

# **Psychosocial Impact of Childhood Sexual Abuse: Perspective of Victims**

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## **Abstract**

The present study aimed at the investigation of psychosocial experiences which victims of child sexual abuse (CSA) experience in Pakistan. There is a lack of sufficient literature on the impact and causes of increasing ratio of CSA. Eight interviews of CSA victims were included in this study. The sample consisted of adolescents of age range between 14 and 17 years who had experienced sexual abuse at the age of 8 to 12 years. The interviews were analyzed by using Interpretative Phenomenological Analysis (IPA). The super-ordinate themes after analysis were: experiencing abuse, restrained childhood, transformed self, restricted social interaction and relationships, psychological impact, and impact on learning and future goals. Coping strategies employed by the victims included: dissociation, denial, disconnection from offender, avoiding specific places, distraction, religious beliefs, and rationalization of the incident of abuse.

Limitations and implications are discussed.

*Key words:* sexual abuse, victims, psychosocial experiences, coping, denial.

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## **Introduction**

Child sexual abuse (CSA) is a form of child abuse which involves the exploitation of a child for sexual gratification in multiple ways. It ranges from improper exposure or touching to rape and sodomy. So the effect it casts on victim also varies according to nature of incident including severity of abuse, situation, and pre-existing conditions of child's life. There is a range of factors which can lead to CSA which include unawareness of parents, lack of preventive measures, relationship of child with offender, and a range of circumstances likely to increase vulnerability of a child. Awareness and research on the issue started in western countries almost three decades ago with the conceptualization of sexual abuse and proposed model (Freeman & Morris, 2001).

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The issue received attention of researchers in various fields who studied the impact of CSA on different areas of a person's life. Strategies and therapeutic interventions have been developed for maintaining or restoring the psychological well-being and welfare of victims in developed countries. In developing countries like Pakistan, the issue has received attention only recently. Children in general and street children in particular are reported to be at risk of sexual abuse in Pakistan. The number of children living in streets to be more than 170,000. Among these, about 90% faced sexual abuse on first night of sleeping outside (Pakistan Human Rights Report, 2013). Very few researches on CSA from psychological perspective have been undertaken in Pakistan which calls for increased need to spread awareness regarding existence and impact of CSA. The rate of CSA has been rising critically in Pakistan with 7.67% increase in 2013 (Sahil, 2015). The issue of child sexual abuse: a heinous crime remains behind the curtain of social stigmatization causing negligence and unawareness of parents, which leads to the lack of preventive measures, awareness in parents and children as well.

Sexual abuse is linked to the loss of dignity and honor in Pakistani society and thus, is most likely to have detrimental effects on social identity, social life and psychological wellbeing of the person. Incidents like rape catch more attention while those mild in nature are easily suppressed to the best possible extent due to stigma. Legal and especially psychological measures are rendered unimportant to prevent dignity from any harm of stigmatization. If revealed, the person ultimately becomes a social outcast whose social-self bleeds in the jaws of stigma. To prevent oneself from devastated image of life and social self, people prefer to hide it even if child manages to disclose it somehow. Factors leading to underreporting of CSA include child's own fears and guilt associated with abuse, child's failure to recognize such activity as abusive especially if offender is close relative or friend, denial that abuse has happened; negative response on disclosure, and suppression of incident due to stigma.

### **What is Child Sexual Abuse?**

“Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. A central characteristic of any abuse is domination of the child by the perpetrator through deception, force, or coercion into sexual activity. Children, due to their age, cannot give meaningful consent to sexual activity” (APA, 2013).

## **Prevalence of Child Sexual Abuse**

Child Abuse is a worldwide issue. According to National Children's Alliance (NCA, 2015) in National Statistics-Statistical Report (2012), there were 197,902 cases of CSA in United States. Review of prevalence of child sexual abuse from various countries indicates child sexual abuse to be an international problem (Pereda, Guilera, Forns & Gomez-Benito, 2009). A study which covered statistics of child sexual abuse in 22 countries revealed that 19.7% of women and 7.9% of men had been victim to some form of child sexual abuse (Pereda et al., 2009).

## **Psychosocial impact of child sexual abuse**

Under-reporting of child sexual abuse cases leads to under estimation of its prevalence and adverse effects that it causes on life of the victim. Sexual abuse is most likely to cause a disturbance in personality development of the victim. Research has found wide range of negative outcomes (both in childhood and adulthood) having significant link to history of CSA as adverse mental health consequences have been reported for many victims. Importantly, not in all cases the victims of child sexual abuse face mental health and adjustment problems in adulthood (Boden, & Horwood, 2008; Cashmore & Shackel, 2013).

Victims of sexual abuse can show a variety of symptoms during and years after the abuse has occurred. The child not only goes through physical trauma and pain, but psychological and emotional pain last long term damage to victims. Long-term effects caused by sexual abuse involve guilt, shame, confusion, self-destructive behavior, feelings of isolation, social anxiety, feeling of stigma, post traumatic symptoms, depression, helplessness, aggressive behaviors, negative attributions, personality disorders and behavioral problems, substance abuse, poor self-esteem, sexual problems, divorce, eating disorders and mental illness. (Alexander, 2011; Allnock, 2010; Allnock et al., 2009; Beckett, 2003; Calder, McVean, & Yang, 2010; Cashmore & shackle, 2013; Dube et al., 2005; Maniglio, 2009).

Jensen, Gulbrandsen, Mossige, Reichelt, and Tjersland (2005) reported increased difficulty for children to converse about a secret, distressful and confusing matter. They are sensitive to others' reactions. Paine and Hansen (2002) reviewed research on factors influencing children to self-disclose sexual abuse which indicated that children find it exceedingly difficult to disclose due to dynamics and nature of CSA. Along with vulnerability and dependency of childhood, strategies of perpetrator to maintain secrecy, child's feelings of guilt and responsibility for abuse due to external and internal factors, and fear of disbelief and

helplessness act as barrier to disclosure. Motivational factors like fears regarding well-being of self and loved ones also inhibit disclosure.

### **Child Sexual Abuse in Pakistan**

Pakistan 2013 Human Rights Report indicates child abuse and commercial sexual exploitation of children a persistent problem in Pakistan. The data show that 73% girls and 27% boys were sexually abused (Pakistan Today, 2011). In the year 2012, rate of child sexual abuse was increased by 21% followed by 7.67% increase in 2013. In 2013, the number of 3002 reported cases depicts a number of 8 children abused every day in Pakistan. Gender-wise distribution of child sexual abuse statistics shows that more girls are victims of child sexual abuse (Sahil, 2015). These statistics are derived from the data of reported cases of child sexual abuse. In real, the number of unreported cases might be higher than the reported ones. “negative social attitude of reporting the incidence and limited access to health facilitates created difficulty in presenting accurate estimation of child sexual abuse in developing countries” (Jemal, 2012).

Present study is important in its focus on the experiences of victims who experienced the most terrible form of child sexual abuse (i.e., rape); how it changed their self-concept, and goals in life.

## **Methodology**

### **Research Design**

The study was exploratory in nature and qualitative approach was used to interpret the data collected through semi-structured interviews

### **Research Questions**

1. What are the psychosocial experiences of victims of child sexual abuse?
2. How does identity of a child with the history of child sexual abuse undergo transition?
3. How do the victims of childhood sexual abuse perceive the impact it has on their relationships?
4. How do the victims of childhood sexual abuse cope with the incident?

### **Sample**

Individuals with the history of child sexual abuse were contacted through purposive and snow ball sampling, initially contacting an NGO and child protection and welfare bureau Lahore. Participants belonged to diverse socio-economic status. The sample consisted of adolescents (5

boys and 3 girls) of age range between 14 and 17 years who had experienced sexual abuse at the age of 8 to 12 years. Only rape victims were included in the study to maintain the homogeneity of the sample

## **Research Instrument**

A semi-structured interview, keeping in focus the phenomena under study. Open-ended questions were formed so as to receive in-depth answers and to allow the exploration of experiences to the fullest. The sequence of questions was almost similar for each participant considering the nature of data received and direction of interview. Interviews lasted from 75-90 minutes.

## **Procedure**

The data were collected through purposive and snowball sampling (a type of purposive sampling). Informants or participants used their social network to get reference for people who could potentially contribute to data collection. Confidentiality was maintained and pseudonyms were used to hide the true identity of participants. In-depth semi-structured interviews were taken to provide more flexibility to explore phenomena under study and also to invite long answers and explanations of situations and experiences of abuse. It helped addition or exclusion of questions according to situation and to set direction of interview as this method is iterative, allowing adjustment of research questions and data collection according to information provided. The interviews were recorded and then transcribed. Interpretative phenomenological analysis (IPA) was used to analyze the transcribed data. IPA is grounded in the philosophy of phenomenology which represents the expression: "lived experience" focusing on what meaning an experience carries for a person and how it gets embedded in consciousness. It involves exploration of personal experience or taking insider's perspective, also taking personal perception about event or object (Smith, 2008). This method allows researcher to draw and describe the 'essential structures' of experience and what meaning participants draw from it. It is equivalent to understanding the 'life-world' of people.

In the present study, the recorded interviews were listened to and then transcribed. The transcribed material was read and re-read multiple times to make good sense of interview. Emerging themes were formed and then clustered into categories or super-ordinate themes. IPA is an iterative process in which data is reviewed again and again while forming themes and analyzing them. A master table was formed by combining all similar and contrasting themes of

all the interviews. The interpretation of data was made based on these themes. Written consent was taken from all the participants.

## Results

**Table 1: The super-ordinate Themes Drawn from the Interviews of Victims of Childhood Sexual Abuse (N= 8).**

Super-ordinate themes	Sub-ordinate themes	F (%)
Experiencing abuse	Showed resistance	6 (75%)
	Occupied with fear	8 (100%)
	Dissociation	6 (75%)
	Mute	8 (100%)
	Shocked	5 (63%)
	Trembling	3 (37%)
	Seeking shelter	8 (100%)
	Confusion	
Restrained childhood	Aversion to joyous activities	5 (63%)
	Distance with friends	4 (50%)
	Aloofness	4 (50%)
	Envy for other children	6 (75%)
	Fear of being alone	6 (75%)
Transformed self	Rigidity: A protective shield	3 (37%)
	Worthlessness	3 (37%)
	Low self-esteem	6 (75%)
	Alarmed	3 (37%)
	Self-presentation	3 (37%)
	Negative social image	4 (50%)
	Shattered confidence	6 (75%)
Restricted social interaction and relationships		

	Society as lustful	7 (87%)
	World is selfish	8 (100%)
	People think bad for me	8 (100%)
	People hate me	7 (87%)
	Hatred towards people	5 (63%)
	Decline in social interaction	7 (87%)
	Stigma vs. isolation	8 (100%)
	Distanced from parents	5 (63%)
	Lack of trust vs. sharing	7 (87%)
	Lack of interest social events	3 (37%)
	Narrowed social circle	6 (75%)
	Isolation vs. Insecurity	5 (63%)
	Lost friends	4 (50%)
Psychological impact		
	Depression	7 (87%)
	Contemplation	6 (75%)
	Fear of public places	5 (63%)
	Hatred for opposite sex	3 (37%)
	Feeling insecure	8 (100%)
	Frustration	7 (87%)
	Crying spells	4 (50%)
	Confusion	8 (100%)
	Helplessness	8 (100%)
	Revengeful thoughts	5 (63%)
	Nightmares	4 (50%)
	Fear of disclosure	8 (100%)
	Sense of loss	3 (37%)
	Sexual development	5 (63%)
Impact on learning and future goals		
	Lack of concentration	7 (87%)
	Incapacitated to learn	5 (63%)
	Low achiever	5 (63%)
	Low confidence for class participation	4 (50%)
	Shattered plan	3(37%)
Coping strategies		
	Alienation	5 (63%)
	Denial	5 (63%)
	Avoiding specific places	6 (75%)
	Distraction	8 (100%)
	Religious practices	6 (75%)
	Isolation	5 (63%)

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Table 1 shows that the incident of sexual abuse has engulfed all the dimensions of child's life. It not only causes physical pain, but acts as an emotional turmoil, and has pushed the child in the trench of self-blaming, self-criticism, negative self-image and shook the trust of the victims and has produced loathing for the society in general and perpetrators in particular.

## **Discussion**

### **Experiencing abuse**

The incidence of abuse appeared to be traumatic for the victims. In most of the cases the assault (intercourse) preceded by forced molestation of the body. In most of the cases, incident took place in the form of sudden attack on the child and included sexual intercourse. Most of the children were unable to understand the incident at that time. They showed resistance, because this all was shameful and unusual for them. They developed the feelings of dissociation as if their body was alien to them. Results coincide with research indicating the development of dissociative symptoms among victims of CSA (Brier & Elliott, 1994; Trickett, Noll, & Putnam, 2011). They experienced it with physical pain. It was a shock, their body shivered for a longer period of time, and they were unable to speak. It caused persistence of intrusive thoughts and thus, entrapment in depression.

The victim experienced the feeling of depletion at the time of abuse and felt helpless and completely numb and blank in response to the harassing behavior of the perpetrator. Posttraumatic stress including numbing of general responsiveness and cognitive distortions such as self-perceived helplessness are consistent with (Brier & Elliott, 1994; Cashmore & Shackle, 2013). Resistance was shown in all cases as force was used for abuse. Victims feel hatred towards the act in almost all the cases.

### **Restrained childhood**

Most of the participants complained that they could not cherish their childhood because of this devastating incident. These incidents snatched from the victims, the beauty and charm of careless tension free childhood. They stopped playing with their peers and kept them at distance from friends because of fear of disclosure and self-blaming and low self-image. They developed feelings of envy with children who were happy and free of worries they were suffering from. This resentment of losing the care free period of childhood is unique to the present study, and it shows how a single cruel lustful act can ruin the innocent life.

## **Transformed self**

Most of the participants of the study shared that the incidence of sexual abused has transformed them into a different person. Some of them reported to become very rigid after the incident, because they did not want to go out home with friend alone and become a prey of another incident. The female victims believed that they had lost their respect and dignity, and no one will own them as a wife if this secret is disclosed. The victims reported negative self-image and low confidence. Impaired sense of self and low self-esteem are in line with the work of (Bolger, Patterson, & Kupersmidt, 1998; Braydon, MacLean, Dietrich, Sherrod, & Altemeier, 1995; Brier & Elliott, 1994; Maniglio, 2009) that CSA sheds a negative impact on self-esteem. Our participants believed that they could never restore their respect in the eyes of family and friends if they would come to know about this incident. Some of the participants said they were not conscious for their self-presentation, as they feel themselves smashed from inside.

## **Restricted social interaction and relationships**

This incident has promoted the feelings of hatred towards the society as I ustful and world as selfish. Most of the victims said that they were unable to trust people as some were raped by their family members. Guilt and shame result due to CSA which disrupts child's interpretation of the world (Cashmore & Shackle, 2013). They seemed to develop inverse projection as they hate people and come to believe that people hate them. This feeling has restricted their social interaction and relationships. Further they avoid meeting people for the fear of disclosure. Literature narrates multiple factors that acted as barriers to disclosure of experience of abuse Like, confusion regarding the abuse itself (Schaeffer et al., 2011), insecurity and guilt (Paine & Hensen, 2002), fear of social reaction or rejection (Schaeffer et al., 2011; Jensen et al., 2005), pressure to maintain secrecy (Paine & Hensen, 2002), embarrassment related to abuse, and threat by the perpetrator (Schaeffer et al., 2011; Paine & Hensen, 2002), nature of relationship with perpetrator (Schaeffer et al., 2011), and fear of negative social image (Schaeffer et al., 2011). Feeling of contempt for the perpetrator has developed hatred for opposite sex among some of the victims. They have restricted themselves to home due to the fear of disclosure on meeting with people.

## **Psychological impact**

Feelings of insecurity, frustration, crying spells, confusion, feelings of helplessness, nightmares, persistent fear of disclosure, and sense of loss were the common psychological

issues which were shared by our participants. They do not have any social support in this regard because all the participants has concealed this incident from their parents initially due to threat from the perpetrator and confusion and currently they did not want to give shock to their parents and due to the fear that they will lose the respect in the eyes of their parents. The participants of the study took it as a social stigma. Literature on impact of CSA also supports these findings that CSA can lead to social anxiety, social maladjustment, and interpersonal difficulties (Cashmore & Shackle, 2013; Mullen et al., 1996; Dube et al., 2005). Stigmatization includes negative connotations like badness, guilt, and shame, internalized by child through society and become part of child's self-image. It can either come through child's prior knowledge or sense that activity like this is deviant or taboo (Finkelhor & Browne, 1985). They feel frustrated most of the time as they want to take revenge from the perpetrator, but unable to do so. Most of the participants perceive heterosexual relationship as distressing and had developed the fear of marriage as they were scared of developing sexual relationship with the partner. Some of the participants shared that they started thinking about the sexual activity that took place in the childhood and when someone becomes physically closer to them they start thinking about their sex with them. Maladaptive sexual development after the sexual assault in children has been reported by (Finkelhor & Browne, 1985; Mullen et al., 1996; Trickett et al., 2011). According to Finkelhor and Browne (1985), traumatic sexualization results when sexual development of child is affected in any way due to his inappropriate exposure in sexual abuse. Literature supports that victims of CSA are at a higher risk of wide range of medical, behavioral, psychological and sexual disorders which suggests a heightened rate of psychopathology (Maniglio, 2009). Incidence of depression is supported by (Brier & Elliott, 1994; Cashmore & Shackle, 2013; Fergusson et al., 2008; Maniglio, 2009; Paine and Hansen, 2002 Trickett et al., 2011), lack of initiative, emotional disturbance by (Brier & Elliott, 1994), decreased sharing, heightened need of protection, fixation with trauma, negativity towards others' attitudes or negative attributions by (Cashmore & Shackle, 2013), frustration, and fear by (Schaeffer, 2011), flashbacks, crying spells, embarrassment, feeling of shame and guilt by (Cashmore & Shackle, 2013; Paine & Hansen, 2002).

### **Impact on learning and future goals**

Our participants shared that they could not maintain their academic position and their academic performance was deteriorated after sexual assault, and they rated themselves as Low achiever due the adverse impact of this incident on their studies. They complained lack of concentration

on studies in the class and at home as well. They felt incapacitated to learn. They could not ask question in case of any confusion because of low confidence for class participation. Some of the participants shared that they wanted to become doctors, space engineer etc. but their emotional turmoil has shattered their future plans. Perceived incapacity of most of our participants to learn is line with (Schaeffer, 2011). Impact on goals includes low achievement, negative impact on academic and co-curricular performance are consistent with (Maniglio, 2009), and concentration problems are supported by (Brier & Elliott, 1994).

## **Coping**

Coping strategies adopted by the victims were different in different cases. It included: dissociation from sexual activity, which is consistent with (Trickett et al., 2011, Brier & Elliott, 1994), denial, disconnection from offender, avoiding place of abuse, avoiding reminders of abuse including places, news, discussions etc., isolation as escape, or finding some activity as distraction are in line with (Brier & Elliott, 1994). Involving themselves in religious activities and sharing one's helplessness with God only is unique to our participants. They believed that it made them relax. Most of the participants shared they made all efforts to camouflage their secret and guilt feelings.

## **Conclusion**

The present study revealed that there are short-term and long-term consequences of sexual abuse for the victim. Different dimensions of victim's life undergo transformation due to CSA. Most prominent areas of victim's life affected by CSA included self-concept, social cognition and interaction, interpersonal difficulties, emotional disturbances and other psychological problems. Paediatric nurse practitioners (PNPs) and psychologists need to understand both short-term and long-term consequences of sexual abuse. Therapeutic interventions should be developed in Pakistan for the victims of sexual abuse. It is important to be aware that sexual abuse typically does not occur in isolation and it can result in serious sequel, especially if unrecognized and untreated. The capacity building to prevent child sexual abuse must start with the family. There is need to spread awareness in families on how CSA can affect a child's life.

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