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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНИТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНИТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman** (**Кириллица**), для текста на грузинском языке следует использовать **AcadNusx.** Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - http://www.spinesurgery.ru/files/publish.pdf и http://www.nlm.nih.gov/bsd/uniform_requirements.html
В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректура авторам не высылается, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or compu-ter-printed on a single side of standard typing paper, with the left margin of **3** centimeters width, and **1.5** spacing between the lines, typeface - **Times New Roman** (**Cyrillic**), print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf
In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

Articles that Fail to Meet the Aforementioned Requirements are not Assigned to be Reviewed.

ავტორთა საყურადღებოდ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე,დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx.** შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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Содержание:

A STUDY ON THE INFORMATION TRANSFER AND LONG-TERM PSYCHOLOGICAL IMPACT OF CHILD SEXUAL ABUSE

Christina Mary P Paul[1]*, Shashikala Manjunatha[2], Archana Lakshmi PA[3], Girisha Sharma[4].

[1]4th Year PhD Community Medicine, Dr M.G.R Educational and Research Institute, Chennai, India.

[2]Professor and Head, Department of Community Medicine, Rajarajeshwari Medical College, Chennai, India.

[3]Professor, Department of Community Medicine, Karpaga Vinayaga Institute of Medical Sciences, Chennai, India.

[4]Medical officer Dr M.G.R Educational and Research Institute, Chennai, India.

Abstract.

Background: Children who experience sexual abuse often face severe challenges in seeking help and disclosing their traumatic experiences.

Objectives: To investigate critical aspects of information transfer, help-seeking behavior, and the long-term psychological impact of child sexual abuse.

Materials and Methods: This was a pilot study done on 114 victims of child sexual abuse. The study participants filled a semi-structured proforma through social media using Google forms. It was a descriptive cross-sectional study carried out using SPSS (Statistical Package for Social Sciences) version 28.

Results: This pilot study on 114 child sexual abuse victims reveals critical insights. Only 15.8% confided in parents, while 37.7% turned to friends. Shockingly, 46.5% kept their ordeal hidden. Disturbingly, only 8.8% sought professional help. The impact on adult life was profound, with 70.2% reporting personal effects. Regrettably, 24.6% resorted to self-harm. Insights on reasons were stark: 63.1% felt defenseless, 23.7% lacked awareness, and 5.3% blamed lax legislation. Encouragingly, 86% actively raised awareness.

Conclusion: The study provides a compelling view of child sexual abuse survivors, and emphasizes the need for improved communication within families, accessible support services, and educational initiatives.

Key words. Child sexual abuse (CSA), childhood trauma, mental health, self-harm.

Introduction.

Child sexual abuse (CSA) is a heinous and pervasive global issue that poses significant physical, psychological, and social consequences for its victims. It refers to any form of sexual activity or behaviour involving a child who cannot give informed consent or is not developmentally prepared to understand the implications of such actions [1]. This deplorable crime affects children of all ages, genders, and socioeconomic backgrounds, posing a grave threat to their well-being and long-term development [2].

Children who experience sexual abuse often face severe challenges in seeking help and disclosing their traumatic experiences. The process of sharing information about abuse with others, such as parents, friends, or authorities, is complex and influenced by various factors, including fear, shame, guilt, and potential retaliation from perpetrators [3]. Furthermore, victims may grapple with adverse psychological effects well into their adulthood, impacting their personal relationships, self-esteem, and mental health [4].

The prevalence and nature of child sexual abuse can vary across cultures and societies, making it essential to investigate its multifaceted aspects to develop effective prevention and intervention strategies. Studies have indicated that child sexual abuse is alarmingly prevalent, affecting a substantial number of individuals worldwide [5]. The long-term psychological consequences of such abuse can be profound, with victims often experiencing emotional distress, post-traumatic stress disorder (PTSD), and other mental health issues [6].

Perpetrators of child sexual abuse come from diverse backgrounds, including family members, acquaintances, strangers, and even those in positions of trust and authority [7].

This research aims to explore the information transfer process among child sexual abuse victims, including whom they disclose the abuse to and the supportive or adverse responses received. Additionally, the study seeks to examine the long-term psychological impact of childhood sexual abuse on adult life, encompassing aspects such as guilt, traumatic memories, and self-harming behaviours. Understanding these aspects can contribute to the development of evidence-based interventions that support survivors in their healing journey and foster a safer environment for children.

The objectives of this study are as follows:

1. To investigate the information transfer patterns of child sexual abuse victims, including whom they disclose the abuse to, and the responses received.
2. To examine the prevalence of negative repercussions, such as blackmail and blame, following information disclosure.
3. To assess the help-seeking behaviour of child sexual abuse victims, including seeking legal and professional assistance.
4. To explore the long-term psychological impact of childhood sexual abuse on adult life, including feelings of guilt, traumatic memories, and self-harming behaviours.
5. To understand the victims' perceptions regarding the primary reasons for their abuse and their efforts in creating awareness about the possibility of abuse.

By shedding light on these crucial aspects, this study seeks to contribute valuable insights into the complex dynamics surrounding child sexual abuse. The findings will be instrumental in shaping preventive measures, support systems, and psychological interventions that can promote healing, resilience, and improved well-being for survivors of child sexual abuse.

Methodology.

Type of study: Descriptive cross-sectional study.

Study design: A descriptive cross-sectional study was used

to find the nature of information transfer after sexual abuse, help seeking behaviour of victims of child sexual abuse and to identify the long-term impact of child sexual abuse among victims.

Study period: March 2020 – May 2020.

Study population: A currently adult population who were victims of Child Sexual Abuse (as per the POCSO definition) and were based in Tamil Nadu at the time of sexual abuse.

Inclusion criteria: Subjects who were sexually abused as children (< 18 years) and were willing to share their history regarding the same were included. Only participants who were residents of Tamil Nadu at the time of abuse were included in the study.

Sampling Method: Nonprobability sampling method was done using a convenient sample.

Sample Size: A study done in Kuwait University among 457 sexual abuse victims found that only 36.8% of sexual abuse victims had notified someone about the abuse [8]. Sample size was calculated using the formula.

$N = \frac{(Z1 - \alpha/2)^2 * P*(1-P)}{L^2}$, where L = 25% of P = 9.

$= \frac{3.84*36.8*63.4}{(9.2)^2} = 106$

This study was a part of a doctoral thesis pilot study, and higher limits of precision were used, and the final sample size studied was114.

Proposed intervention (if applicable): Study subjects who were found to have suicidal ideation or self-harm tendencies were given counselling services and referred to the psychiatry department for further management.

Data collection procedures & instruments used: Data was collected using google forms posted on social media. Data was collected using a semi structured tailor- made proforma that had questions related to passing of information regarding their abuse and seeking professional and legal help for the same, there were also questions regarding their current psychological status.

Plan of analysis/ statistical tools: Data was entered and analysed using the statistical package for social sciences version 28. Percentages and 95 % confidence intervals were calculated wherever appropriate.

Ethical considerations with all required forms: The proforma was submitted to the Institutional Ethics Committee and was duly approved. Since it is a questionnaire-based study there was less than minimal risk to the study participants.

Implications: Information regarding the dynamics of information transfer by a child regarding child sexual abuse and factors that impeded it will go a long way in putting an end to this social evil. Even though the first episode cannot be prevented, subsequent abuse can be stopped by informing someone trustworthy. Factors that prevented victims form seeking legal and professional help will yield important information as to the formulation of rectification measures.

Results.

The following were the key findings from this study. When asked if they had informed either or both of their parents about the abuse only 18 of the subjects (15.8%) said that they had informed, 43 (37.7%) reported that they had informed friends and acquaintances other than their parents. Among the study participants 53 (46.5%) had not informed parents or friends about the abuse, among those who had informed to parents or friends only 18 (15.8%) of the study participants reported that the person that they had shared their abuse history with was supportive.

When asked if they were blackmailed using the abuse history that they had shared 5 out of the 114 study subjects (4.4%) said that they were blackmailed and 14 (12.3%) of the victims stated that they were blamed for the abuse. Details can be seen in Table 1.

Table 1. *Information transfer after the abuse.*

Variable (Classification of variable)	**Frequency (%) Out of 114**	**95% C. I**
Did you inform your parent/ parents?		
Yes	18 (15.8%)	9.6 – 23.8
No	96 (84.2%)	76.2 – 90.4
Informed other members of family/friends other than parents.		
Yes	43 (37.7%)	28.8 – 47.3
No	71 (62.3%)	52.7 – 71.2
Was the person you informed, supportive?		
Yes	18 (15.8%)	9.6 – 23.8
No	43 (37.7%)	28.8 – 47.3
NA	53 (46.5%)	37.1 – 56.1
Were you ever blackmailed using the information you shared?		
Yes	5 (4.4%)	1.4 – 9.9
No	56 (49.1%)	39.6 – 58.7
NA	53 (46.5%)	37.1 – 56.1
Were you blamed for the abuse?		
Yes	14 (12.3%)	6.9 – 19.8
No	47 (41.2%)	32.1 – 50.8
NA	53 (46.5%)	37.1 – 56.1

Among the study participants only 4.4% had sought legal help and only 8.8% had sought the professional help of psychiatrists/ psychologists to cope with the abuse. Details can be seen in Table 2.

Table 2. *Help seeking behaviour of Victims of child sexual abuse.*

Variable (Classification of variable)	**Frequency (%) Out of 114**	**95% C. I**
Have you sought legal help?		
Yes	5 (4.4%)	1.4 – 9.9
No	109 (95.6%)	90.1 – 98.6
Have you sought professional (psychiatrist/ psychologist) help to deal with the abuse?		
Yes	10 (8.8%)	4.3 – 15.5
No	104 (91.2%)	8.5 – 95.7

When it came to questions on how their childhood sexual abuse affected their adult life, 80 out of the 114 participants (70.2%)

reported that the abuse had affected their personal life. When asked if they carried guilt regarding the abuse, 78 (68.4%) said yes, 100 (87.7%) said that they had unpleasant memories of the abuse, 96 (86%) reported that they actively try to suppress memories of the abuse, 28 out of the 114 participants (24.6%) said that their history of sexual abuse led them to practice self-harm and only 60 (52.6%) of the study participants said that they felt that they had completely recovered from the abuse. Details can be seen in Table 3.

Table 3. *Long-term impact of sexual abuse faced by the participants.*

Variable (Classification of variable)	**Frequency (%) Out of 114**	**95% C. I**
Has the abuse affected personal life?		
Yes	80 (70.2%)	60.9 – 78.4
No	34 (29.8%)	21.6 – 39.1
Do you feel guilt related to your abuse?		
Yes	78 (68.4%)	59.1 – 76.8
No	36 (31.6%)	23.2 – 40.9
Do you have unpleasant memories about the abuse?		
Yes	100 (87.7%)	80.3 – 93.1
No	14 (12.3%)	6.9 – 19.7
Do you actively try and avoid memories of the abuse?		
Yes	98 (86.0%)	78.2 – 91.8
No	16 (14.0%)	8.2 – 21.8
Have you ever practiced self-harm in relation to the abuse?		
Yes	28 (24.6%)	17.0 – 33.5
No	86 (75.4%)	66.5 – 83.0
Do you feel you have completely recovered from the abuse?		
Yes	60 (52.6%)	43.1 – 62.1
No	54 (47.4%)	37.9 – 56.9

When asked about what the victims thought was the primary reason for their abuse, 63.1% said that they were not strong enough to defend themselves, 23.7% stated that it was because they were not aware of the possibility of abuse and 5.3% said that it was because of the absence of strict legislation. Details can be seen in Figure 1. When asked whether the victims tried to create awareness about the possibility of abuse, 86% said that they had actively created awareness. Details can be seen in Figure 2.

Discussion.

The present study sheds light on critical aspects of information transfer, help-seeking behaviour, and the long-term psychological impact of child sexual abuse. By comparing and contrasting our findings with existing research, we can gain valuable insights into the broader landscape of this pervasive issue.

Information Transfer and Support: Our study revealed that a significant proportion of victims chose to disclose their abuse to friends and acquaintances (37.7%) rather than parents (15.8%). In the Indian context, children often refrain from confiding in their parents about instances of Child Sexual Abuse

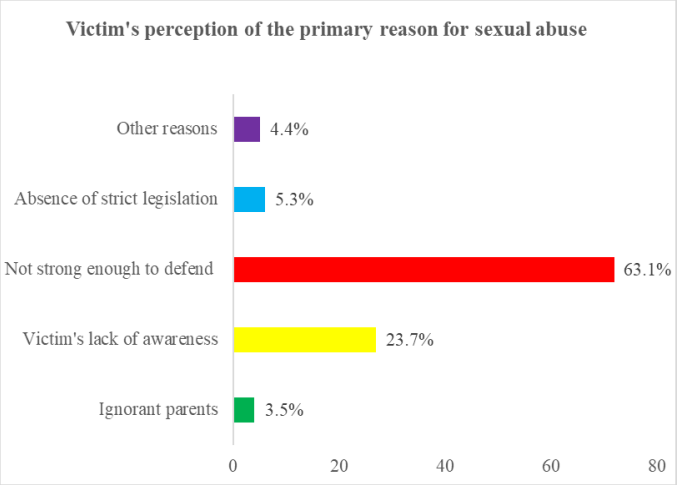

Figure 1. *Victim's perception of the primary reason for sexual abuse.*

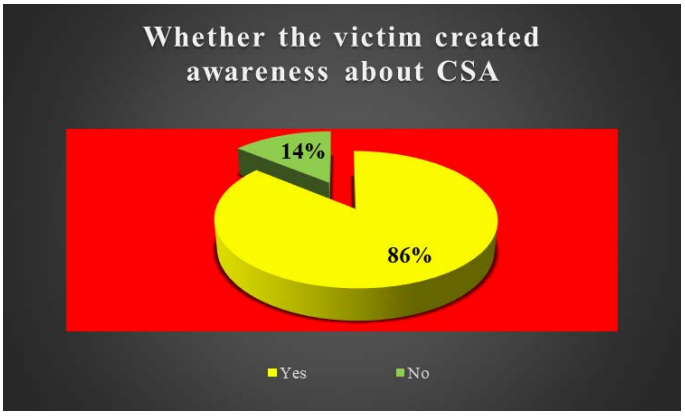

Figure 2. *If victims of abuse have actively tried to create awareness about CSA among others.*

(CSA) because of strong cultural taboos around sexuality, fear of social stigma, and the fear of not being believed or supported. Additionally, societal norms emphasizing obedience to elders and maintaining family honour further discourage children from disclosing abuse [9]. This finding highlights a potential area for targeted interventions to facilitate open communication between parents and their children.

Negative Repercussions: The prevalence of victims experiencing blackmail (4.4%) and blame (12.3%) in our study is consistent with prior research [3,10]. While these percentages appear low, the emotional toll of such negative consequences should not be underestimated. This calls for a comprehensive approach to educate communities about appropriate responses to disclosures, thereby reducing the likelihood of re-traumatization.

Help-Seeking Behaviour: Our study revealed a concerning trend in professional help-seeking behaviour, with only a minority seeking legal help (4.4%) and professional assistance (8.8%) [6]. Similar patterns were reported in studies by Paolucci et al. and Nelson et al. [3,6]. The reluctance to seek professional help highlights the urgent need to address barriers to accessing mental health services, ensure survivor-cantered care, and destigmatize seeking support.

Long-Term Psychological Impact: The long-term psychological impact of childhood sexual abuse on adult life

is a distressing reality shared across studies. Our findings, with a majority reporting the abuse affecting their personal life (70.2%), guilt (68.4%), unpleasant memories (87.7%), and self-harming behaviours (24.6%), are consistent with the studies by Kendall-Tackett et al. and Nelson et al. [4,6]. These parallels underscore the enduring trauma experienced by survivors and emphasize the imperative for tailored psychological interventions. Survivors of child sexual abuse (CSA) may have experienced participation, pleasure, or even sought to continue the abuse, leading to overwhelming self-loathing in adulthood. Such feelings of guilt may contribute to suicidal ideations among CSA survivors [11,12].

Perceptions of Abuse and Awareness: Our study aligns with previous research regarding victims' perceptions of abuse, with a substantial proportion attributing the abuse to a lack of strength (63.1%) and awareness (23.7%) [2]. These findings resonate with those of Finkelhor and Shattuck, who emphasized the need for educational programs to empower children and communities to recognize and prevent abuse [2]. The encouraging fact that a significant portion (86%) of our participants actively created awareness further highlights the potential for survivor advocacy as a tool for prevention [2].

In conclusion, our study provides valuable insights into the multifaceted nature of child sexual abuse and its lasting effects. By comparing and contrasting our findings with prior research, we reinforce the urgency of addressing the gaps in information transfer, support systems, help-seeking behaviour, and psychological interventions. Our study underscores the need for collaborative efforts among policymakers, educators, healthcare professionals, and community stakeholders to create a protective environment that empowers victims, reduces negative consequences, and fosters healing and resilience.

Conclusion.

Child sexual abuse represents a distressing and pervasive issue with profound implications for victims' well-being and society at large. This study delved into the complex dynamics of information transfer, psychological impact, and help-seeking behaviours among victims of child sexual abuse.

Our study revealed that a significant proportion of victims chose to disclose their abuse to friends and acquaintances rather than parents, highlighting the strong cultural taboos around sexuality and fear of social stigma in the Indian context. This underscores the need for targeted interventions to facilitate open communication between parents and children.

Despite the relatively low percentages, the emotional toll of negative consequences such as blackmail and blame should not be underestimated. Comprehensive community education is essential to reduce the likelihood of re-traumatization.

Concerningly, our findings also highlight a trend of reluctance in seeking professional help. This emphasizes the urgent need to address barriers to accessing mental health services and destigmatize seeking support.

The enduring trauma experienced by survivors underscores the imperative for tailored psychological interventions. Our study aligns with previous research regarding victims' perceptions of abuse and emphasizes the need for educational programs to empower children and communities to recognize and prevent abuse.

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