

PSYCHOLOGICAL CONSEQUENCES OF CHILDHOOD SEXUAL ABUSE: ISSUES IN THE SRI LANKAN CONTEXT

PIYANJALI DE ZOYSA

This paper focuses on the psychological consequences of childhood sexual abuse in the Sri Lankan context. It discusses the status of the literature on childhood sexual abuse in the country and goes on to present childhood sexual abuse as a traumatic incident that is characterised by four commonly seen manifestations. Each of these characteristics is explored and illustrated with case vignettes that serve to highlight the salient points. Finally, the paper elucidates the main barriers in Sri Lanka that need to be surmounted in order to have an integrated service delivery in the care of the sexually abused child, and presents some suggestions to enhance such existing services.

Most people find the idea that adults may be sexually attracted to children so repulsive that they prefer not to think about it. Indeed, only in the past decade or so has sexual abuse of children been considered a major mental health problem.

Sexual abuse of children is commonly defined as forced, wicked or coerced sexual behaviour forced on a child by an older person (Gelles and Conte, 1990). Most research has dealt with the sexual abuse of females. In such cases, the perpetrator is commonly the father, an uncle, a school teacher or another male figure who is involved prominently in the child's world. Unfortunately, there is little known or written facts about male victims, even though there seem to be an increase in the number of such victims being identified. In the case of both female and male children, sexual contact usually begins when the child is between 5 and 12 years old, and at first it typically consists of genital fondling and masturbation. This behaviour may be continued over time and may eventually proceed to intercourse (Van der Zanden, 1997). Most people are aware that fondling a child's genitals, masturbation and intercourse with a child are obvious forms of sexual abuse. However, exposing the child to pornography, taking nude photographs of the child or an adult exposing one's

genitals deliberately to a child are also considered as forms of sexual abuse.

Childhood sexual abuse in Sri Lanka

A person under the age of 18 years is legally considered to be a child. According to the legislation of the Sri Lankan government, the following are considered to be sexually abusive acts against a child:

1. Offence of causing seduction of a girl (Section 11 of the Vagrants Ordinance No. 4 of 1841)
2. Grave sexual abuse (Section 365 B of the Penal Code (Amendment) Acts No. 22 of 1995 and No. 29 of 1998)
3. Sexual exploitation of children (Section 360 B (1) of the Penal Code (Amendment) Act No. 22 of 1998)
4. Offence of incest (Section 364 A of the Penal Code (Amendment) Act No. 22 of 1998)
5. Offence of prostitution (Section 11 of the Vagrants Ordinance No. 4 of 1841)
6. Offence of gross indecency (Section 365 A of the Penal Code (Amendment) Act No. 22 of 1995)
7. Offence of unnatural acts (Section 365 of the Penal Code & Section 365 of the Penal Code (Amendment) Act No. 22 of 1995)
8. Offence related to obscene publications and exhibition relating to children (Section 286 A (1) of the Penal Code (Amendment) Acts No. 22 of 1995 & No. 29 of 1998)

The sexual abuse of boys by adults is common in Sri Lanka, although Sri Lankan society has been somewhat slow in acknowledging this fact (De Silva, 2001). One early example of childhood sexual abuse

of a boy was documented by Alles (as cited in De Silva, 2001). The case was that of a tailor who used to lure schoolboys in to his fitting room with promises of a motor bike ride. One day, the offender had lured a fourteen-year old school boy who had later rejected him, for which, the tailor had murdered the boy with an electrically detonated parcel bomb. The tailor was sentenced to death by hanging.

According to De Silva (2001), in the latter half of the last century, paedophiles and child sexual abuse were hardly heard of and sexual actions between a child and an adult was termed homosexuality and the victims were considered as criminals. De Silva (2001) further goes on to state that the book titled *Colombo* by Carl Muller provides insights into the occurrence of sexual abuse of boys in the Colombo society. According to De Silva (2001), *Colombo*, which is written in a semi-fiction fashion, points to several instances of sexual abuse of boys, reflecting Colombo's "burgher" community and the "local" community during the 1930s and 1940s.

Since the boom of the tourist industry in Sri Lanka, much of the emphasis has been on the sexual abuse of Sri Lankan children by foreign paedophiles. The reader is directed to De Silva (2001) for an excellent review of literature pertaining to this matter.

According to Nizam (as cited in De Silva, 2001), even though the medical profession and the public did not widely recognise childhood sexual abuse even in the recent past, in the period 1994 to 1995, police data had shown a significant number of reported sexual abuse incidents, including, 179 cases of incest or intimidation and 172 cases of sexual violence against a child. De Silva (2001) further goes on to state that, surprisingly, in the above cases of child prostitution, child pornography and encouraging seduction of a child, the child was regarded an offender rather than a sexually exploited victim.

In a study by De Silva (De Silva, 2001), an anonymous questionnaire on the incidence of childhood sexual abuse was administered to 899 university students. The same questionnaire was administered to 818 university students who heard a lecture on child

abuse prior to completing the survey. In the initial study, 18 per cent of males admitted to having been sexually abused during childhood. Five per cent of the females also reported to having been abused. In the group that was given a prior lecture on child abuse, 21 per cent of males and 11 per cent of females reported childhood sexual abuse. In this study, a majority of the males had been abused either by a relative or a neighbour. Other abusers included brothers, teachers and priests. Older women had abused nineteen of the boys. A majority of the females had not divulged the abuser, suggesting that it may have been an immediate family member. Females who heard the lecture on child abuse were more likely to divulge the identity of the abuser than those who did not hear the lecture. In the initial study, 6 per cent of the males admitted they had sexually abused (or were still abusing) other boys and/or girls. A significant finding was that 71 per cent of these males reported having been sexually abused during their childhood. In the group of students who heard a prior lecture on child abuse, an alarming 12 per cent of males admitted having sexually abused a child at least once, and 64 per cent of them reported having been sexually abused as children.

Another study conducted at the clinic for sexually transmitted diseases of the Teaching Hospital at Karapitiya, found that individuals who admitted to promiscuous behaviour reported a very high incidence of childhood sexual abuse (De Silva et al., 1997). In this study, commercial sex workers reported the highest number of incidents, at 40 per cent. When the total promiscuous male sample of fifty was considered, 21 per cent admitted to paedophilic activity, while 64 per cent of these child abusers had been sexually abused as children.

In conclusion, the above data indicate widespread childhood sexual abuse in Sri Lanka, especially among boys.

Childhood sexual abuse as a traumatic event

According to Terr (1991), childhood trauma could be defined as the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past

ordinary coping strategies. Thus, we may view childhood sexual abuse (which is one type of childhood trauma) as an event that makes the child helpless and makes his' current coping strategies quite ineffective in dealing with the incident(s). The incident begins in the outside world of the child and once the event(s) take place, a number of internal changes occur in him. These changes are lasting – often to the detriment of the child.

Research on mental conditions brought on by traumatic life experiences in childhood (such as sexual abuse) present a wide range of findings. Studies of adult rape victims demonstrate that they were often raped or incessantly abused as children and that they are quite prone to being raped again in their adult lives (Russel, 1986). Those who abuse children sexually have very often been sexually abused themselves, and some of those who make repeated suicidal attempts give vivid past histories of long standing childhood horrors. (Herman and Van der Leolle, 1987).

This article on the psychological consequences of childhood sexual abuse in Sri Lanka and its issues in the Sri Lankan context, uses case vignettes from the author's clinical experience in order to elucidate the salient signs and symptoms that characterise individuals who are sexually abused in childhood. These cases were chosen due to the prominence of the signs and symptoms under consideration. It is believed that such vignettes would assist in providing a real life picture of the short term and long-term consequences of sexual abuse on the mental health of the child. However, this approach could be improved further if more cases were analysed and presented to indicate the frequency of occurrence of particular signs and symptoms.

This was not attempted, as the number of cases the author had documented up to now was considered as insufficient.

* Throughout this article, the child would be referred to as a male. However, it implies both males and females.

Four characteristics common to most cases of childhood sexual abuse

There are several well-known psychological consequences that characterise childhood sexual abuse; school problems, anxiety, depression, attempts at suicide and aggressiveness, are those commonly seen.

According to Terr (1991), there are four characteristics that are particularly common in traumatised children. They are (a) strongly visualised or otherwise repeatedly perceived memories of the traumatic event (b) repetitive behaviour (c) trauma specific fears and (d) changed attitudes about people, aspects of life and the future.

a. Visualised or otherwise repeatedly perceived memories

The ability to re-see or even re-feel the traumatic incident is a commonly reported phenomenon in victims of trauma in both children who have been sexually abused and adult survivors of childhood sexual abuse. These visualisations are strongly stimulated by reminders of the traumatic event, such as when they revisit the place they had been abused. However, they may come up entirely unbidden too.

These children may “see” and “feel” the traumatic event at any given time of the day: during school time, at leisure when watching television or at mealtimes. They feel powerless to prevent these memories coming up in their mind, and it would be a cause of great distress to them. Even those who were toddlers at the time of the abuse may “re-see” and “re-feel” the experience over and over again. This may be indicated by the child drawing what they “see” or acting it out like a movie.

Case 1

A 12-year old boy was sexually abused when he went to the school toilet. The abuser had put a knife at his throat and asked him to stroke his genitals. Afterwards the man had fondled and kissed the boy's

genitals. When recounting the incident, the victim said that his legs were trembling with fear and that he felt his mouth locked during the event. He had felt he was a bad boy and that bad things were done to him.

Later, at home, when studying or when playing, the memory of the event would come to his mind causing him great fear that the abuser would come to “get” him. At these times he would cry for his mother or father, asking them to be near him to protect him from the abuser.

b. Repetitive behaviour

Repetitive enactment of the traumatic experience is commonly seen in children who have been sexually abused. Generally these children are unaware that their behaviour and physical responses repeat something of the original traumatic incident(s). Sometimes, behavioural re-enactments may recur so frequently as to become distinct personality characteristics in adulthood.

Case 2

A six-year old girl’s mother noticed that her daughter played “sexually” with her dolls. She would make the boy doll kiss the girl doll on the lips and then she would giggle. She would go on engaging in this kind of “sexualised play” until interrupted by an adult. The mother also reported to the author that when the child saw couples kissing (such as in movies), she would point at them and giggle. It was later found out that the little girl’s father had been sexually abusing her and had done to her the things that she had been doing to her dolls.

Sometimes when a child shows such repetitive sexual behaviour, non-abusive adults may ask him what such behaviour means. If the child has been sworn to secrecy by the abuser he might not tell the inquiring adult. This is not because the child enjoys the sexual abuse and is thus colluding with the abuser by refusing to tell (as some people tend to believe), but because the perpetrator had frightened or sworn the child to secrecy about the sexual abuse. The abuser may have

told the child that all sorts of horrible things may happen to him or his loved ones if he tells anyone about the abuse. Thus, it is important that adults who suspect that sexual abuse has taken place/is taking place, be aware that though a child may not tell about the abuse or if he avoids talking about it, there could be a high probability that sexual abuse may have actually occurred or is still occurring.

c. Trauma specific fears

Most traumatized children tend to harbour specific trauma related fears well into later life, unless he has received appropriate psychological therapy. These children may fear men or women, sexual intercourse or marriage and this fear may hamper their happiness in adult life. The traumatised child may also fear more mundane things: such as the dark, certain types of buildings and strangers. These fears are either directly or indirectly related to certain facets in the traumatic experience the child had undergone.

In case 1 mentioned before, the child was sexually abused during a religious festival at his school. Since the incident, he had refused to go anywhere near the school. Once, when his father took that route to go to the market he had started to scream and cry. He had persistently refused to go anywhere near the school and ultimately had to be admitted to another school.

d. Changed attitudes about people, life and the future

Children who have not experienced traumatic life events often enjoy a limitless sense of the future. If asked what their life holds for them, they may come up with numerous wishes and ideas: "I want to be a teacher", "I want to fight for my country", "I want to be an actress", "I want to go to a better school after my grade 5 scholarship exam" may be some of the answers.

On the other hand, most children who have been sexually abused seem to have a limited perspective on their life and their future. They may say that they live their life one day at a time or that they cannot

count on anything or anybody to protect them. Girls who have been sexually abused may feel that they cannot trust any man and consequently fail to form satisfying and fulfilling intimate relationships in adulthood. For the traumatized child, the future is a landscape filled with monsters and devils. It is something they feel they have no control over. They feel that they are at the mercy of others.

Case 3

A 25-year-old woman came for psychotherapy to the author. She had several physical complaints, but, without any basis of a physical illness. She was also depressed and had some marital difficulties. During therapy it was disclosed that when she was about 5 years old, her father had tried to sexually abuse her one night. He had tried to fondle her genitals but she had fought back and got away. Since then, until she left home after her marriage, she had lived in fear that the father might try it again. She had warned her sisters to be wary of the father. She had begun to believe that men have the authority to decide what to do with a woman's body. Therefore, she had given into the sexual advances of many men, including domestic servants in her house. She had not wanted to do so, but had felt helpless and had felt that she had no control over her sexual relationships.

Caring for the sexually abused child: difficulties in service delivery in Sri Lanka

A victim of childhood sexual abuse:

Inoka (not her real name) was a 15-year-old girl who was repeatedly sexually abused by her maternal aunt's husband. Inoka's father was dead and her mother worked in the Middle East. After several months of the abuse, the uncle took Inoka to Colombo, away from her village, and kept her in a room with the promise that he would get her employment in the city. He used to come to her room regularly for sex. The neighbours got suspicious and the police was alerted. Inoka was taken to a residential home – for her own safety from the uncle. A few months later she was referred to the author for a psychological

assessment. I saw Inoka sitting at the entrance to my office, a dishevelled girl, accompanied by two authority figures. When I asked her to come into my room and sit next to me she said, "Madam, I was hoping that at least today I would meet you. I have been brought here several times but we did not meet you. Every time I made the journey to your office, I had to recount in detail my life story to those who accompanied me. It pains me and angers me to do so as it makes me recall all the sad things that have happened to me". Later on she said, "the residential home is nice, but we have nothing to do there, we can't go to school. We just sit around the entire day. I heard that when the case is closed, I will be transferred from this home to another home, where the children are locked up in rooms and can't even go out to the toilet without asking for permission". She further said, "at the court hearing the other day, my maternal aunt was there. Nobody seemed to want to be kind to me. They said that my uncle who did all these things to me had disappeared. Can't they find him? Where is the justice? If there is no justice, I am going to run away from the home. Then the authorities can put me in a prison. That is a far better reason to live a life of hell than the reason for which I am now living – through no fault of mine".

Children who have been sexually abused require treatment that is appropriate for their age and scope, nature and extent of the abuse. In caring for the sexually abused child, there needs to be a multi-agency and a multi-disciplinary approach. Government agencies such as the health services, the legal sector, the police, the social services and residential homes as well as non-governmental organisations (NGOs) need to provide co-ordinated care in the overall rehabilitation process of the child. Social workers, psychologists, psychiatrists, counsellors, medical officers, lawyers, police officers, probation officers, judicial medical officers, and paediatricians are some of the key persons who may get involved at each stage for effectively managing a case of childhood sexual abuse.

However impeccable the principles, difficulties are confronted in implementation. Procedures concerning health, law and social services seem to be uncoordinated and have created a system that seem

to lose the focus from the primary initiative of caring for the traumatised child. Invariably, these agencies and professionals who are involved in the care of the child tend to function in isolation of each other and seem content in handling only their part of the job, rather than trying to liaise with each other and provide a co-ordinated service. Such a co-ordinated service would involve an optimal and timely functioning of the justice system and the social services system as well as the provision of timely medical and psychological care in order to assist the child to face the future bravely and positively. Unfortunately, due to the "loose" functioning of the various systems and institutions within the country, the accumulation of negative effects on the child increases. As indicated in the case of Inoka, in this article, the lack of empathy, long time delays, uncoordinated service delivery and lack of resources available for rehabilitation, affect the child adversely.

When a child is reported to be abused, he may be presented to a judicial medical officer for a medico-legal examination and a psychologist/psychiatrist for a mental health assessment. These reports are deemed as expert evidence that may be used in a court of law when deciding the outcome of the case. In most instances, these reports tend to get delayed. This is primarily because there are very few judicial medical officers, psychologists and psychiatrists in Sri Lanka and the few who are working in the state sector find it difficult to cope with the demands made on their time. Further, most of these professionals are concentrated in the Western province which makes it difficult for their services to be made available to children in other parts of the country. None of these judicial medical officers, psychologists or psychiatrists work solely in the area of child abuse. They also have other mandatory duties. It may be difficult for them to juggle their many duties, leading to a delay in preparation of court reports.

Unfortunately, some of these professionals are not particularly keen on providing expert evidence reports on child abuse. This may be because their professional training is not adequate to interview children and detect abuse, or they may feel uncomfortable appearing in court to give evidence, as in some cases even though a written report

is presented to the court by the professional, he also has to be present at the court hearings. This reluctance to appear in courts is very common because court cases tend to get postponed several times, taking months or even years for a verdict to be given. Thus, having to attend court hearings over and over again, as the case gets postponed, would demand too much time off the professional's busy work schedule.

There are several reasons as to why a court case may be postponed many a time. Witnesses may not present themselves at the court hearing, the judge may be scheduled to conduct a hearing at another court at the same time as the sexual abuse case or the documentation necessary for the court hearing may be incomplete. Once the case is postponed, the time gap between the dates becomes lengthy. This is mainly because there seems to be an unavailability of physical space (in terms of courtrooms) for the case to be taken up earlier.

During the time period the abuse is first reported to the police and the case is legally closed, the child may live with his parents, the non abusive parent (i.e. in the event that the father or the mother was the abuser) or in a state or NGO run residential home. Unfortunately, the state of some of these residential homes is far from satisfactory. Children who have been abused require a happy atmosphere that would help soothe and heal the trauma that they have undergone. Many of these homes do not provide an opportunity for the children to spend their lives as they would if they had lived in a cheerful home atmosphere. They do not have the opportunity for healthy intellectual and socio-emotional development as is fostered by caring care givers, adequate resources such as food and clothing, opportunity for play, opportunities for education and good health care facilities. Probably due to the lack of financial resources and adequately trained staff, many of the residential homes do not seem to cater to the diverse developmental needs of growing children - especially children who have been sexually abused.

Thus, for the sexually abused child, not only has he been abused and violated in the most private and painful way possible, but also the pain he receives at the hands of "responsible" adults, who have been given the authority to look after him, is indeed tormenting.

Improving the care of the sexually abused child: recommendations for improving service delivery in Sri Lanka

It is the author's firm belief that a crucial element in the process of service delivery for the sexually abused child is a co-ordinating officer, who is authorised to take responsibility for his allotted cases of sexually abused children. Such a person would have the authority to co-ordinate all activities related to the child, such as, obtaining the psychological and medical assessments on time, advising and taking decisions regarding the rehabilitation programme of the child, drawing up care plans that would include opportunities for the continuation of the child's education and academic growth (as in instances where the child is placed in a residential home, away from his natural care givers) and presenting the child for medical and psychological treatment (if such a need be). Having such a central figure would ensure that a particular person is responsible for the overall care of the child and would prevent the "loose" functioning that is now being seen. In the United Kingdom, the social worker is the key person who performs this all-important multifaceted role. As we do not have a social worker system in Sri Lanka, it may be possible to empower probation officers (of the Department of Probation and Child Care Services, Ministry of Social Services) to take on this role. As the number of probation officers per district may not be sufficient to take on this new service (in addition to their present job demands), it maybe necessary to increase the number of such officers as well as give them training on this new facet of their job.

When the alleged offender is a member of the family, whether it be a father, brother or an uncle, invariably, it is the child who is removed from the home until the court decision is given. However, it is my opinion that it is wiser to reverse this process, whereby the accused is removed from the home and the child can continue to live with other care givers in his natural home environment. Many a time, if the father is the offender, the mother tends to be reluctant to part from him and may force the child not to confess the incident or to withdraw the statement that was made to the police. There could be many reasons for this. The woman may depend on the man for her

daily financial needs, there may be a social stigma if her husband is imprisoned and, if the community becomes aware of the incident, it would stigmatise the child and spoil the child's prospects of marriage. These are deep-seated social concerns in a conservative society such as Sri Lanka. Much social change needs to occur in order to empower a woman to take courage and stand by her child. One of the main factors that lead to positive psychological health after an incident of a sexual abuse of a child is for the mother to believe in the child and be supportive of him. Therefore, empowering the mother to stay firm and to support the child, while acknowledging to herself that it is a difficult task in a conservative society, is important.

The quality of residential homes needs to be improved. The lack of funds and resources may hamper this process. However, within these constraints, it may be possible to make some small but significant changes whereby the atmosphere of the home would resemble more of a natural rather than "residential" home. If the children are given opportunities to play, get involved in hobbies and mix with children in the community where the residential home is situated, this could "normalize" the institutional atmosphere of the residential home. This is done very well in a residential home in Negombo, Don Bosco, which cares for children who have been abused. In this residential home, children have the opportunity of mixing with those of the community as the authorities who run the residential home provide tuition classes for children of the home as well as the children of the community. Thus, as the community goes in and out of the residential home, the stigma that the community may attach to the home tends to get minimised and the home gets integrated into the community, providing a more natural and homely atmosphere for the children residing in it.

The media plays an important role in giving the current message of sexual abuse and its consequences to the public. Biased media coverage can seriously hamper the process of preventing childhood sexual abuse. For instance, a journalist's remark (as cited in De Silva, 2001) to an observation made by De Silva (2001) implied that sexual abuse may be a cultural norm in our country and that it has taken place in schools and even among priests. These kinds of observations would

give the wrong message to the public and prevent correct awareness among the people. Further, many a time, the media is seen reporting the names, addresses and other pertinent information about the abuse which would easily help the reader/viewer identify the victim of the abuse. This is a misguided practice. Even though it is essential to report cases of sexual abuse, it is important to preserve the anonymity of the parties involved.

Finally, the present law does not require mandatory reporting of suspected cases of child sexual abuse. I believe that it would be useful if it were made so, as it is mostly doctors and clinical psychologists who may see such cases in their routine clinical work. If the law indicates that such cases need to be reported, more children who are being abused would come to the notice of the relevant authorities.

Summary

The needs of the sexually abused child are numerous. Not only should he be provided with timely medical and psychological treatment needed to overcome the physical (if any) and emotional wounds of the abuse, but he should also be provided with a range of additional services including optimal social service facilities and timely interventions by the legal system, which would ensure that justice is done.

References

De Silva D.G.H. (2001). Child abuse in Sri Lanka, in Schwartz-Kenney, B., McCauley, M. and Epstein M.A. (eds.), *Child Abuse: A Global View*. Westport: Greenwood Press, 223-240.

De Silva D.G.H., Rubesinghe N.K., Jayasekera A., Wijayasooriya W., Hewamanna T. & Ginige V. (1997). Incidence of Childhood Sexual Abuse and Paedophiles in a Promiscuous Group. Paper presented at the First Annual Congress of the Sri Lanka College of Paediatricians, Colombo, Sri Lanka.

- Gelles R.J. & Conte J. R. (1990). Domestic Violence and Sexual Abuse of Children: A review of Research in the Eighties. *Journal of Marriage and the Family*, 52, 1045-11058 .
- Herman J. & Van der Leolle B. (1987). Traumatic Antecedents of Borderline Personality, in Van der Bolk B. (ed.). *Psychological Trauma*. Washington DC, American Psychiatric Press: 93-113.
- Russel D. (1986). *The Secret Trauma*, New York Basic Books.
- Terr L. C. (1991). Childhood Traumas: An Overview. *American Journal of Psychiatry*, 148:1
- Van der Zanden J.W. (1997). *Human Development*. Sixth edition. McGraw-Hill Companies Inc.