

## Awareness of sexual violence, status of temptation and consent among children experiencing sexual violence.

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### ABSTRACT:

**Background:** Worldwide sexual violence in children is a common burning problem irrespective of culture and geographical location. Awareness and temptation status among the victims may signify and influence the establishment of sexual violence. This study was conducted to explore awareness of sexual violence, status of temptation and consent among children experiencing sexual violence with their clinical profile.

**Methods:** This cross-sectional study included 106 victimized children attending the Department of Forensic Medicine and Toxicology and One-stop Crisis Center of Dhaka Medical College, Dhaka Bangladesh between June 2019 and March 2020. Sexual violence, status of awareness and temptation were assessed depending on operational definition. Physical examination was also done. Results for numerical data was expressed as mean  $\pm$  SD, while categorical was expressed as frequency (number) and percentage (%).

**Results:** Age of the victims was  $13.55 \pm 4.03$  years who were mostly students (68.9%) and resided in urban areas (74.5%). Only 67% female children had awareness of sexual violence. Among the affected victims, 48.1% had given consent and 51.9% were tempted. Most of the sexual violence was carried out by lover (43%) and neighbour (39%). More than three-fourth (78.3%) of the sexual violence occurred at house and during day time (62.3%). Almost one-third victims (34%) had previous sexual experience. Time elapsed between occurrence of violence and physical examination ranged from 2-60 days. Among the female victims, more than 70% had developed breast, while pubic hair was grown in 77.5%. None of the male victim either developed moustache or pubic hair.

**Conclusion:** Lack of awareness is an important factor for occurrence of sexual violence. Temptation also plays a major role in affirming consent to establish a sexual violence. Awareness development in children is essential to prevent sexual violence.

### Key Words:

child, child sexual violence, clinical profile, Bangladesh

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## INTRODUCTION

Sexual violence among children is a global problem. Girls and boys around the world experience sexual abuse every year. Sexual violence occurs in every country and across all segments of society irrespective of ethnicity.<sup>1</sup> The widespread use of digital technologies can also put children at risk. Most often, abuse occurs at the hands of someone a child knows and trusts.<sup>1</sup>

Globally, an estimated 120 million females aged under 20 years have faced some form of sexual contact.<sup>2</sup> Although there are no global estimates for sexual violence against boys, data from 24 mostly high- and middle-income countries show that prevalence of sexual violence ranged from 8% to 31% in girls and 3% to 17% in boys aged under 18 years.<sup>3</sup> Another study showed that one in every five children around the world is suspected of suffering from sexual abuse, one in every four girls and one in every six boys are found to be sexually abused.<sup>4</sup>

In fourteen low and lower-middle-income countries that completed the Violence against Children Survey, the percentage of girls aged 18 to 24 years who experienced sexual violence before the age of 18 years ranged from 4-7% in Cambodia and Lao respectively, to 33% in Zimbabwe and 35% in Uganda. For boys, the lowest rates were 3% in El Salvador and 4% in Cambodia, and the highest 18% in Kenya and 21% in Haiti.<sup>3</sup>

In Bangladesh, violence against children increased at least four times during the 10 years period, from 2001 to 2010.<sup>5</sup> By analyzing reports of six daily Bangladeshi

The time interval between occurrence of sexual violence and physical examination of the victim ranged from 2 days to 60 days. Mean interval was 11.5 days and most of the victims were examined at third day after being sexually assaulted. Sixty seven percent female children were aware of sexual violence. However, none of the male child had awareness of sexual violence. Menarche was established in 80.4% of the female victims.

Sexual violence mostly took place at house (78.3%), followed by hotel (17%), school and under construction building (1.9%), and Madrasha (0.9%). Sexual violence mostly occurred at day time (62.3%), followed by day and night (20.8%) and night (17%).

About 34% of the victims had previous sexual experi-

ence, while 66% children coming to the centre came with their first experience of sexual violence. The age of first sexual exposure in victims having previous exposure was variable (Table I).

newspapers, Prothom Alo, Jugantor, Samakal, Ittefaq, The New Age and The Daily Star, in 2018, Manusher Jonno Foundation (an NGO) concluded that, at least 271 children lost their lives after they were raped and made victims of sexual and physical abuse in 2018. This study also revealed that, 1,006 children were raped and were subjected to attempted abduction and other abuse.<sup>6</sup>

Sexual violence results in severe physical, psychological and social harm. Victims experience an increased risk of HIV and other sexually transmitted infections, pain, illness, unwanted pregnancy, social isolation and psychological trauma. Some victims may resort to risky behaviours like substance abuse to cope with trauma. As child victims reach adulthood, sexual violence can reduce their ability to care for themselves and others.<sup>1</sup>

Children sexual violence and its consequences can be minimized if the children has the awareness of sexual violence. Unless and until the children themselves are not aware of child sexual abuse and potential temptation till then there remains a high chance of sufferings from sexual abuse. However, there is little relevant data in our country. Therefore, this study aimed to explore awareness of sexual violence, status of temptation and consent with clinical and socio-demographic profiles of children having sexual violence presented in a tertiary care hospital of Bangladesh.

## METHODS

A total of 106 children, having sexual violence, were included, considering 7% of respondents in Dhaka city reported sexual abuse before 15 years of age.<sup>7</sup> A descriptive cross sectional study had been undertaken. Children suffering from sexual violence attending in One-Stop Crisis Center (OCC) and Department of Forensic Medicine and Toxicology of Dhaka Medical College, Dhaka, Bangladesh were included between June 2019 and March 2020. Sexual violence, status of awareness and temptation were assessed depending on operational definition stated below. Physical examination was also done thoroughly.

Selection criteria: Inclusion criteria were: 1. Children having sexual violence. 2. Age 5 years to 18 years.

Exclusion criteria were: 1. Married/ divorced Children. 2. Unwilling to give written informed consent by victim or victim’s guardian/ caregiver.

Purposive sampling technique was used. After providing information to the victims and/or guardians or caregiver regarding the study, written informed consent was taken. Data was taken to fill up the pre-tested questionnaire form.

Statistical analysis: Data analysis was carried out by Statistical Package for the Social Sciences (SPSS) for windows, version 22. Results for numerical data were expressed as mean±standard deviation (SD). Results for categorical data were expressed as frequency (number) and percentage (%).

**Ethical issues:**

Ethical approval was obtained from the Ethical Review Committee (ERC) of Dhaka Medical College, Dhaka, Bangladesh. The nature and purpose of the study was explained to the each participant and their guardian or caregiver. A written informed consent was obtained from every participant once he / she agreed to volunteer the study. They were been informed that, at any time of the study period, they can opt to discontinue.

- Identity of the victims: Measures had been taken not to disclose identity of the victims.
- Examination environment and comfort of the victims: At OCC, victims were examined in presence of a nurse. At the Department of Forensic Medicine, DMC, victims were examined in presence of third party female attendant

**Operational definitions:**

A. Children: Age 0 to 18 years (according to the Children's Act, 2013. Act No. 24 of 2013)<sup>8</sup>.

B. Consent/ permission: Signs of agreed to take part in a particular act. In this article consent is considered as permission/ acceptance of out of ethical ground for sexual activity by the affected children. The permission may be under threat or temptation.

C. Sexual violence: Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.<sup>9</sup>

D. Awareness of sexual violence: Knowledge and perception of unwelcome sexual advances, requests for sexual favors or physical conduct of a sexual nature including rape and other sexual activity. This was assessed only by closed question whether they knew about sexual violence or not.

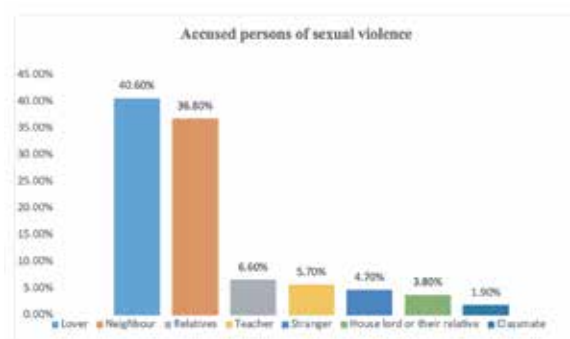
E. Temptation of victim child: To make children agreed to take part in sexual activity which is usually illegal or against the social stigma by showing or providing some benefit by the accused person. This was also assessed by closed question.

F. Poor: Daily income less than 2 dollars, Middle class: daily income 2 to 20 dollars, according to Asian development Bank<sup>10</sup>.

**RESULTS**

A total of 106 children (male 3.8%, female 96.2%), having sexual violence, were included. Age of the victims was 13.55±4.03 years. Most of the victims’ age was between 13 years to 18 years which is 74%. Only 26% victims’ age was below 13 years. Average age of the male victims was 8.75 years (range 8-10 years). Average age of the female victims was 13.73 years (range 2.5-18 years).

Most of the affected children were students (68.9%), followed by homemakers (5.7%), garment worker (4.7%), self-employed (3%) and others (18%). Majority of the affected children were attained primary education (39.6%) pass, followed by secondary education (29.2%) and higher secondary education (14.2%). More than 11



**Figure I- Accused persons of sexual violence**

percent affected children were illiterate. Students belonged to secondary school (39.3%), higher secondary/college (31.9%), primary school (24.6%), Muslim religious educational institutes (Madrassah) (2.8%) and technical school (1.4%).

Monthly income of the parents or the affected child education ranged from BDT 3,000 (\$ 18) to BDT 30,000 (\$ 272). Most of the parents' income was BDT 20,000 (\$ 181). According to Asian development Bank10, 38% victims were poor and 62% victims were from middle class family. Among the affected children 74.5% were from urban area and 25.5% were from rural area.

Most of the accused persons were lovers (40.6%), followed by neighbour (36.8%), relative (6.6%), teacher (5.7%), stranger (4.7%), house lord or their relative (3.8%) and classmate (1.9%). Among the accused persons, 3 (2.83%) were biological father, 3 (2.83%) were step-father and 1 was brother in law (Figure I).

**Table I: Age of first sexual exposure in victims having previous experience**

	Minimum (years)	Maximum (years)	Standard deviation	Mean (years)
Age of first sexual exposure	11	18	1.661	15.39

Meanwhile, previous sexual exposure of the children ranged from 2 to 15 times.

Around 48% of the victims gave consent prior to sexual violence and 51.9% of the victims were tempted (Table II).

**Table II: Consent and temptation status of victims at the time of sexual violence**

Consent status	Number	Percentage
Given	51	48.1%
Not given	55	51.9%
Temptation status of the victims	Number	Percentage
Tempted	55	51.9%
Not tempted	51	48.9%

On the other hand, 94.4% of the victims having history of previous sexual experience gave consent prior to sexual violence and 58.3% of the victims were tempted (Table III).

**Table III: Consent and temptation status of the victims in previous sexual experience (n= 36)**

Consent at previous sexual experience	Number	Percentage
Given	34	94.4%
Not given	2	5.6%
Temptation status	Number	Percentage
Tempted	21	58.3%
Not tempted	15	41.7%

Table IV shows characteristics of physical and secondary sexual developmental features in of female victims.

**Table IV: Characteristics of physical development and secondary sexual characteristics of female victims**

Characteristics	Minimum	Maximum	Mean
Height (Meter)	0.84	1.68	1.43
Weight (Kg)	10	66	41.5
Teeth (n)	22	28	
Secondary female sexual characteristics	Number	Percentage	
Breast	Developed	72	70.6%
	Under developed	12	11.8%
	Not developed	18	17.6%
Pubic hair	Grown	79	77.5%
	Not grown	23	22.5%

Table V shows characteristics of physical and secondary sexual developmental features in of male victims.

**Table V: Characteristics of body development and secondary sexual characteristics of male victims**

Characteristics	Minimum	Maximum	Mean
Height (Meter)	1.22	1.42	1.30
Weight (Kg)	25	38	28.75
Teeth (n)	22	28	
Moustaches		Not grown	
Pubic hair		Not grown	

**CONCLUSION**

Sexual violence was more common in children. More than two thirds of girls had awareness about sexual violence. Temptation plays a major role in affirming consent to establish a sexual violence. A lot of children having sexual violence claimed lately and reported to the centre. Many of the female children had previous multiple sexual exposures with their permission. Most of the sexual violence was carried out by the lover and the neighbour. Awareness development in children is essential to prevent sexual violence.

**Author contributions**

- a. Conception and design: FR, HA
- b. Acquisition, analysis, and interpretation of data: FR, HA, DR, MAC, SM
- c. Manuscript drafting and revising it critically: FR, HA, DR, MAC, SM
- d. Approval of the final version of the manuscript: FR, HA, DR, MAC, SM
- e. Guarantor accuracy and integrity of the work: FR, HA

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## Conflict of interest

None of the authors have any conflict of interest to declare.

## Ethical approval

Ethical approval was obtained from the Ethical Review Committee (ERC) of Dhaka Medical College, Dhaka, Bangladesh (ERC-DMC/ECC/2020/337, Date-19/10/22). The nature and purpose of the study was explained to the each participant. A written informed consent was obtained from every participant once he / she agreed to volunteer the study. They were informed that, at any time of the study period, they could opt to discontinue. Measures had been taken not to disclose identity of the victims. Every victim was examined in front of a nurse/ third party female attendant. No examination had been hazardous to the victims.

## Data availability statement

The authors confirm that the data supporting the findings of this study will be shared upon request.

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