



SEXUAL BEHAVIORS AND REVICTIMIZATION IN ADOLESCENCE AND YOUTH: A MINI REVIEW FROM THE PERSPECTIVE OF CHILD SEXUAL ABUSE

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ABSTRACT

Background and Purpose

One definition of child sexual abuse (CSA) is when an adult takes use of their power over a child to engage in sexual behaviour with the child for the goal of the adult receiving sexual pleasure, stimulation, or enjoyment. The effects of child abuse may be quite harmful. Past research has shown that adolescents and young adults who have experienced CSA are more likely to engage in sexually hazardous activities and to be victims of sexual assault in the future. The traumagenic dynamics model and the information-motivation-behavioral skills model are two theoretical contributions that, despite their limited perspectives, may shed light on the connection between CSA, sexual behaviour, and revictimization in adulthood.

Material and Method

Research scholar has used doctrinal method with both primary and secondary data analyzed and a qualitative approach has been followed.

CHILD SEXUAL ABUSE

Risky Sexual Behaviors

Research has linked CSA with adolescents' and young adults' engaging in sexually hazardous activities (Senn et al., 2008).¹ During adolescence, many people begin engaging in sexual

¹Ibid.



activity, and their sexual conduct is exposed to several influences (such as peers, the media, and pornography) that may lead to a loss of agency and an increase in risk (Spanish Foundation for AIDS Research and Prevention, 2003). ²Some aspects of adolescent sexuality include a lack of risk perception (Castro & Santos-Iglesias, 2016), alcohol & drug use, a failure to plan sexual intercourse, the romantic ideals unique to this period of development (Jones & Furman, 2011), a lack of eroticization of condom use (DiClemente et al., 2004), or a lack of skills to negotiate condom use & perform (Santos-Iglesias and Sierra, 2012).³

Adolescents are already at a high risk because of the difficulties they have in engaging in sexually healthy behaviours, and this risk increases if they have been the victim of CSA. Those who have experienced CSA may be more likely to engage in early sexual activity with penetration (Thornton and Veenema, 2015; Gray and Rarick, 2018), have more sexual partners (Senn et al., 2012, 2017; Walsh et al., 2013), use condoms inconsistently (Senn et al., 2012, 2017), or engage in drug use within their relationships (Senn et al., 2012, 2017). (Thornton and Veenema, 2015). All of these actions increase a person's risk of contracting a STI (Homma et al., 2012; Senn et al., 2012) and are often factors that also predispose one to fresh instances of sexual victimisation (Bermdez et al., 2010).⁴

Sexual Re-victimization

It is normal for victims of CSA to have further experiences of sexual victimisation throughout their adolescent and early childhood. According to meta-analyses conducted by researchers such as Walker et al. (2017), the rate of victimisation is nearly double for repeat offenders. Studies show that women who have experienced CSA are three- to five-times more likely to experience another sexual assault than those who have not (Pereda et al., 2016; Godbout et al., 2019).⁵

²Ibid.

³Ibid.

⁴Ibid.

⁵Ibid.



In order to understand the correlation between CSA and sexual assaults in later life, many factors have been postulated (Walker et al., 2017). To provide one example, Santos-Iglesias and Sierra (2012) propose that prior sexual experience, sexual aggressiveness, and drug use all serve as mediators between these two factors. Sexually, it has been shown that women who have had CSA have more partners, which raises the likelihood of revictimization owing to a probabilistic issue: the more partners, the more likely they are to be violent (Arata, 2000). In terms of sexual assertiveness, scholars like Livingston et al. (2007) argue that victims of CSA are socialised into a victim position, making them less able to refuse the sexual approaches of others. This, in turn, may lead to more victimisation. According to these authors, CSA is associated with increased substance use, and increasing substance use is associated with greater risk of re-victimization, suggesting that substance use may operate as a mediator between these two variables. Adolescents are already at a high risk because of the difficulties they have in engaging in sexually healthy behaviours, and this risk increases if they have been the victim of CSA. Those who have experienced CSA may be more likely to engage in early sexual activity with penetration (Thornton and Veenema, 2015; Gray and Rarick, 2018), have more sexual partners (Senn et al., 2012, 2017; Walsh et al., 2013), use condoms inconsistently (Senn et al., 2012, 2017), or engage in drug use within their relationships (Senn et al., 2012, 2017). (Thornton and Veenema, 2015). All of these actions increase a person's risk of contracting a STI (Homma et al., 2012; Senn et al., 2012) and are often factors that also predispose one to fresh instances of sexual victimisation (Bermdez et al., 2010).⁶

Conclusion

This article provides an overview of the issues and theoretical explanations that have been presented up to the present, highlighting the significance of prevention and sex education beginning in early childhood and the need to continue investigating in order to develop specific theoretical models that aid in understanding and preventing CSA and its consequences.

⁶Ibid.



Keywords: Child sexual abuse, sexual behaviour, child victims, sexual harassment, re-victimization, victimization..

INTRODUCTION

Background

The purpose of this study is to provide a high-level introduction to the topic of sexuality in relation to the effects of sexual abuse in childhood (CSA), with a focus on the risk-taking sexual behaviours and sexual revictimization that may occur in adolescence and early youth. Moreover, two theoretical theories are presented that address, if partly, the connection between CSA, hazardous sexual conduct, and sexual revictimization. The text is organised like so. The paper concludes by stressing the need of further research on CSA, the creation of targeted theoretical models, and the development and implementation of preventative measures.

Literature Review

The effects of child sexual abuse may be severe, since they often include the disruption of the victim's emotional and behavioural development as well as other major difficulties (Clayton et al., 2018).⁷ The global community unanimously agrees that CSA poses a significant health and societal risk. According to the research of Sánchez-Meca et al. (2011),⁸ sexual exploitation of children occurs when an adult takes use of his or her power position to exploit a child for sexual

⁷Clayton, E., Jones, C., Brown, J., and Taylor, L. (2018). The aetiology of child sexual abuse: a critical review of the empirical evidence. *Child Abuse Rev.* 27, 181–197. doi: 10.1002/car.2517.

⁸**Front Psychol-Childhood Sexual Abuse, Sexual Behavior, and Revictimization in Adolescence and Youth: A Mini Review, FRONTIERS, Available at <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02018/full> (Last accessed on 18.08.2022 at 11 pm).**



pleasure, stimulation, or enjoyment. Exposure to pornography, adult display, or demands for sexual favours may all lead to CSA, as can direct physical contact (e.g., touching, vaginal, oral, or anal sex, both perpetrated and recommended) (Finkelhor, 1979).⁹

Prevalence rates among adolescents range from 5% to 18%, according to recent reviews of the literature on the topic, depending on the region and culture in question (Senn et al., 2017; ¹⁰Clayton et al., 2018; Gray and Rarick, 2018).¹¹ Some writers argue that CSA is still a significant public health concern because of these high prevalence (Gray and Rarick, 2018).¹² About eighty-five percent of abusers are men, and most of them are in their thirties or forties (Pereda et al., 2016; Clayton et al., 2018; Gray and Rarick, 2018¹³).¹⁴ Abusers, particularly those who target females, are often members of the child's own family or other intimate relationships (Pereda et al., 2016). Children's homes, schools, and recreational facilities are typically the settings where abuse incidents take place. Contrary to other forms of abuse, the socioeconomic status of the abuser or the abused is irrelevant in CSA (Senn et al., 2012).¹⁵ Victims are most vulnerable between the ages of 6 and 12, with girls being molested more than three times as often as boys, according to research by Senn et al. (2017). The percentage of abused boys may be larger than reported, however, because of masculine issues and the fear of being branded and shamed (Homma et al., 2012; Pereda et al., 2016). Research has shown for decades that one-third of male abusers may have been victims themselves as children (Finkelhor, 1979; Senn et al., 2012). It is thus not possible to assert that abuse is transmitted from generation to generation, since the majority of victims are female and do not go on to become abusers themselves,

⁹Finkelhor, D. (1979). *Sexually victimized children*. (New York: The Free Press)

¹⁰Ibid.

¹¹Ibid.

¹²Ibid.

¹³Ibid.

¹⁴Ibid.

¹⁵Ibid.



although it is typical for perpetrators of abuse to have either observed or experienced abuse as children (Clayton et al., 2018).¹⁶

Aim

The aim of present study is

1. To study and analyse the risky sexual behaviors towards children.
2. To study the impact of sexual abuse and re-victimization on children.
3. To study and analyse the theoretical models of child sexual abuse.

THEORETICAL MODELS

It is clearly documented in the existing research that victims of CSA are more likely to engage in hazardous sexual practises and be victimised again. Despite the importance of this connection, however, there is less empirical study on its mechanism (Senn et al., 2012), and therefore, no well-developed theoretical theories. Although understudied and only giving partial perspectives, two theoretical contributions may shed light on the connection between CSA, hazardous sexual activity, and revictimization in later life. The effects of CSA on the sexual realm are the primary focus of the traumatogenic dynamics model (TD; Finkelhor and Browne, 1985). Fisher and Fisher's (1992) information, motivation, and behavioural skills model (IMB) also analyses how people engage in potentially harmful sexual practises.

A Model of Traumatogenic Dynamics

This model suggests that CSA may lead to four different undesirable outcomes. There is, first, traumatic sexualization (Matorin and Lynn, 1998), which leads to the development of improper scripts for sexual behaviour since negative sexual behaviours are reinforced. People who have experienced sexual abuse may be more likely to engage in dangerous sexual activities, seek out

¹⁶Ibid.



several sexual partners, or participate in sex for financial gain (Senn et al., 2012; Walsh et al., 2013). Second, the kid may feel betrayed by the abuser or by the responses of others when they learn of the abuse (DiLillo and Long, 1999). This may be associated with the challenge of trusting people, which in turn may affect the rejection of permanent relationships in favour of many and sporadic partnerships, with the attendant danger of engaging in hazardous sexual activities and of being a sexual victim (Senn et al., ¹⁷2008, 2017). In addition to experiencing shame and guilt, the third component of the model is stigmatisation due to the person's perception of themselves as sexually different (Feiring et al., 2001). Abused persons may internalise their position, engage in dangerous romantic activity, and/or have several partners as a result of the emotional and psychological trauma they experience as a result of their abuse (Senn et al., 2008). Last but not least, Finkelhor and Browne (1985) point to a loss of agency as the cause of their inability to say "no" to sexual encounters or unsafe partnerships (Gwandure, 2007). ¹⁸Traumatogenic dynamics model components may explain certain CSA symptoms (Senn et al., 2012). Furthermore, the model's four components have all been linked to lower levels of psychological health and well-being. Higher levels of traumatic sexualization have been linked to higher levels of anxiety and sexual avoidance as well as lower levels of sexual self-esteem (Hazzard, 1993; Matorin and Lynn, 1998); higher levels of betrayal have been linked to greater interpersonal difficulties (Hazzard, 1993); and higher levels of stigmatisation and powerlessness have been linked to lower levels of sexual self-esteem as well as greater distress and depression (Matorin and Lynn, 1998). (Hazzard, 1993). Thus, it is shown that the TD model provides an explanation of the psychological and sexual effects of CSA, which may impact the increased performance of hazardous sexual behaviours and sexual revictimization in adolescents and young adults (Walsh et al., 2013).¹⁹

Information-Motivation and Behavioral Abilities Model

¹⁷Ibid.

¹⁸Ibid.

¹⁹Ibid.



The association between CSA and engaging in hazardous sexual practises may be understood through the lens of a theoretical model proposed by Fisher and Fisher (1992). Many research have demonstrated that sexual behaviour is affected by knowledge (on the transmission, prevention, and consequences of STIs), motivation (to protect oneself, regarding safe sex), and behavioural skills (to talk safe sex with a partner and to use condoms) (Johnson et al., 2006; Fisher et al., 2014; Jones et al., 2018; Ybarra et al., 2018). CSA has several effects on a person's knowledge, interest, and ability to practise safe sexual practises. In fact, research has connected CSA to poorer levels of awareness about STIs, less positive attitudes toward safe sex, less behavioural skills, and worse self-efficacy when it comes to preventing STIs (Hall et al., 2008). If you suffer from CSA, you may have dissociation tendencies, which Zurbriggen and Freyd (2004) say might mess with your brain's ability to code and interpret information about your sexuality. Therefore, adults who experienced sexual abuse as children may have trouble understanding or retaining information regarding sex, which may lead to knowledge gaps in areas such as prevention and dangerous behaviours. Similarly, many abusers lie or distort reality, thus CSA may make it hard to tell the difference between dream and reality. The risk of sexually transmitted infections (STIs) is a major factor in whether or not people engage in safe sexual behaviours; yet, people may not be motivated to engage in safe sexual behaviours if they cannot objectively appraise the reality of their sexual circumstances. As a result, having a shaky grasp on the dangers of sexual activity might dampen the desire to engage in safe sex behaviours (Zurbriggen and Freyd, 2004). Those who experienced sexual abuse as youngsters may have poor self-efficacy and limited abilities to negotiate safe sex since they may have learnt that they cannot control what occurs to them (Zurbriggen and Freyd, 2004).

Methodology

The present study has followed doctrinal research methodology with qualitative approach.

Study Design



The study has been conducted by descriptive analyses of data collected and reaching necessary conclusions. Objectives have been studied in detail and accordingly theories have been propounded.

Data Collection

Primary data such as case laws, statutes have been taken from bare acts, official website of courts while secondary data has been collected from websites, blogs , journals etc.

Data Analysis

Qualitative analysis of data has been done using various sources and opinion of jurists.

CONCLUSION

Poorer psychological functioning (Senn et al., 2008; Homma et al., 2012), aggression, interpersonal issues, academic difficulties, and substance abuse are all associated with experiencing at least one incident of CSA (Clark et al., 2007). Because CSA is an intrusion into the child's personal life, it might cause him or her to develop a negative view of others. As a result, the effects of CSA on social interactions and sexuality constitute a primary focus of research and intervention. Victims of CSA sometimes display sexually inconsistent and even contradictory behaviours: they may withdraw from social interactions for fear of being victimised again, or they may undergo sexual identity shifts that cause them to engage in potentially harmful sexual acts (Senn et al., 2008).



ECONSPEAK: A Journal of Advances in Management IT & Social Sciences,
Vol. 9, Issue 3, March 2019 Impact Factor 5.132 ISSN: (2231-4571)
www.skirec.org Email Id: skirec.org@gmail.com



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