

# A Study paper on Child Abuse and its measures

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**Abstract-** Childhood sexual abuse is a subject that has received much attention in recent years. 28 to 33% of women and 12 to 18% of men were victims of childhood or adolescent sexual abuse. The paper vision is to move beyond addressing the impact of child abuse by seeking out the root cause and identifying ways to prevent it. We have to create awareness amongst masses on the issues related to child abuse. The proposed system tracks suspicious incidents of child abuse by integrating reports based on numerous details and creating a statistics based on these reports. This system verifies and reports incidents of abusive parents, physical and sexual abuse.

**Index Terms-** Childhood sexual abuse, counselor, web Application.

## I. INTRODUCTION

(Roland, 2002, as cited in Long, Burnett, & Thomas, 2006). Sexual abuse that does not include touch and other types of sexual abuse are reported less often, which means this number of individuals who have been sexually abused in their childhood may actually be greater (Maltz, 2002). With such a high percentage of people having experienced childhood sexual abuse, it is likely that many people seeking therapy will have histories that include sexual abuse. It is and familiar with the symptoms and long-term effects associated with childhood sexual abuse to help gain a deeper understanding of what is needed in counseling. This paper will define childhood sexual abuse and review the impact it can have, explore the longterm effects and symptoms associated with childhood sexual abuse, and discuss counseling implications. Childhood sexual abuse has been correlated with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems. Depression has been found to be the most common long-term symptom among survivors. Survivors may have difficulty in externalizing the abuse, thus thinking negatively about themselves (Hartman et al., 1987).

After years of negative selfthoughts, survivors have feelings of worthlessness and avoid others because they believe they have nothing to offer (Long et al., 2006). Ratican (1992) describes the symptoms of child sexual abuse survivors' depression to be feeling down much of the time, having suicidal ideation, having disturbed sleeping patterns, and having disturbed eating patterns Survivors often experience guilt, shame, and self-blame. It has been shown that survivors frequently take personal responsibility for the abuse. When the sexual abuse is done by an esteemed trusted adult it may be hard for the children to view the perpetrator in a negative light, thus leaving them incapable of seeing what happened as not their fault. Survivors often blame themselves and internalize negative messages about themselves. Survivors tend to display more self-destructive behaviors and experience more suicidal ideation than those who have not been abused (Browne & Finkelhor, 1986). Body issues and eating disorders have also been cited as a long-term effect of childhood sexual abuse. Ratican (1992) describes the symptoms of child sexual abuse survivors' body image problems to be related to feeling dirty or ugly, dissatisfaction with body or appearance, eating disorders, and obesity. Survivors' distress may also result in somatic concerns. A study found that women survivors reported significantly more medical concerns than did people who have not experienced sexual abuse. The most frequent medial complaint was pelvic pain (Cunningham, Pearce, & Pearce, 1988).

Somatization symptoms among survivors are often related to pelvic pain, gastrointestinal problems, headaches, and difficulty swallowing (Ratican, 1992). Stress and anxiety are often long-term effects of childhood sexual abuse. Childhood sexual abuse can be frightening and cause stress long after the experience or experiences have ceased. Many times survivors experience chronic anxiety, tension, anxiety attacks, and phobias

(Briere & Runtz, 1988, as cited in Ratican, 1992). A study compared the posttraumatic stress symptoms in Vietnam veterans and adult survivors of childhood sexual abuse. The study revealed that childhood sexual abuse is traumatizing and can result in symptoms comparable to symptoms from war-related trauma (McNew & Abell, 1995). Some survivors may have dissociated to protect themselves from experiencing the sexual abuse. As adults they may still use this coping mechanism when they feel unsafe or threatened (King, 2009). Dissociation for survivors of childhood sexual abuse may include feelings of confusion, feelings of disorientation, nightmares, flashbacks, and difficulty experiencing feelings. Denial and repression of sexual abuse is believed by some to be a long-term effect of childhood sexual abuse. Symptoms may include experiencing amnesia concerning parts of their childhood, negating the effects and impact of sexual abuse, and feeling that they should forget about the abuse (Ratican, 1992). Whether or not survivors can forget past childhood sexual abuse experiences and later recover those memories is a controversial topic. Some therapists believe that sexual abuse can cause enough trauma that the victim forgets or represses the experience as a coping mechanism. Others believe that recovered memories are false or that the client is led to create them (King, 2009).

Survivors of sexual abuse may experience difficulty in establishing interpersonal relationships. Symptoms correlated with childhood sexual abuse may hinder the development and growth of relationships. Common relationship difficulties that survivors may experience are difficulties with trust, fear of intimacy, fear of being different or weird, difficulty establishing interpersonal boundaries, passive behaviors, and getting involved in abusive relationships (Ratican, 1992). Feinauer, Callahan, and Hilton (1996) examined the relationship between a person's ability to adjust to an intimate relationship, depression, and level of severity of childhood abuse. Their study revealed that as the severity of abuse increased, the scores measuring the ability to adjust to intimate relationships decreased. Sexual abuse often is initiated by someone the child loves and trusts, which breaks trust and may result in the child believing that people they love will hurt them (Strean, 1988 as cited in Pearson, 1994). Kessler and Bieschke (1999) found a significant relationship between women who were sexually

abused in childhood and adult victimization. It is important to point out that although research has shown there to be significant relationships between long-term effect variables and childhood sexual abuse, each victim's responses and experiences will not be the same. Although it is often viewed as a traumatic experience, there is no single symptom among all survivors and it is important for clinicians to focus on the individual needs of the client.

## II. RELATED WORKS

There are many important things for a counselor to consider when helping a survivor overcome long-term effects or symptoms of sexual abuse. The literature regarding the therapeutic process after disclosure has been made is limited and no specific treatment model is suggested (Kessler, Nelson, Jurich, & White, 2004). Although no specific treatment model is used for counseling survivors, researchers and clinicians have provided suggestions and important implications for counselors to consider. This section of the paper will explore these counseling implications.

Kessler et al. (2004) identified common treatment decision-making practices of therapists treating adult survivors of childhood sexual abuse. Their study revealed that regardless of the treatment mode, the therapists found it important to assess the client presenting problems, the effects the abuse has on their current functioning, and how the client currently copes. Because clients often have trouble externalizing the abuse, therapists may need to work with client to increase their ability to accurately attribute responsibility. To help decrease levels of depression and anxiety, helpful goals for the survivor may be to increase their sense of control and increase their ability to accurately attribute responsibility (Hartman et al., 1987).

The therapeutic alliance is imperative to help counseling survivors feel safe. Childhood sexual abuse survivors often present with symptomatic problems, feelings, and behaviors that result from the abuse, rather than for the sexual abuse itself (Courtois 1988, as cited in Ratican, 1992). Feelings of fear or vulnerability may hinder the client from disclosing their childhood sexual abuse. Relationship building techniques such as using encouragement, validation, self-disclosure, and boundary setting are encouraged to help build the therapeutic alliance. Accepting the survivor's

version of their sexual abuse experience is often therapeutic and helps strengthen the alliance (Pearson, 1994). It is important for the counselor to allow the client time to build feelings of trust, safety, and openness. Because sexual abuse is abusive in power by nature egalitarianism is stressed as an important factor. Allowing the client to have control in both the pace and direction of the therapeutic process is important (Ratican, 1992).

Client empowerment is a technique used with survivors. Van Velsor and Cox (2001) suggest it is vital to help survivors process, uncover, and express anger because anger can be used to help a client feel empowered, appropriately attribute responsibility, establish boundaries, and promote self-efficacy and power. They recommend that the counselor help the client reframe their anger into an emotion they can use to help define their rights and needs, explore the covert norms for anger expression among women, and help survivors use their anger for productive action and behavior.

Assisting the client in gaining skills that will help them find and develop supportive relationships, especially with a partner, is also considered an important goal in helping a survivor overcome some of the long term effects of childhood sexual abuse. Helping the client gain skills that will help them better adjust to, enhance, and develop intimate relationships may be an important step in counseling a survivor of childhood sexual abuse. In a study conducted by Feinauer et al. (1996), it was revealed that the better a survivor was able to adjust to intimate relationships, the lower their depression scores were despite the level of abuse they experienced. The authors suggest that positive intimate relationships may increase the survivors' feelings of safety, help them gain interpersonal experience, and experience reconnection.

If the survivor is in a committed, long-term relationship, it is important for the survivor's partner to also become educated about the long-term effects of childhood sexual abuse and learn ways they can actively participate in the healing process. Counselors can help couples learn to integrate communication, choice, trust, respect, and equality into their intimate relationship (Maltz, 2002). Feinauer et al. (1996) suggest that the therapeutic goals for a couple include resolution of issues related to physical and emotional safety,

resolution of distressing memories, increased trust between survivor and partner, understanding of survivors symptoms, and participation in appropriate social reconnection. Therapists are recommended to address the more general psychosocial problems before treating the sexual problems of survivors. This is due to the sensitive and vulnerable nature of sex. Survivors are more likely to experience success in sex and relationship counseling after resolving feelings about the abuse and gaining skills in areas such as assertiveness and self-awareness (Maltz, 2002).

Maltz (2001a, as cited in Maltz, 2002) suggests that a first step in sexual healing is to help the survivor connect their current sexual problems with their past sexual abuse. It may help for the survivor to see a list of the sexual symptoms that often are from past sexual abuse. Ratican (1992) describes the sexual symptoms of survivors to often include sexualizing relationships, inappropriate seduction, difficulties with affection and intimacy, compulsive sexual behavior, promiscuity, problems concerning desire, arousal, and orgasm, flashbacks, difficulties with touch, and sadistic/masochistic tendencies. In the current system everything has to be maintained in files which are burden to police or ngos. Affected Childs may get fear to give complaint manually. Lack of communication between users and higher authorities.

### III. PROPOSED SYSTEM

The proposed system is a web based application, which maintains a centralized repository of all scheme related information. The main objective of proposed system is to create awareness among the people about child abuse. To provide flexibility to the users, the interfaces have been developed that are accessible through a browser. The GUI'S at the top level have been categorized as

1. Administrative user interface
2. The operational or generic user interface

The 'administrative user interface' concentrates on the consistent information that is practically, part of the organizational activities and which needs proper authentication for the data collection. These interfaces help the administrators with all the transactional states like Data insertion, Data deletion and Date updating along with the extensive data search capabilities. The 'operational or generic user interface' helps the end users of the system in transactions through the existing data and

required services. The operational user interface also helps the ordinary users in managing their own information in a customized manner as per the included flexibilities.

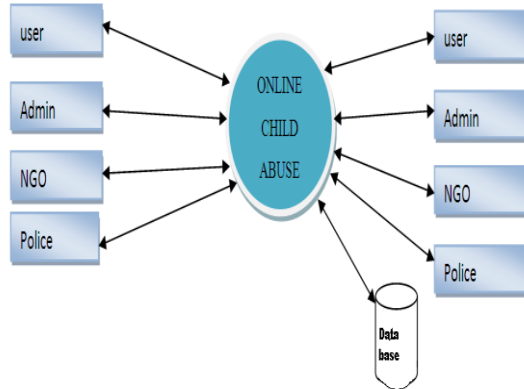


Fig.1 Context level

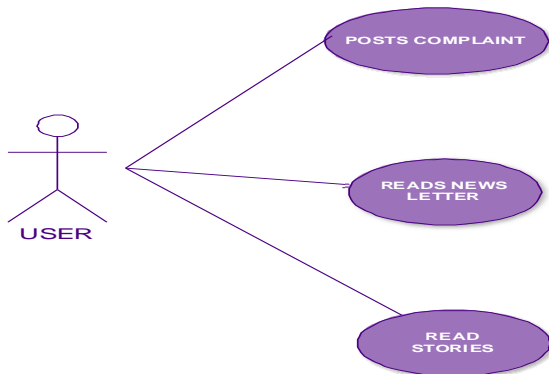


Fig.2 Use case for user

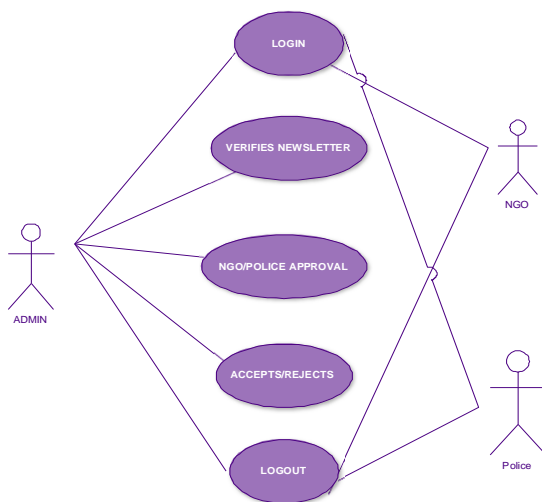


Fig.3 Use case for admin

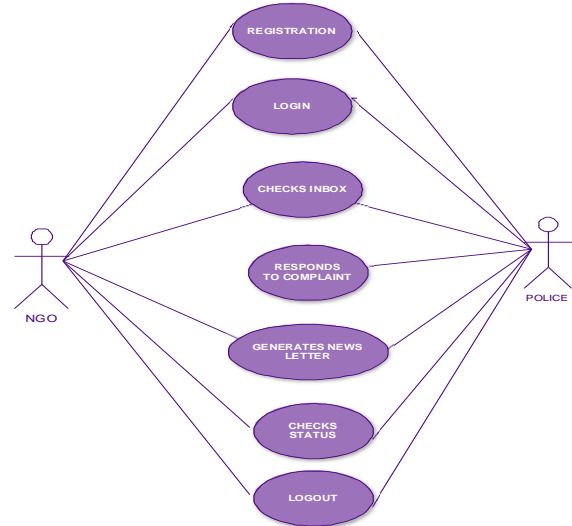


Fig.4 Use case for NGO and Police

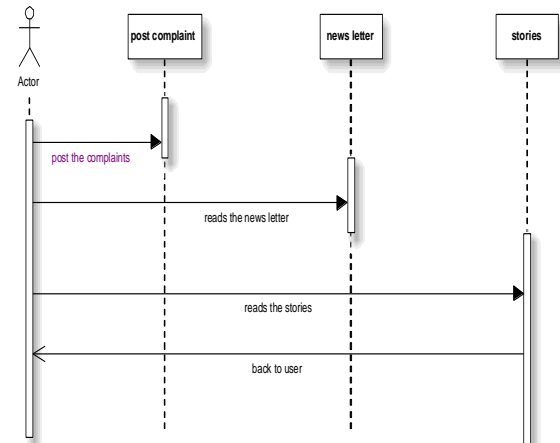


Fig.5 Sequence diagram for User

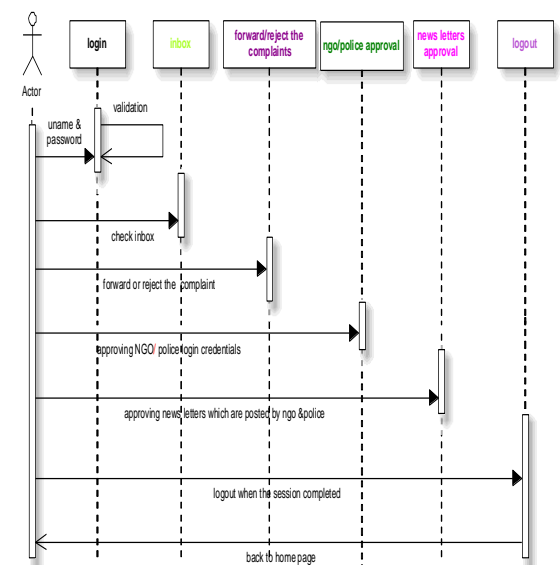


Fig.6 Sequence diagram for Admin

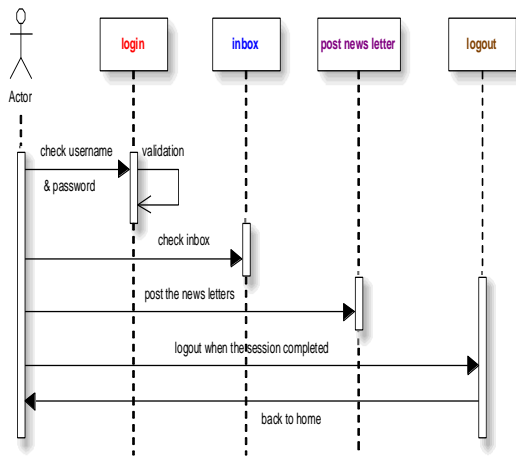


Fig.7 Sequence diagram for NGO

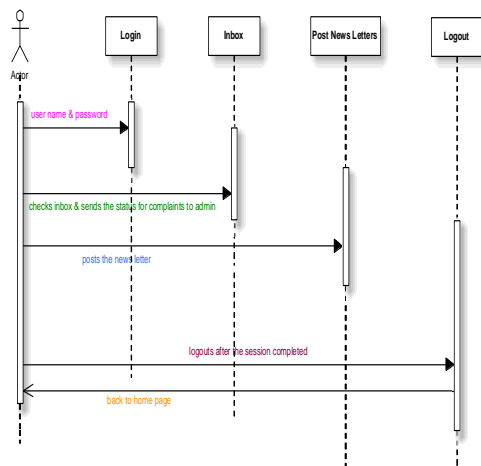


Fig.8 Sequence diagram for Police

### Identifying recognizing child abuse

Experienced educators likely have seen all forms of child abuse at one time or another. They are alert to signs like these that may signal the presence of child abuse.

#### The Child:

- Shows sudden changes in behavior or school performance;
- Has not received help for physical or medical problems brought to the parents' attention;
- Has learning problems that cannot be attributed to specific physical or psychological causes;
- Is always watchful, as though preparing for something bad to happen;
- Lacks adult supervision;
- Is overly compliant, an overachiever, or too responsible; or
- Comes to school early, stays late, and does not want to go home.

#### The Parent:

- Shows little concern for the child, rarely responding to the school's requests for information, for conferences, or for home visits;
- Denies the existence of -- or blames the child for -- the child's problems in school or at home;
- Asks the classroom teacher to use harsh physical discipline if the child misbehaves;
- Sees the child entirely bad, worthless, or burdensome;
- Demands perfection or a level of physical or academic performance the child cannot achieve; or
- Looks primarily to the child for care, attention, and satisfaction of emotional needs.

#### The Parent and Child:

- Rarely touch or look at each other;
- Consider their relationship entirely negative; or
- State that they do not like each other.
- *None of these signs proves that child abuse is present in a family.* Any of them may be found in any parent or child at one time or another. But when these signs appear repeatedly or in combination, they should cause the educator to take closer look at the situation and to consider the possibility of child abuse. That second look may reveal further signs of abuse or signs of a particular kind of child abuse.

## IV. RESULTS AND DISCUSSION

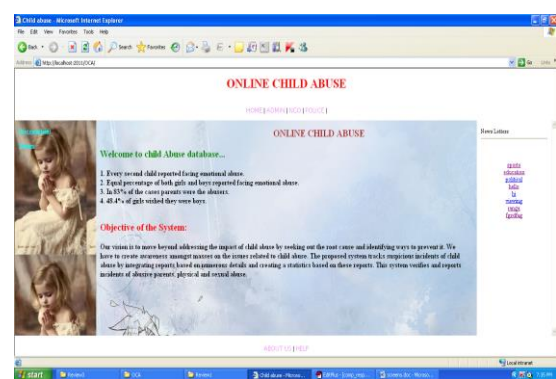


Fig.9 Welcome Page

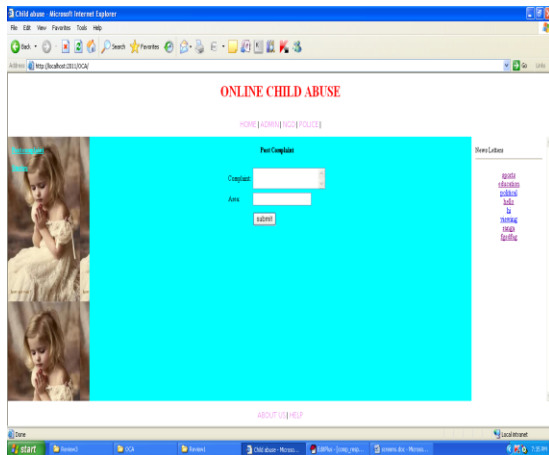


Fig.10 Page for the registration of complaint



Fig.11 Personal Page

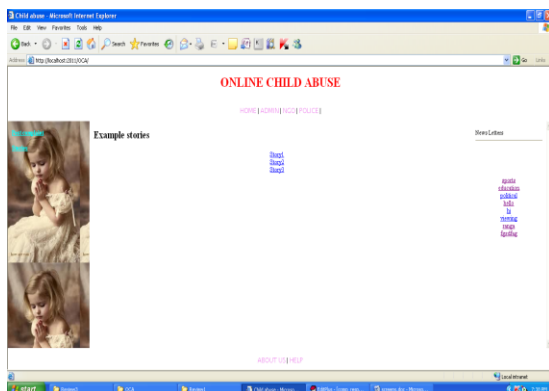


Fig.12 Page showing example stories and individual reference to 3 steps registration process

## V. CONCLUSION

It is important that investigation continue on the topic of the long-term effects of childhood sexual abuse. The severity of this issue and the significant implications it has on the lives of survivors has been well established. The project presents a methodology for knowing and improving the messed-up lives of kids, which is based on the behavior of malicious adversaries. Children are bound either by physical change or physiological

one and our rescue agent's job is to bring the kids out of darkness. Posing as customers seek to win the child's trust before making an offer to take them to a safe rescue home. Henceforth our proposed system provides a helping hand to such kids in getting them out of this pit.

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