexual abuse. A gender-wise comparison revealed that significantly more females (69.8%) had experienced CSA compared to males (30.2%). Among those who had experienced CSA, the age of abuse ranged between 8 and 12 years, with the majority having 5–9 abusive experiences. About half of the sample had one perpetrator, and fondling was the most severe form of abuse reported by many individuals, with a majority experiencing high levels of coercion²⁷.

When comparing individuals who had experienced CSA with those who had not, both groups were found to be similar in terms of sociodemographic variables such as age, education, occupation, marital status, religion, family type, and residential background. However, there

²⁷ T.L. Taillieu, D.A. Brownridge, J. Sareen & T.O. Afifi, *Childhood Emotional Maltreatment and Mental Disorders: Results from a Nationally Representative Adult Sample from the United States*, 59 Child Abuse & Neglect 1 (2016).

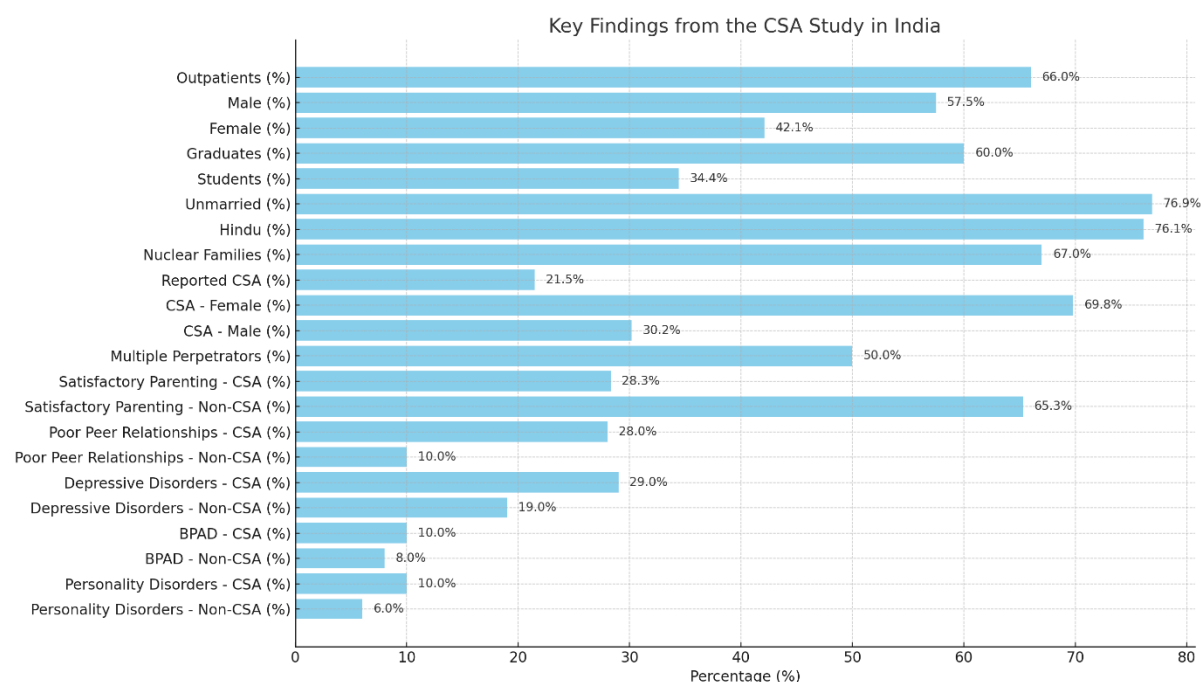
were statistically significant differences in perceived parenting and relationships with peers between the two groups. Fewer individuals with CSA reported satisfactory parenting (28.3%) compared to those without CSA (65.3%) during childhood and adolescence. Similarly, a greater number of individuals with CSA (28%) had poor relationships with peers below 18 years of age compared to those without CSA (10%). Moreover, most individuals who had experienced CSA (44%) also reported having more than one adverse life event apart from CSA. Sex education was found to be unsatisfactory in 75.5% of individuals with CSA compared to 56.5% of those without CSA.

The study also found that individuals with CSA had a higher prevalence of depressive disorders (29% compared to 19%), bipolar affective disorder (BPAD) (10% compared to 8%), and personality disorders (10% compared to 6%) than those without CSA.²⁸

Approximately 21% of the sample reported a history of child sexual abuse (CSA), with 70% of these individuals being female. The age at which CSA occurred ranged from 8 to 12 years. Around 34% of those affected experienced more than five instances of abuse, and about half had more than two perpetrators, with the majority facing high levels of coercion²⁹. Survivors of CSA exhibited higher levels of psychopathology, trauma-related beliefs, and attachment issues, as well as difficulties in certain areas of interpersonal functioning, compared to those without a history of CSA. Factors such as female gender, lack of emotional support from parents, and experiencing multiple significant life events increased the risk of CSA. Additionally, poor parental emotional support and trauma-related beliefs were predictors of psychopathology.

²⁸ Radhika Kolavarambath, Manjula Munivenkatappa & Binukumar Bhaskarapillai, *Child Sexual Abuse, Psychopathology, Trauma and Attachment Beliefs and Interpersonal Functioning Among Young Adult Survivors Attending Psychiatric Services in India*, 44 Indian J. Psychol. Med. 52 (2022).

²⁹ B.T. Sowmya, S.P. Seshadri, S. Srinath, S. Girimaji & J.V. Sagar, *Clinical Characteristics of Children Presenting with History of Sexual Abuse to a Tertiary Care Centre in India*, 19 Asian J. Psychiatry 44 (2016).



POSSIBLE SOLUTIONS

- **Enhanced Reporting and Awareness Campaigns:** Increasing awareness about CSA and its long-term effects is crucial. Implementing nationwide campaigns can help destigmatize CSA and encourage more victims to come forward and seek help.
- **Comprehensive Mental Health Support:** Providing accessible mental health services tailored to the specific needs of CSA survivors is essential. This includes offering therapies such as cognitive-behavioural therapy (CBT), trauma-focused therapy, and support groups that can help survivors cope with their trauma.
- **Parental Education Programs:** Educating parents about the signs of CSA and the importance of providing emotional support can help in early identification and prevention. Programs that teach positive parenting techniques can reduce the risk of child abuse and improve the parent-child relationship.
- **Strengthening Legal Frameworks:** Ensuring that laws and policies are robust enough to protect children from abuse and provide justice for survivors is vital. This includes stricter penalties for perpetrators and better support services for victims during legal proceedings.

- **School-Based Interventions:** Schools can play a pivotal role in preventing CSA by incorporating sex education that emphasizes consent and personal safety. Training teachers to recognize and report signs of abuse can also help in early intervention.
- **Community Support Systems:** Establishing community-based support systems that offer counselling, legal aid, and emergency shelters can provide immediate assistance to CSA survivors. Community awareness programs can also foster a supportive environment for survivors.

By implementing these solutions, we can address the pervasive issue of child sexual abuse and its long-term consequences, fostering a safer and more supportive environment for survivors. The path to recovery is complex, but with concerted efforts, we can help survivors reclaim their lives and promote their well-being.

CONCLUSION

Childhood abuse has profound and long-lasting effects on survivors, affecting their mental, physical, and social well-being. This research highlights the critical need to address these impacts, also in the Indian context, where underreporting and stigma are prevalent. Survivors face higher risks of mental health disorders like depression, anxiety, and PTSD, along with challenges in relationships and increased vulnerability to further victimization. Factors such as gender, inadequate parental support, and multiple adverse life events exacerbate these outcomes.

To mitigate these effects, a comprehensive approach is necessary. This includes improving reporting mechanisms, raising awareness, and providing accessible mental health services. Parental education and school-based interventions can aid in early detection and prevention, while robust legal frameworks and community support systems are essential for ongoing assistance. By understanding and addressing the complex consequences of childhood abuse, we can better support survivors and work towards preventing such trauma, ensuring healthier and safer lives for future generations.

In summary, most of the research conducted along all domains reported a comparatively high level of childhood experiences with abusive incidents. The most common forms of abuse were physical, followed by emotional, sexual, and negligent abuse. Abuse during childhood has a

significant influence on mental health disorders in adulthood. Knowledge and awareness about child abuse and policies in all areas have significantly improved because of the interactive intervention sessions with the interprofessional team. It is imperative that schools and universities implement mandatory intervention programs, particularly in poor nations where access to resources is limited and awareness is low.

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