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Sexual Abuse of Street Children Brought to an Observation Home

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This study was conducted to assess the magnitude and pattern of sexual abuse among male inmates of an observation home in Delhi. A total of 189 boys aged 6 to 18 years were assessed for sexual abuse using Finkelhor's scale and Child Maltreatment History Self-Report followed by clinical examination using American Medical Association's guidelines. Majority of boys were runaways and 38.1% had suffered sexual abuse. On clinical examination, 61.1% showed physical signs and 40.2% showed behavioral signs of sexual abuse. Forcible sex was reported by 44.4% of victims and 25% had signs suggestive of sexually transmitted diseases. Strangers were the most common perpetrators of sexual abuse.

Key words: Juveniles, Sexual abuse, STDs.

SEXUAL abuse of a child is defined as, "the involvement of a child in a sexual activity that he or she does not fully comprehend, is unable to give informed consent to or that violate the laws or social taboos of society"(1). WHO estimates that globally, 8% of boys and 25% of girls below age 18 are estimated to suffer sexual abuse of some kind every year(1).

A community based multi-centric qualitative study revealed that sexual abuse of children in India crosses all barriers of socio-

economic classes and is widespread among both rural and urban areas and among boys and girls(2). Abusive practices were found to range from traditional systems like "Besavi" and "Vardiyar" to well organized sex trade in Mumbai, Delhi and Goa. Sexual abuse has been reported by domestic and agricultural labor(2) as well as educated high school students(3). Some clinic-based studies have also documented sexual abuse(4,5).

Perpetrators of sexual abuse find their victims in wide ranging situations and it is

natural that homeless boys, living in unprotected environment on streets make easy prey for sexual abuse, as evidenced by many studies(6-9). Under the Indian Juvenile Justice Act (JJA), 1986 (modified 2001), these boys are temporarily kept in observation homes(10). The present study attempts to ascertain the magnitude of sexual abuse suffered by inmates of an observation home in Delhi before admission.

Subjects and Methods

The study was conducted at an observation home for boys in Delhi where non-delinquent male juveniles aged 6-18 years are temporarily detained. All the boys admitted for the first time to observation home between May to October 2002 were included.

Each child was individually approached by the interviewer as soon as possible after admission and was first interviewed regarding his socio-demographic profile. An attempt was made to classify the socio-economic status of the participants with the help of a self-developed scale selecting parameters, the information regarding which was likely to be provided by the children, without validation from parents(11). After this, each participant was interviewed regarding any episode of sexual abuse recalled by child anytime before admission. Any number of episodes reported by a child was recorded as a single entry. Sexual abuse was measured using two standardized scales namely the Finkelhor's scale(12) to assess the detailed nature of the sexual act and the Child Maltreatment History Self-Report(13) to calculate the proportion of sexual abuse among the subjects. The scales were translated in Hindi, re-translated in English and pre-tested on thirty inmates of the observation home in March and suitably modified. The results of pilot study were not included in the analysis as it was carried

out on old inmates of the observation home.

Following the interview, the boys were requested to undergo examination in a separate room by the medical officer of the observation home, based on the guidelines of American Medical Association (AMA, 1985) for primary care physicians for diagnosis of suspected sexual abuse(14).

The ethical committee of the medical college and the observation home authorities approved the study. All the boys were assured confidentiality and none was forced to undergo physical examination against his will. Privacy was maintained during interview and examination. Anonymity was maintained throughout data processing and analysis.

Results

A total of 202 boys willing for clinical examination were enrolled. Thirteen were excluded because of IQ < 70 (n = 7) and inability to understand either Hindi or English (n = 6). The final sample consisted of 189 boys.

Majority of subjects belonged to urban, Hindu nuclear families and lower or lower middle socio-economic classes. Among the 178 subjects living away from families, 62.9% had left home between 6 to 10 years of age (mean age at leaving home; 9.03 ± 2.5 years). Eleven boys could not provide complete information for socio-economic status and were excluded from analysis.

The various acts of sexual abuse are presented in *Table I*. Overall, 38.1% boys reported sexual abuse with use of force ranging from 4.8% to 23.8%. Over 15% boys reported penetrative sexual abuse. The maximum proportion of abuse was reported in the age groups 8-10years (42.9%).

The mean age at abuse was reported as

TABLE I—*Nature of sexual abuse experienced by study subjects (N = 189).*

Act of abuse	No*, (%)
A. Finkelhor's scale	
Touched the subject in a disturbing way	72 (38.1)
Kissed/hugged which troubled the subject	18 (9.5)
Kissed the subject	9 (4.8)
Touched multiple parts of the subject	65 (34.4)
Exposed genitalia to the subject	59 (31.2)
Forced the subject to expose his genitalia	45 (23.8)
Tried to force the subject to touch his/her** genitalia	26 (13.8)
Touched the subject's genitalia	65 (34.4)
Forced the subject to touch his/her genitalia	18 (9.5)
Forced the subject to sit on his/her lap	9 (4.8)
Forcefully rubbed the subject	15 (7.9)
Tried to have sex with the subject	51 (27.9)
Had sex with the subject, used force	32 (16.9)
B. Child Maltreatment History Self-Report (CMHSR)	
Any adult(s) exposed themselves more than once to subject	57 (30.2)
Subject threatened to have sex by any adult	71 (37.6)
Any adult(s) touched the sex parts of subject's body	65 (34.4)
Any adult(s) tried to have sex / sexually attacked the subject	51 (27.0)
Any act of sexual abuse experienced	72 (38.1)

* The responses are not mutually exclusive.

** Only one subject reported sexual abuse by a female perpetrator.

9.13 ± 2.4 years. Most children (93.2%) reported the incident to be within 2-3 weeks of leaving home. The mean duration between the incident and interview was 2.34 ± 0.4 years. All boys reported single episode of sexual abuse except four. The maximum proportion of incidents occurred during late evening or night (59.2%). In 22.2%, the episode occurred during day. Most children (76.2%) were abused at the railway platforms, commonly in some deserted or empty railway coach. About 4% were abused at the work place and 1.4% at some other observation home.

Figure 1 shows the most common perpetrators to be strangers followed by some acquaintance (26.3%). All the perpetrators were males except for one. Table II shows that among the 72 abused children, 44 (61.1%) had some physical sign of abuse while 29 (40.2%) showed behavioral signs of sexual abuse. Eighteen boys presented with signs suggestive of sexually transmitted diseases.

Discussion

The present study attempts to explore the traumatic experiences of sexual abuse among

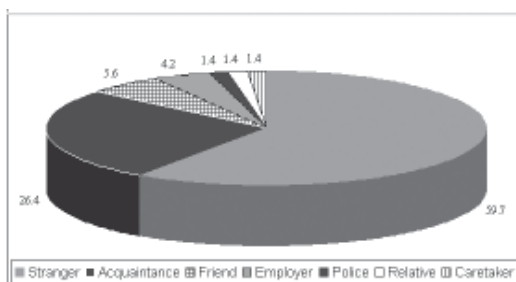


Fig. 1. The perpetrators of sexual abuse (%).

homeless boys in Delhi. Much work on sexual abuse has been devoted to the girl child(2) neglecting the equally important issue of the male sexual abuse. Most street children are males(6) and are at higher risk of abuse on streets.

More than one third of boys reported sexual abuse in the present study. Other studies on general population have reported rates of sexual abuse, ranging from 0.6%(15) to 29%(12) among males. The lack of use of uniform definition for categorizing sexual abuse can account for difference in reported rates(16). Studies on homeless boys have reported comparable rates of sexual abuse(7,8).

In the present study, many victims were threatened with knife and blades similar to other studies (7,8). The use of force may result in extensive injuries to victims' genitalia, which facilitate transmission of sexually transmitted diseases (STDs) as revealed during clinical examination by presence of genital wounds in 14% of victims and signs suggestive of STDs in 25%. These signs are important corroboration of self-reported sexual abuse(4,14,17). The presence of STDs, homosexual nature of abuse and evidence of trauma also raises concern regarding increased vulnerability of these children to HIV infection(6,17,18). The most common abusers were strangers, similar to other studies (7,19).

TABLE II—Signs of sexual abuse observed on examination of study subjects as per AMA guidelines (N = 189).

Signs of sexual abuse	No (%)
Physical signs	
Bruise/bleeding/wound of genitalia	10 (5.3)
History of recurrent urinary tract infection*	17 (8.9)
Urethral infection	6 (3.2)
Signs of genital herpes	2 (1.1)
Signs of lymphogranuloma venereum	1 (0.5)
Genital ulceration	9 (4.8)
Any physical sign	45 (23.8)
Behavioral signs	
Confide in caretaker	3 (1.6)
Withdrawn	12 (6.3)
Suicide attempt	4 (2.1)
Excessive masturbation/sexualized behavior	5 (2.6)
Frightened especially of adults	5 (2.6)
Enuresis/encopresis	2 (1.1)
Any behavioral sign	31 (16.3)

* History of recurrent urinary tract infections has been considered an important sign suggestive of sexual abuse in children by American Medical Association.

Since the child may not know his age properly, the age presented in results is based on the official records of the observation home authorities, determined by the Child Welfare Committee at the time of initial presentation.

The limitation of the present study is that the traumatic experiences of abuse may have been underreported or exaggerated depending on the individual characteristics of the children. The study may have missed the very early childhood experiences of sexual abuse, forgotten by the child. Some of the signs may get modified or may disappear during the

Key Message

- Evidence of sexual abuse was found in more than one-third of male juveniles entering observation home in Delhi.

course of time. However, the study gives an insight into the vulnerability of street children for sexual abuse. The clinical examination provides supports the self-reports of children.

Finally, it can be concluded that the problem of sexual abuse among inmates of observation home is grave and requires urgent remedial action. The period of detention at observation homes may be utilized for identification of the victims and their proper medical, social and psychological rehabilitation to prevent further abuse. The World Health Day theme for the year 2003 was "Safe environment for children" which also envisages appropriate action by the concerned authorities to make efforts in creating safe living conditions of all children including street children.

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Contributors: DP developed the concept and design of the study, collected the data, analyzed, interpreted the data and wrote the draft and final paper. GSM and RCJ revised the draft and gave approval of the version to be published. MMS helped in conceptualizing and designing the study, analysis and interpretation of the data, drafting and revising the article.

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