



Barriers to Disclosure of Child Sexual Abuse: An Educational and Social Perspective Among Youth in Pakistan

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Abstract

Child sexual abuse (CSA) is a widespread but underreported issue in Pakistan, largely due to cultural taboos that prevent open discussion about child sexuality. This study investigates the root causes and contributing factors to the rising prevalence of CSA, emphasizing the social and institutional barriers that hinder disclosure and prevention. The objective is to understand why CSA persists in Pakistani society and to identify actionable solutions. A descriptive research design was used, involving structured interviews with 40 respondents selected through convenience sampling. The data revealed that CSA often goes unreported due to fear of shame, stigma, and a lack of trust in the legal system. Contributing factors include poverty, limited awareness, and weak communication within families. Additionally, the absence of effective reporting mechanisms and poor enforcement of existing laws exacerbate the issue. Findings highlight that cultural norms, silence around sexuality, and institutional neglect significantly impede efforts to address CSA. The role of educational institutions in delivering early-age awareness and the potential influence of Islamic teachings in shaping moral conduct are also discussed. The study recommends a multi-pronged approach involving stricter law enforcement, school-based education programs, and awareness campaigns led by NGOs. It also underscores the importance of using religious and cultural frameworks to encourage prevention and reporting, ultimately aiming to break the cycle of silence surrounding CSA in Pakistan.

Keywords: *Child Sexual Abuse(CSA), Educational Perspective , Social Perspective*



Introduction

Child sexual abuse (CSA) is defined as an act intended to give sexual pleasure, arousal, or gratification to an adult who utilizes a child for the purpose, taking advantage of the relationship of superiority. The effects of CSA on a child can be disastrous. Prior research has found that people who have CSA episodes engage in riskier sexual practices and are more likely to face more incidents of sexual victimization during adolescence and early childhood. Although they only provide partial perspectives, the traumatic dynamics model and the information-motivation-behavioral skills model are two theoretical contributions that can aid in understanding the relationship between CSA, sexual behavior, and re-victimization in adulthood. This brief review (Arata, 2000) provides an overview of the issues and theoretical justifications that have been raised. Between 2019 and 2023, Pakistan reported 5,398 cases of child sexual abuse across provinces, a 220 % increase from 2019 to 2023; Punjab alone accounted for 62 % 3,323 incidents (PubMed, ResearchGate, 2023).

In the first half of 2024, 862 CSA cases were reported, with girls making up 59 % of victims and boys 41 % (The Australian, The Express Tribune, State of Children, 2023). Children aged 6–15 were most affected (Dawn, 2024). During 2023, an average of one child every two hours 12 daily was sexually abused in Pakistan; most perpetrators were acquaintances, and 75 % of cases were from Punjab (Adelaide Now, Al Jazeera, State of Children, 2023).

Poorer psychological functioning, aggressive behavior, interpersonal issues, difficulty in school, or greater use of alcohol and other drugs have all been associated to having experienced some incident of CSA. The child's privacy is violated by CSA, which may cause mistrust of other people. As a result, the study and treatment of interpersonal relationships and sexuality as CSA effects is a major focus. Incongruous, and often even contradictory, sexual behaviors are seen in CSA victims: either they avoid social interaction out of concern for potential re-victimization, or the opposite happens—they experience changes to their sexuality that cause them to engage in risky sexual behavior (Castro, 2016).

In adolescence and youth, CSA has been linked to engaging in risky sexual behaviors. Adolescence is a crucial time when sexual activity starts and sexual behavior is influenced by many factors (such as friends, the media, and pornography), which can lead to a loss of control and increased susceptibility. Low risk perception, alcohol and other drug use, lack of planning during sexual encounters, romantic ideals typical of this stage, little eroticization of condom use, poor ability to negotiate condom use, inability to engage in safe sexual behaviors, and low risk perception are some characteristics of sexuality during adolescence (Clark, 2001).

In terms of sexual assertiveness, that kids who experience CSA are trained to play the victim, which reduces their capacity for assertiveness in sexual situations and increases the likelihood of re-victimization. Since these authors have noted that CSA is a risk factor for increased consumption, which is a risk factor for re-victimization, substance use may possibly play a mediating role in this link (Castro *et al.*, 2019).



Educational Contexts: Role of Schools & Curriculum

1. Schools as both risk and protective environments

- Educator/perpetrator abuse cases occur within schools: in the US, up to ½ million children experienced educator sexual misconduct; similar risks exist in Pakistan, especially where teachers or staff abuse positions of trust. Peer-on-peer abuse is rising globally, including in schools. In Australia, nearly 3,000 incidents of child-on-child sexual harm were reported in schools in 2024, linked to early exposure to violent pornography influencing behaviors in children as young as four (Wikipedia, 2023).

2. Curriculum: Prevention and response

- A feasibility study in rural Pakistan implemented a school-based CSA prevention program for girls with intellectual disabilities. It significantly improved recognition of body boundaries, safe/unsafe situations, refusal skills, and confidence in reporting, demonstrating that schools can deliver effective prevention education. Internationally, campaigns like Respectful Relationships education in Australia emphasize whole-school approaches focusing on gender respect, consent, and sexual safety. Teachers report feeling under-equipped to handle early misogyny and harmful sexual norms unless supported by curriculum and training. (The Australian, 2024).

The dramatic increase in child sexual abuse (CSA) reporting in Pakistan, with approximately 12 children abused daily and a 220% rise since 2019, underscores a national crisis requiring urgent attention (State of Children, 2023; Wikipedia, 2023). However, stigma and underreporting likely mean the true prevalence is far higher, emphasizing the critical need for prevention efforts rather than solely reactive responses (State of Children, 2023). Schools present an important but underutilized avenue for intervention, particularly through early education on body autonomy and reporting skills; nevertheless, existing school-based programs remain limited and poorly scaled (ssdo.org.pk, 2023). Theoretical frameworks such as the traumatic dynamics and Information-Motivation-Behavioral Skills (IMB) models provide a strong foundation to understand how CSA experiences lead to risky sexual behaviors, psychological dysfunction, and re-victimization (Arata, 2000). Despite this, few curricula in Pakistan incorporate age-appropriate sex-safety education or early warning signs of abuse, and integrating CSA prevention within schools remains largely unexplored (State of Children, 2023). While legislative tools such as the Zainab Alert Act (2019) offer a legal framework for rapid child recovery and awareness, there remains a significant gap in linking these policies with educational systems (Wikipedia, 2023; ssdo.org.pk, 2023).

Research Problem

To analyze the factors those, hinder the children to disclose sexual abuse during childhood to their parents. Despite the increased recognition of the widespread prevalence and harmful consequences of sexual abuse among young individuals, there is a notable gap in our understanding of the intricate factors that hinder children from revealing such experiences. This study aims to delve into the complex barriers that obstruct the disclosure of sexual abuse among children and adolescents. Through a thorough examination of the psychological, sociocultural, and systemic elements



influencing a child's choice to withhold information about sexual abuse, the research seeks to provide insights for targeted interventions and strategies. The goal is to create environments that empower young individuals to openly share their experiences. Tackling this research problem is essential for the development of effective prevention, intervention, and support mechanisms that prioritize the well-being and safeguarding of children facing sexual abuse.

Objectives

- To find out influential factors which are responsible for this anti-society act, namely child sexual abuse.
- To understand the awareness of child sexual abuse among youth.
- To determine which age group has been the most affected by child sexual abuse.

Hypothesis

- If schools put more effort into educating about preventing child sexual abuse, there's a better chance of stopping abuse from happening.
- People who went through childhood sexual abuse may find it harder to deal with mental health issues as compared to those who didn't.

Literature Review

The brutal reality of sexual abuse of children and adolescents exists everywhere. It's a popular misconception that child sexual abuse (CSA) occurs infrequently and is only committed against girls by male strangers in disadvantaged inner-city neighborhoods. Contrarily, CSA is an all-too-common event that harms millions of children, both boys and girls, from diverse cultural and socioeconomic origins and large and small communities. Numerous types of criminals, including men and women, strangers, close friends, and members of all sexual orientations, socioeconomic classes, and cultural backgrounds, commit these crimes (Cromer *et al.*, 2010).

Sexual assault, rape, incest, and the economic exploitation of children for sexual purposes are all included under the definition of CSA. The phrase "child sexual abuse" is used throughout this page to indicate the similarities among these events, despite the fact that there are some distinctions. There are numerous definitions of CSA in use, and each one may have minute variances in vocabulary or scope that affect surveillance and reporting activities and could have an impact on what services, policies, or laws are applicable. Child sexual abuse is defined as "any completed or attempted (no completed) sexual act, sexual contact with, or exploitation" (i.e., noncontact sexual interaction) of a child by a care by the US Centre for Disease Control and Prevention (CDC). For each of the terms in boldface, the CDC gives detailed definitions, defining sexual acts as those involving penetration, abusive sexual contact as willful touching without penetration, and noncontact sexual abuse as things like exposing a child to sexual activity, taking sexual photos or videos of a child, sexual harassment, prostitution, or trafficking (Leeb, 2008).

The Global Pattern of CSA Incidence

Numerous countries have reported high rates of child sexual abuse, underscoring the social



significance of comprehending the nature and extent of this issue. In this regard, epidemiological studies carried out during the previous 20 years have contributed significantly to comprehending this issue. The percentage of a population that experienced sexual abuse as a kid (often before the age of 18) has been characterized as the prevalence of child sexual abuse and is based on retrospective accounts. In contrast, incidence studies calculate the number of new occurrences of child sexual abuse that take place during a given time period, usually a year. Although there are significant methodological differences that prevent direct comparisons between the results, all of them point to the fact that child sexual abuse is unquestionably a global issue.

The 1970s to 1990s prevalence studies on child sexual abuse. A history of sexual abuse was confirmed in at least 7% of females and at least 3% of males, with a range of up to 36% of women in Austria and 29% of men in South Africa, despite the fact that the scope and quality of the literature included in his review was extremely variable. When examining the prevalence of child sexual abuse twelve years ago, North America and Europe made a significant contribution, which was indicative of the strength of the social science research infrastructure in these regions. The North American and European contributions are still very significant even though the current research compared 28 countries from 5 continents. Over the 12-year period under consideration, the prevalence of child sexual abuse remained largely stable, despite frequent variations between studies. Adults in various societies have varying degrees of comfort in discussing sexual abuse. In the current review, South African pupils had the highest occurrence rate. Additionally, their male subjects' prevalence rate (60%) was higher than their female subjects' (53.2%) prevalence rate. This runs counter to both what is expected by the general public and the other studies examined in this study. The absence of adult males and the prevalence of single-parent homes in the research area were two factors that the authors used to try to explain these results. It's also possible that male participants in this study were more forthcoming in revealing their early sexual experiences than female participants (Pereda et al., 2009).

Factors Influencing Risks of CSA

In households with low family support and/or high-stress factors, such as high poverty, low parental education, absent or single parenting, parental substance abuse, domestic violence, or low care warmth, childhood sexual abuse frequently coexists with other forms of abuse or neglect. Children who exhibit impulsivity, emotional dependency, physical or learning difficulties, mental health issues, or substance abuse may be more vulnerable. Adolescence also seems to be a time of increased CSA risk (Finkelhor et al., 2009).

Teenagers who are living on the streets may be especially vulnerable to developing CSA, both as a direct cause of their predicament as out-of-home adolescents and subsequently as a result of things like violent street life. These children may be coerced into trading sex for necessities like food, shelter, money, or drugs. Children in trouble with the law may encounter abuse from authorities both on the street and while jailed; also, kids may be improperly housed with adults while detained, leaving them open to CSA and exploitation (Wernham, 2004).



Due to the breakdown of regular protective mechanisms or the use of CSA as a weapon of war, children living in conflict- and post conflict-affected situations are also at a higher risk for CSA. Unaccompanied minors who have been taken away from their families and may not have adequate protection, children in detention, child soldiers, adolescents, children with disabilities, children in the workforce, adolescent mothers who may lack support or resources, and children born of rape who may be shunned by their communities are some of the children who are particularly at risk in these settings (Carpenter, 2006).

Influential Factors Impacting Disclosure of CSA

Childhood CSA experiences are frequently unreported and unacknowledged. The numerous barriers to disclosure are made clear by a survey of the literature. In addition to having a sensitive developmental stage, children are frequently made to feel guilty or accountable for the abuse. These kids might worry that their disclosure won't be taken seriously or that it will have a negative impact on their families' and their own well-being. Additionally, they might worry about the perpetrator's repercussions because it's common for perpetrators to be well-known individuals who form complicated, contradictory, and ambivalent relationships with kids.

According to a study by Kogan, younger children were less likely to disclose CSA right away, whereas children aged 7 to 13 years were more likely to tell an adult within a month, and older adolescents were more likely to tell their peers. The study involved a subset of 263 adolescent girls from a nationally representative sample in the United States. A close or familial contact with the perpetrator decreased the likelihood of disclosure, which may be of particular concern when the perpetrator is known to the family. Kogan hypothesized that adolescents may be more conscious of the potential unfavorable reactions of family members. In this sample, girls were more likely to alert an adult if they felt threatened or had been raped, indicating that seeking protection or experienced penetration were more likely to tell an adult, suggesting that seeking protection or requiring medical treatment (Kogan, 2004).

In a population-based sample of 4339 Swedish high school seniors of both sexes, Priebea and Svedinb sought to investigate factors influencing disclosure. 65% of the females and 23% of the boys in the entire group claimed to have experienced CSA. The researchers hypothesised that the elevated incidence could be attributed to peer maltreatment being included in the definition, higher recollection in children compared to adults, and these factors. Of those who had experienced CSA, the majority of youth (81% of girls and 69% of boys) reported telling someone about the abuse; however, about 40% of the youth only spoke to a peer their own age about their experience, while only 8.3% had spoken to a professional, and even fewer (6.8%) said their experience had been reported to social services or other authorities. In contrast to other research, this study found that kids who had suffered more severe abuse were less likely to talk to a parent or family member and more likely to feel they could not talk to anybody about the abuse. A known abuser rather than a stranger, having experienced contact abuse as opposed to noncontact abuse, only one instance of abuse as opposed to several instances, and believing their parents to be uncaring were all connected with lesser disclosure for girls. Living with both parents, attending a vocational program



rather than a typical high school, and having an overly protective or uncaring view of parents were all linked to reduced disclosure among boys (Priebe et al, 2008).

According to the 2017 Census report (Gov. of Pakistan, 2017), over 80 million people in Pakistan are under the age of 18, accounting for 39% of the population.

Consistency and discontinuity in democratic and civil government also had an impact on the realization of human rights. The biggest obstacle to achieving social progress and putting human rights ideals into practice in the modern era has been Islamization in Pakistan, which has enhanced the power of clerics as interpreters of religious law. The Islamic Ideology Council evaluates the laws for consistency with the ethos of the faith. Administratively, elite bureaucracy from the British colonial era oversees every department of the federal and provincial government. This network of bureaucrats is in charge of all federal and provincial government departments, as well as human rights and social welfare, and Child Protection Departments.

These general administrators are transferred from one department to another in high decision-making positions while having no formal education or training in human rights, social work, social welfare, or social development. Pakistan has seen numerous decades of direct military rule and political interference since its founding in 1947. Another significant aspect that Pakistani policy makers regard to be a source of child protection difficulties is socio-economic realities like poverty. All of these elements pose significant obstacles to developing and implementing policies in accordance with the fundamental principles of human rights.

Although it is prevalent, Pakistan has only recently acknowledged child sexual abuse as a social issue. In Pakistan 8 cases of child sexual abuse were reported per day in media during the year 2019. Reports of child sexual abuse, however, just represent the tip of the iceberg. According to a recently released Review study on the prevalence of child abuse in Pakistan, which was conducted with an equal number of male and female respondents, 41% (44% males and 39% females) of respondents reported experiencing some form of sexual abuse as a child, including pornography, touching private parts, speaking sexually, and/or intercourse. The same study's findings indicate that the persons a child is familiar with (such as peers/friends, family, and neighbors) are the offenders of child sexual abuse who are most frequently reported (Abbas, 2021).

Impact of Childhood Sexual Abuse on Adult Mental Health

In a randomly selected community sample of women, the association between childhood sexual abuse and mental health in adulthood was examined. On a number of measures, there was a connection between reporting abuse and higher levels of psychopathology.

Suicidal thoughts and actions were also more frequently reported by the group that was assaulted. Women from broken homes, those who had experienced poor parenting, and those who had experienced physical violence were more likely to have experienced childhood sexual assault. Sexual abuse emerged through statistical analysis as a direct contributor to adult psychopathology, even while factors in the individual's childhood that enhanced the likelihood of abuse were also directly connected to greater rates of adult psychopathology. The level of adult



psychopathology was correlated with the severity of the alleged maltreatment. However, the degree of overlap between the potential effects of sexual abuse and those of the disadvantage matrix from which it frequently emerges led some to wonder how frequently, in actual practice, it acts as a separate causal factor. Furthermore, many of those who reported childhood sexual abuse did not exhibit a quantifiable long-term mental health impairment. The abuse was associated with a higher chance of developing a variety of mental health issues, but in most cases, its consequences could only be understood in relation to the setting from which it originated.

Women who report having experienced sexual abuse as children have higher psychopathology as adults. The extent to which this link represents a causal relationship between sexual abuse and adult mental problems and how any such relationship might be mediated and altered by other elements of the victim's upbringing and development is still up for debate. In psychiatric patients, especially those with affective disorders, eating disorders, somatization disorders, borderline personality disorders, and multiple personality disorders, histories of childhood sexual abuse are frequently obtained. Studies on student samples show a link between disclosing a history of child sexual abuse and relationship and mental health issues. According to the literature, children with troubled home and family histories are more likely to experience child sexual abuse than children from evenly distributed populations. Victims are more likely to come from fractured families when one or both parents are absent for long-term periods of time, or, if the parents are present, where the family ties are more likely to be stressful and restrictive than harmonious.

It was found that physical abuse and other factors such as insufficient parental supervision predict a higher incidence of the long-term effects of sexual abuse are difficult to interpret, especially when it comes to adult psychopathology, which is likely to be closely tied to these same childhood variables. If family disadvantages and disruptions play a role in the history of abuse and adult symptomatology, it will be extremely difficult to isolate the distinctive impact of childhood sexual abuse. It has even been questioned what exactly "child-abuse" might mean when family dysfunction is taken out of the equation because child abuse of all types, including sexual abuse, is frequently so closely linked to a disrupted family context that it lacks construct validity when considered alone (Mullen *et al.*, 1993).

Therapeutic Approach for Sexually Abused Children and Adolescents

Renders the child especially vulnerable to experiencing herself and her body as fundamentally damaged and painfully inadequate. No one method of intervention is likely to be appropriate or beneficial for all sexually abused children due to the variability of the impacts of child sexual abuse. The care of families who have had a child sexually molested is frequently complicated. The clinical presentation of the child and the setting in which treatment will take place must be taken into account when creating individualized treatment plans. Various levels of care, such as outpatient, partial, or inpatient, as well as multimodal treatment (individual, family, group, and pharmacological) may be necessary for the same child or different children at various. Furthermore, it appears to be crucial to collaborate with carers in some capacity. Parents who participate in treatment are better able to control externalizing symptoms with behavioral



techniques, keep track of their children's symptoms, create preventative measures against re-victimization, and maintain normal family dynamics. Participating in therapy aids parents in managing their own suffering and reframing their own attributional errors so they can support the child's coping.

Practice requirements for cases of child sexual abuse are the same as those for other sorts of cases. The basic tenets of screening, evaluation, and treatment planning are applicable. But it's important to reiterate that regardless of the referral issue, generic therapy given uniformly to all instances has limited empirical validity. Therefore, clinicians who work with sexually abused children need to exercise strategic thinking, just as they would when making referrals for conventional psychiatric disorders or other potentially traumatic events. Specific symptoms require specific treatment methods.

Targeted Intervention for Abuse-Specific Treatment

The fact that abuse-specific CBTs include tried-and-true therapy modalities to target certain symptoms is one reason why they may be beneficial. Interventions focus on the main signs and symptoms of post-traumatic distress, such as hyperarousal, avoiding reminders, and having intrusive thoughts or flashbacks of the event. To restore control over thoughts and feelings, anxiety and avoidance are targeted with gradual exposure and desensitization, stress inoculation and relaxation training, as well as interruption and replacement of disturbing thoughts. With the help of coping- skills instruction and the correction of cognitive distortions, depressive symptoms are targeted. Conventional behavior-management techniques are used to address behavioral issues that impair functioning. Those who work with sexually abused children should get familiar with this strategy as one of the treatment choices open to them given the limited but persistent support for abuse-focused behavioral and cognitive-behavioral therapy.

Early in the course of treatment, a lot of potentially helpful work can be done without a lot of in-depth discussion of the circumstances of the abuse. This work may involve pharmacological symptom management for depression or anxiety as well as crisis intervention to handle placement away from home or with the police. However, final resolution in the legal system frequently takes years rather than just a few days or weeks. Delaying care too long might cause symptoms to worsen or develop into chronic conditions that are difficult to cure. Withholding empirically validated treatment from kids who display severe post-traumatic stress symptoms (such as flashbacks, nightmares, or phobic avoidance) creates moral dilemmas that should be carefully considered.

Without an in-depth examination of the circumstances of the abuse, a lot of potentially therapeutic work can be done early on in treatment. This work may involve pharmacological symptom management for depression or anxiety as well as crisis intervention for situations involving the police or placement away from the home. However, the duration of a legal case's final resolution is frequently measured in years rather than days or weeks. If therapy is put off for too long, symptoms may worsen or develop into chronic conditions that are difficult to cure.



Correlation between Childhood Abuse & Suicidal Behavior in Adults

Our primary expiration was that, compared to depressive adults who did not have a history of abuse, those who reported a history of physical or sexual abuse in childhood was more likely to have previously attempted suicide.

Additionally, they had higher levels of trait impulsivity, aggression, and comorbid borderline personality disorder. Thus, in depressed adults, impulsivity and suicidal behaviour are both linked to a history of childhood abuse. These results are comparable to those of other studies that discovered links between past experiences of childhood abuse and adult psychopathology in general and between past experiences of childhood abuse and self-destructive behavior (such as self-mutilation) and suicidal ideation, gestures, and attempts in particular.

Even after adjusting for impulsivity and violence, the status of suicide attempts is still highly correlated with abuse history. As a result, it does not appear that impulsivity or hostility mediates the link between a history of abuse and suicidal behavior. Possible environmental factors that affect the development of trait impulsivity/aggression and suicidality include the experience of physical or sexual abuse as a child.

Alternately, impulsivity may be primarily an inherited trait that underlies both the abuse experienced as a child (possibly at the hands of a first-degree relative who possessed traits of impulsivity and aggression) and the manifestation of those traits as an adult. Although levels of impulsivity and aggression are higher in depressed adults who report experiencing abuse as children, the presence of abuse is probably only one factor in the development of trait impulsivity and aggression.

The degree of trait impulsivity and aggression rather than the subjective severity of depression is strongly correlated with the presence of suicide attempts, according to another related conclusion of this study. This is in line with our earlier discovery that depressed inpatients do not have an increased risk of suicide regardless of the objective severity or duration of their depression. Additionally, the higher levels of aggression are linked to higher familial loading for suicidal behavior, even though psychopathology in first-degree relatives of adolescent suicide victims does not entirely account for the transmission of suicidal behavior within families. These results provide evidence in favor of the stress-diathesis model of suicidal behavior, which takes into account biological factors and personality qualities that may reduce a person's threshold for acting on suicidal thoughts.

These findings imply that in depressed patients who have a history of suicidal thoughts and other impulsive behaviors, doctors should be alert to the likelihood of a history of childhood maltreatment. To better understand the proportional contributions of heredity and environmental experience to the emergence of impulsivity, violence, and suicidal behavior (Brodsky *et al.*, 2001).

Role of Social Worker in Prevention of Child Sexual Abuse

Social work is a job that helps make society better by solving problems in how people relate to



each other. It's all about empowering and freeing people to have a better life. Social workers use ideas about how humans behave and live together to help out where people are having issues with their surroundings. Important values in social work include fairness and making sure everyone gets treated right. Social workers help people going through tough times, supporting them and their families to feel better. They also have a say in making rules that affect everyone in society, and they make important contributions. Social workers are needed everywhere, dealing with tough situations like homelessness, sadness, mistreatment, addiction, poverty, family troubles, sickness, fear, and helping people recover.

Prevention of CSA means creating healthy and safe circumstances and behaviors so as to prevent sexual crimes before they can even take place. The idea is that social work should tackle the issue of Child Sexual Abuse (CSA) early on. Social workers should take on the responsibility of preventing CSA because of the impact it has on the survivors and their families in terms of how they interact with society. In this role, social workers actively participate in reaching out to people and creating awareness programs. These programs aim to educate children, families, and communities about CSA, working to decrease the factors that make children vulnerable. Additionally, social workers in this role would also teach and remind children about their rights and responsibilities in order to prevent CSA from happening (Muridzo & Malianga, 2015).

Result and Analysis

The study reveals a growing awareness of child sexual abuse (CSA) in the community, with many respondents demonstrating a strong understanding of its seriousness and long-term impact. Most participants showed a clear recognition that CSA is not only a legal and moral issue but also a significant public health and social concern with deep, lasting effects on victims' lives.

Figure 1

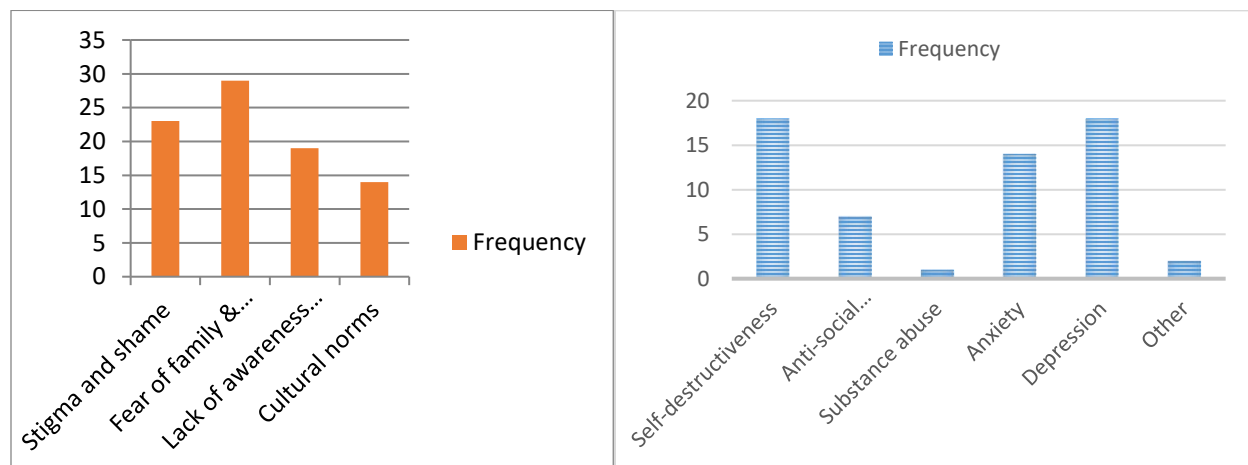
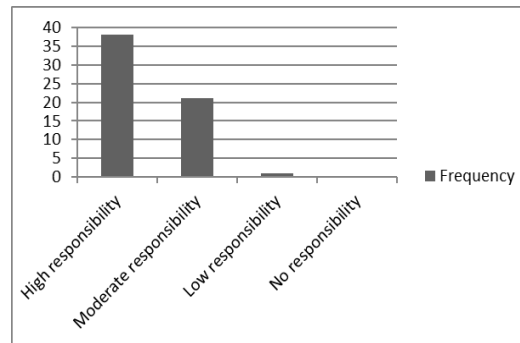




Figure 2



A widely held belief among respondents is that children are most vulnerable to abuse during their early school years. This perception emphasizes the need for early intervention strategies and preventive education tailored to young children. There is strong support for introducing awareness programs at an early age, both at home and within educational settings. Many view open dialogue between parents or guardians and children as essential in building trust, empowering children to speak out if they are at risk or have experienced abuse.

Despite increasing awareness, significant barriers to disclosure remain. Fear of family or community backlash, social stigma, and cultural taboos continue to silence many victims. Participants also pointed to a general lack of knowledge about how and where to report abuse, as well as concerns about the child's safety and the risk of damaging relationships. These insights reflect a community that, while becoming more conscious of the issue, is still grappling with the deep-rooted cultural and structural obstacles that prevent open conversations and timely reporting.

There was also a shared understanding that a lack of awareness and education is a key factor contributing to CSA. Respondents commonly mentioned other contributing factors such as substance abuse by perpetrators, unstable family environments, poverty, and the absence of effective reporting systems. These findings suggest that addressing CSA requires a multidimensional approach, focusing not only on individual behavior but also on broader social and economic conditions.

Schools and universities were identified as playing a crucial role in prevention. Many participants felt that their own educational experiences lacked sufficient information or discussion on CSA, and there is a strong expectation that educational institutions today should take a more active role. Proposed strategies included hosting workshops, providing training for staff, engaging in research, and fostering a safe environment for open discussions. Respondents emphasized the importance of equipping both educators and students with the tools to recognize, report, and prevent abuse.



There was also a recognition of the importance of collaboration across sectors. Participants expressed a desire for stronger partnerships between schools, social services, law enforcement, and community organizations to create a more coordinated and effective response to CSA. Media coverage and public discourse were seen as helpful in encouraging disclosure and reducing stigma, though awareness of existing support services remains limited.

Interestingly, many respondents shared personal insights or experiences that shaped their views on CSA, indicating that the issue is more prevalent and personally impactful than is often acknowledged in public discussions. This personal connection may be one reason why so many participants advocated for stronger measures to protect children and hold perpetrators accountable.

In summary, the findings point to a community that is increasingly aware of child sexual abuse and its consequences, yet still constrained by cultural, educational, and institutional barriers. Addressing these challenges will require a collaborative, sustained effort involving education, legal reforms, community engagement, and comprehensive support systems for victims and their families.

Conclusion and Recommendation

Conclusion

This study investigates the reasons, behaviors, and outcomes of child abuse, especially focusing on the challenges in disclosing such incidents. The gathered data through 60 structured surveys in the study area to gain insights from participants.

The findings showed a majority of female student respondents, with fewer male students. This difference might be because women feel more comfortable discussing the problem, while men might be hesitant due to cultural norms and stigma. The participants, being students, were generally aware of child sexual abuse. There was a consensus that children aged 7 to 12 are most vulnerable, reflecting societal views on innocence in this age group. Lack of awareness appeared as a key cause of child sexual abuse, with many respondents lacking formal education on the topic. However, surprisingly, most participants supported the idea of educating children at an early age. This study highlighted community backlash and stigma as major barriers to disclosure, emphasizing the need for culturally sensitive approaches. Implementing school-based programs is an amazing strategy. I also explored the negative impacts of non-disclosure, such as self-destructiveness, anxiety, and depression. Respondents expressed a strong belief in the role of universities in prevention and awareness through workshops and evidence-based research.

In conclusion, this research emphasizes the crucial role of open communication, especially between parents/guardians and children, in building trust and addressing the pervasive issue of childhood sexual abuse in society.

Recommendations

- Government should lead efforts against child sexual abuse through widespread awareness



campaigns to educate the public on associated risks.

- NGOs should actively collaborate with government bodies, organizing outreach programs, workshops, and seminars to educate the community on child upbringing and education.
- Local community organizations, in collaboration with educational institutions, should drive initiatives promoting open communication within families. This includes organizing workshops to guide parents on discussing sensitive topics related to child sexual abuse, aiming to reduce stigma and create supportive environments for disclosure.
- Educational authorities must integrate age-appropriate educational modules within school curricula, prioritizing personal safety, body autonomy, and safe disclosure channels. Teachers should receive training to identify signs of abuse and provide necessary support to students.
- Relevant authorities should coordinate the establishment of accessible and confidential counseling services in schools and community centers, focusing on cultural sensitivity and de-stigmatization.
- Governmental bodies, in collaboration with advocacy groups and legal experts, should continually develop and review policies for robust legal frameworks addressing child sexual abuse and ensuring stringent penalties.
- Universities must actively engage in conducting workshops and research projects for evidence-based prevention strategies, contributing to a broader understanding and prevention of child sexual abuse.

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