

Sexual Violence Against School Children in Tripura and its Impact

*Arpita Acharyya ** Subhasis Modak

ABSTRACT :

Violence against children is a worldwide problem. In every region of the world, children are subjected to be the victim of violence, most often by the individuals who are charged with their safety and wellbeing. Sexual violence against children is one of the fatal forms of violence, which adversely affect every aspect of child's mental health. Tripura is a small state of north east India where, like other areas of the world, both male and female children experience sexual violence. Reporting of sexual violence is very poor because of question of confidentiality and social stigma. Present study attempts to reveal the facts related with incidence of sexual violence, nature of sexual violence and perpetrators of this violence with 80 school students of West Tripura district, 40 from rural areas and 40 from urban areas. So many facts are revealed by confidential interview. The academic performance of the children who experienced sexual violence was found poor as compared to children who did not experienced the same. On the other hand, score of Beck Depression Inventory and Maslow's security insecurity Inventory also revealed that abused children have a greater level of depression and insecurity feeling than the children who did not experience the same.

One of the most heinous crimes in the present civilized society is sexual offences against children. Such sorts of physical violence not only affect the physical domain of the child but also affect the mental status of the child. The mental health of the sexually abused children becomes disorganized which tremendously impair his/her proper function as a productive member of the society. The children who are most vulnerable to the sexual harassment are between 11-20 years (Sarkar, 2010, WHO, 2006, Indian country report on violence against children 2005), that is they are in their adolescent period. This is the period when the identity development shapes in its maturity & social and personal adjustment procedures take place. Adolescents are shy enough to share any type of confidential and personal matters with their relatives or even friends, especially matters related with sexuality. With their sensitive personality they tend to repress the anxiety & shame associated with the experience of sexual violence which effect adversely in their mental health. Sexual violence refers to sexual exposure or contact by a person

older than a child for the purpose of sexual stimulation or exploitation regardless of the use of force or any accompanying physical injury. It has also been defined as contact sexual abuse & non-contact sexual abuse.

The term contact sexual assault is used in case of sexual touching of a person who has not consented. This includes rape (such as forced vaginal, anal or oral penetration), inappropriate touching, forced kissing, or the torture of the victim in a sexual manner.

In case of non contact sexual abuse, there is no physical contact of a sexual nature in between the perpetrator and the victim. But it includes acts such as voyeurism; intentional exposure of an individual to exhibitionism; unwanted exposure to pornography; verbal or behavioral sexual harassment; threats of sexual violence etc.

The consequences of sexual violence hinder the victim's health & development & also can last up to adulthood. These interns affect both physical & mental health & increase the risk for further victimization, as well as becoming a perpetrator of violence. The lifetime impacts of child sexual abuse was studied by WHO & it is reported that approximately 6% cases of depression, 6% of alcohol & drug abuse/dependence, 8% of suicide attempt, 10% of panic disorder & 27% of PTSD sufferers are the victims of sexual violence (WHO,2006). Mostly the girls are the victims of such violence. In a study it is found that 20% of the female children experienced sexual violence regularly, mostly in the hands of relatives & private teachers (Modak, 2009). Not only the girl children but also the boys often have to face such problems during their most important developmental phase. As per the UN study report, the most vulnerable group of victimization are children under 10 years of age & this children have significantly greater risk of severe violence than the older children, mainly perpetrated by family members & people closely associated with their family. According to WHO, 150 million girls & 73 million boys under 18 have experience of forceful sexual intercourse or other forms of sexual violence (WHO, 2002). Family members or others who residing or visiting a child's home, are often perpetrators of sexual violence (Deb, 2002). Sexual harassment on school students becomes a global phenomenon. In USA 1/10th public school students is sexually harassed or abused by a teacher or other school workers (USA Today, 2004). In India the picture is more frustrating one. More than 50% Indian kids (between 5-18 years) face sexual abuse as one of the study reported (Child Abuse: INDIA 2007). The perpetrators of sexual violence, in India, also are mostly the relatives, intimate friends, a person whom they like & sometimes unknown

persons (Deb, 2002-9). In Tripura, The exploitation against women & sexual offences is now in an alarming state. The perpetrators are relatives & sometimes reputed persons also. A minor tribal girl of West Tripura was allegedly raped by a SI in the police station (Asian centre for human rights). In a recent study in Tripura, it was found that about 20% of the female children experienced sexual violence regularly, mostly in the hands of relatives and teachers. On the other hand 11.3 % of the male children experienced the same in the hands of cousins and relatives (Modak, 2009).

The impact of sexual violence against children on his/her development was studied by few social scientists. It was consistently found that this type of abuse and maltreatment increases the risk of lower academic achievement as well as problematic school performance. One of these studies follows a cohort over 25 years to find out the relation between exposure to sexual and physical abuse and educational achievement outcomes. Result reveals a significant relationship with maltreatment and not obtaining positive educational outcome (Bodena, Horwooda, & Fergusson, 2007). Individuals who were maltreated as children found to have low school achievement but always it was not that they have problem behavior in school or with teachers. Opposite findings are also not rare. In one study it was found that victims of childhood sexual abuse performed (2006) better in school than who were not abused. (Buckle, S., S. Lancaster, M. Powell, and D. Higgins (2005), Eckenrode, J., M. Laird, and J. Doris (1993)

Rather having a single effect, sexual abuse in childhood produce multifaceted effects. Finkelhor, D., and A. Browne (1985) noted about four long term effects like traumatic sexualization, stigmatization, betrayal and powerlessness in children experienced sexual violence. Several studies illustrated that, Sexually abused children have a higher prevalence of psychiatric disorders (McLeer, Dixon, Henry, Ruggiero, Escovitz, Niedda & Scholle, 1998; Zlotnick, Mattia & Zimmerman, 2001).

Research shows that having a history of childhood sexual abuse is a risk factor for a higher rate of multiple Axis 1 disorders, PTSD and depression (McLeer et al., 1998; Zlotnick et al., 2001). Depression is found repeatedly in sexually abused children (Briere & Runtz, 1988; McLeer et al., 1998; Roosa, Reinholtz & Angelini, 1999; Zlotnick, 2001; McLeer et al., 1998; Briere & Runtz, 1988; Roosa et al., 1999) Other effects noted in victims of childhood sexual abuse are, anxiety, suicidal ideation, sleep disturbances etc. Anxiety levels in victims of childhood sexual abuse

were significantly higher than the non-abused group (McLeer et al., 1998; Briere & Runtz, 1988; Mian, Marton & LeBaron, 1996). In one study, it was shown that close to half of the sexually abused children reported depression and suicidal ideation. Similar findings were noted by other studies also (McLeer et al., 1998; Molnar, Berkman & Buka, 2001; Zlotnick et al., 2001). Children who are sexually abused show maladaptive sexual behaviours than non-abused children. These maladaptive pattern of behavior sometimes carried over into adulthood (Briere & Runtz, 1990; Mian et al., 1996). Sexually abused children generally have impaired social functioning. When they become adults they tend to have fewer social resources, have fewer social interactions, and problems with social adjustment (Abdulrehman & De Luca, 2001). They generally show instability in making and maintaining close relationship (Mullen et.al., 1994). As they are likely to have sexual exploitation by their close relatives, they cannot accept their environment as safe and feels insecure. Those abused by someone with whom he or she has close relationship, develop a sense of insecurity and lack of trustworthiness.

A history of childhood sexual abuse is reported to be associated in adult life with insecure and disorganized attachments (Alexander 1993; Briere and Runtz 1988; Jehu 1989). Rate of relationship breakdown was found higher in those exposed to childhood sexual abuse (Beitchman et al. 1991; Bagley and Ramsey 1986; Mullen et al. 1988).

A study was conducted by Deb and Modak(2009) in Tripura about the devastating effects of childhood sexual abuse. From the study it was revealed that about one-fifth of the children experienced psychological, physical or sexual violence or a combination of violence in Agartala, Tripura. Female children experienced more sexual violence than the male, and it was found equally prevalent in all socio-economic groups. The academic performance of the victims of violence, was found poorer compared to academic performance of non-violence-experienced children. Authors suggested for a further study by varying the rural and urban sample. Present study is an attempt to explore this area with the following objectives,

- Understand the nature and rate of sexual violence against children in Tripura.
- Compare the nature and rate of sexual violence varying the rural and urban sample.

- Compare the level of depression and security- insecurity feeling of the abused and non abused children.

METHOD

Study Sample:

A total of 80 students of class X (ages 15-18 years) were selected for the present study. 40 students are studying in the schools under the jurisdiction of Agartala and other 40 students are from rural schools of west Tripura district. An equal number of students were selected from each school i.e., 10 students each (5 males & 5 females) from class X. A multi-stage random sampling technique was used to draw the final sample.

Study Tools:

- A semi-structured Questionnaire for children/students was used for collection of data (Deb and Modak, 2007). At the same time a semi-structured schedule for collecting the nature and types of sexual offence was administered for achieving the objectives of the present work (Modak 2010)
- Beck's Depression Inventory (BDI-II) was used to collect data. It is a well known test to identify depressive symptoms. It has a high coefficient alpha, (.92 for outpatients and .93 for the college students); also it is a highly valid test. High score in this test indicate higher depression.
- Maslows Security- insecurity test developed by Tasmeeen Naqvi (1989) and adapted in Bengali by Deb and Modak(2007) was also used. Reliability coefficient of this test is .84 for girls and .74 for boys. The coefficient of correlation with Maslow's test was .8 which characterizes this inventory as valid one. The score ranges from 0-45 and high score means the individual is secured, whereas low score indicates insecurity..

HYPOTHESES;

The study was carried out to test the following hypotheses;

- The depression level of sexually abused children does not differ significantly with the children who are not abused.
- The feeling of security- insecurity does not differ significantly in case of children who experienced sexual violence and children who do not have

PROCEDURE:

The data were collected during the month of January, just after the annual result of the Class IX declared. In the study, only those students of the selected sample were included who passed the annual examination of class IX & promoted to class X. The ethical issues were strictly followed & confidentiality regarding the study were ensured to the participants. The data were collected individually & in a very secret manner. After getting consent of the students the semi-structured questionnaire was supplied to them. Thereafter, semi-structured schedule of sexual violence was supplied to them for collecting specific information regarding nature of sexual violence. At the next phase, Beck's depression inventory and security-insecurity test were administered.

DATA ANALYSIS:

After collecting the data, it was thoroughly analyzed by the author. For the purpose of analysis of the data of semi structured questionnaire and semi structured schedule, percentage was calculated. Mean, SD and t test was calculated for analysis of data of two psychometric tests. On the basis of the results, discussion was made.

RESULTS

**Table-I
Sexual violence as reported by students**

Sexual violence	Urban		Rural		Total	
	Male(N=20)	Female (N=20)	Male(N=20)	Female (N=20)	Male(N=20)	Female (N=20)
YES	11(55%)	06(30%)	13(65%)	11(55%)	24(60%)	17(42.5%)
NO	09(45%)	14(70%)	07(35%)	09(45%)	16(40%)	23(57.5%)
If yes, how frequently:	03(27.3%)	01(16.6%)	03(23%)	04(36.4%)	06(25%)	05(29.40%)
i) almost regularly	03(27.3%)	03(50%)	05(38.5%)	03(27.2%)	08(33.3%)	06(35.3%)
ii) occasionally	05(45.4%)	02(33.4%)	02(38.5%)	04(36.4%)	10(41.7%)	06(35.3%)
iii) rarely						

**Table-II
(Contact Sexual Violence)**

Parameter (MRP)*	Urban		Rural		Total	
	Male(N=04)	Female (N=02)	Male(N=06)	Female (N=05)	Male(N=10)	Female (N=07)
Touching genital or private parts for sexual purpose	03(75%)	02(100%)	04(66.7%)	04(80%)	07(70%)	06(85.7%)
Making touch someone else's genitals or private body parts	03(75%)	01(50%)	03(50%)	04(80%)	06(60%)	05(71.4%)
Putting objects or body parts (like finger/tounge/ penis) in vagina/ mouth/anus	01(25%)	01(50%)	02(33.4%)	03(60%)	03(30%)	04(57.1%)

**Table-III
(Perpetrators of Contact Sexual Violence)**

Perpetrators (MRP)*	Urban		Rural		Total	
	Male(N=04)	Female (N=02)	Male(N=06)	Female (N=05)	Male(N=10)	Female (N=07)
Father	————	————	————	————	————	————
Mother	————	————	————	————	————	————
Elder brother	01(25%)	————	————	————	01	————
Elder Sister	————	————	————	————	————	————
Relatives	03(75%)	————	01(16.66%)	04(80%)	04	06(85.71%)
School-Teacher	————	————	————	02(40%)	————	02(28.57%)
Tutors	————	01(50%)	————	02(40%)	————	03(42.86%)
School-mate	03(75%)	02(50%)	02(33.33%)	01(20%)	05	02(28.57%)
Neighbors	01(25%)	————	————	02(40%)	01	02(28.57%)
Unknown	————	————	————	02(40%)	————	02(28.57%)

**Table-IV
(Non-Contact Sexual violence)**

Parameters (MRP)*	Urban		Rural		Total	
	Male(N=07)	Female (N=04)	Male(N=07)	Female (N=06)	Male(N=14)	Female (N=10)
Showing pornography	05(71.43%)	04(100%)	06(85.71%)	06(100%)	11(78.57%)	10(100%)
Deliberately exposing adults's genital to the child	03(42.85%)	03(75%)	03(42.85%)	04(66.67%)	06(42.85%)	07(70%)
Photographing a child in sexual poses	02(28.57%)	02(50%)	01(14.28%)	03(50%)	03(21.43%)	05(50%)
Encouraging a child to watch/hear sexual acts	05(71.43%)	02(50%)	06(85.71%)	01(16.67%)	11(78.57%)	03(30%)
Inappropriately watching a child undressed		03(75%)	01(14.27%)	04(66.67%)	01(7.14%)	07(70%)

Table-V (Perpetrators of Non-Contact Sexual violence)

Perpetrators (MRP)*	Urban		Rural		Total	
	Male(N=07)	Female (N=04)	Male(N=07)	Female (N=06)	Male(N=14)	Female (N=10)
Father	————	01(25%)	————	02(33.33%)	————	03(30%)
Mother	————	————	————	————	————	————
Elder brother	03(42.85%)	01(25%)	————	01(16.67%)	03(21.43%)	02(20%)
Elder sister	————	————	————	————	————	————
Relatives	04(57.14%)	04(100%)	03(42.85%)	05(83.33%)	07(50%)	09(90%)
School Teacher	————	01(25%)	————	03(50%)	————	04(40%)
Tutors	————	02(50%)	————	04(66.67%)	————	06(60%)
Friends (School mate)	05(71.43%)	03(75%)	02(28.57%)	02(33.33%)	07(50%)	05(50%)
Neighbourer	————	01(25%)	01(14.28%)	03(50%)	01(7.14%)	04(40%)
Unknown	————	————	————	02(33.33%)	————	02(20%)

Table-VI
Academic Performance of the students (Recorded on the basis of the last annual exam. Appeared)

Category	Gender	Percentage of marks obtained by the students						
		30-39%	40-49%	50-59%	60-59%	70-79%	80-89%	90% & above
Contact abused	Male	02*(D)	06	02	-	-	-	-
	Female	-	03	02	01(D)*	01	-	-
Non-contact abused	Male	04	03	04	03	-	-	-
	Female	01(D)*	03	04	01	01(D)*	-	-
Non-abused	Male	-	-	03	04	05	04	-
	Female	01	01	06	04	04	06	01

* MRP=Multiple responses possible

* D= Detained in the class IX(1 to 2 times)

Table-VII
Mean, SD and t value of the scores of Depression and insecurity of abused and Non-abused students.

Tests	Study groups	Mean	SD	t-value
Depression	Abused	27.34	11.23	2.67-
	Non-abused	21.54	7.79	*Significant at .05 level
Security Insecurity	Abused	18.49	7.45	-6.73*
	Non-abused	29.31	6.91	*Significant at .01 level

DISCUSSIONS

From the result, it is evident that among the 80 respondents participated in the study, 41(50.13%) reported that they have experiences of sexual violence, where 39 (48.75%) said that they have no such experience. Among the 41 students who experiences sexual violence, 24(60%) were male & 17 (42.5%) were female.

On the other hand, among the 24 male students who experiences sexual violence, 10 reported that the nature of violence was contact sexual violence & 07 among 17 females reported the same nature of violence. The further analysis of the parameter of contact sexual violence reveals that, touching genital/private parts

for sexual purpose was experienced by 70% male students & 85.7% by female students. The sample also goes through the experience of making touch someone else's genital/private body parts (60% male & 71.4% female). Among the male, 3 students (30%) experienced of putting objects by/body parts of the perpetrators in to their private body organ & 4 female students (57.1%) have the same experience.

The analysis of the result also reveals that there are 14 among male 10 among female students who are victims of non-contact sexual violence. 78.57% of the male & 100% of the female reported that they are abandoned to see the pornography by the perpetrators. 42.85% of males & 70% of females were the victims of forceful photographing in sexual poses mostly by close-relatives, relatives or friends. 27.3% female students also reported that perpetrators often watch them when they are in inappropriate position.

In respect of the perpetrators of violence, it was observed that in case of males, contact violence was conducted by the elder brother (25%), close relatives (40%) & school mates (50%) and neighbourers (10%). In case of females, the perpetrators are close relatives (85.71%), school teachers (28.57%), private tutor (42.86%), school mates (28.57%) & neighbourers (28.57%) and unknown persons (28.57%). Thus in both cases, perpetrators are mostly the close relatives and friends who are taking their undue advantages of their relation.

When the academic performance of sexually abused students are analyzed, it is found, among the 10 males contact abused 2 have very poor performance (with detention of 2 years) 6 students obtained 40-49% only, and 2 are in the average percentage. Among the 7 females 3 secured 40-49% and 2 secured average percentage, 1 secured good percentage (with detention of one year) and 1 secured very good percentage. In case of noncontact abused, it is found that among of 14 males; performance of 4 students is very poor, 3 between the percentages of 40-49, 4 students in average performance, and 3 secured good percentages. On the other hand among 10 females 1 is very poor in performance (with 2 years detention), 3 secured poor marks, 4 average marks, 1 good marks and only 1 have very good percentage (with 1 year detention).

In case of non-abused, among the males (N=16), 4 students obtained almost distinctive percentage, 5 having the % of 70-79, 4 having the % of 60-69 and 3 is on the average level. There is no evidence of poor / very poor percentage. In case of females, the result of one student is excellent, 6 secured 80-89%, 4 obtained 70-79%, 4 secured 60-69%, 6 in the average level, only 1 having the % of 40-49% and 1 having 30-39%. Here, also no evidence of very poor marks.

CONCLUSION

From the data it may be concluded that:

- In respect of sexual violence, male students are suffering mostly than the female students.
- Sex offences against the female students are not negligible in Tripura.
- Rural children are victim of sexual violence more than the urban children.
- In case of males, the school mates are the mainly responsible for contact violence & relatives and friends are responsible for non-contact sexual violence.
- In case of females, the perpetrators are mostly close relatives for contact & non-contact sexual violence.
- The dimension of sexual perpetrators is very wide for female victims than the males.
- The incidence of non-contact sexual violence is greater than the contact.
- The academic performance of the non-abused students is more appreciable than the abused students.

It is found that the abused students are more depressed and feel more insecure than the non abused. So, the two hypotheses taken in the present study are rejected as in both cases the differences are significant.

From these findings, it may be concluded that a large number of children are sexually abused in Tripura. The main perpetrators are close relatives or friends, i.e., whom they trust a lot. This type of victimization leads them to feel insecure & depressed. Intervention from parental level or from school & Govt. authorities are needed. Awareness programs with children, parents & school teachers should be carried out. There may be a cause-effect relationship between the rising rate of depression & insecurity feeling and sexual violence in children of this era. As maximum cases remain unreported, awareness should be made to report such abuses to the parents, teachers & also to police, so that this type of violence can be reduced from the society.

LIMITATIONS

The study has several limitations. The sample was too small to draw any speculative conclusion. It was very hard to collect data due to the sensibility of the issue, although confidentiality was strictly followed. Further study by

comparing the tribal community & non-tribal community of Tripura is needed, to know whether the nature & extent of child sexual abuse is same or not in these two communities.

REFERENCES

- Abdulrehman & De Luca (2001). The implications of childhood sexual abuse on adult social behavior. *Journal of Family Violence*, 16(2), 193-204.
- Alexander, P. C. (1993), 'The differential effects of abuse characteristics and attachment in the prediction of long-term effects of sexual abuse', *Journal of Interpersonal Violence*, vol. 8, pp. 346 - 362
- Bagley, C. and Ramsey, R. (1986), 'Sexual abuse in childhood: psychological outcomes and implications for social work practice', *Journal of Social Work and Human Sexuality*, vol. 4, pp. 33 - 47.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., da Costa, G. A. and Akman, D. (1991), 'A review of the short-term effects of child sexual abuse', *Child Abuse and Neglect*, vol. 15, pp. 537 - 556
- Bodena, Horwooda, & Fergusson Child Abuse and Neglect: *The International Journal*, 31, 10, 2007
- Briere & Runtz (1988). Multivariate correlates of childhood psychological and physical maltreatment among university women. *Child Abuse and Neglect*, 12, 331-341.
- Briere & Runtz (1988). Symptomatology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse and Neglect*, 12, 51-59.
- Briere & Runtz (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect*, 14, 357-364.
- Buckle, S., Lancaster, M. Powell, and D. Higgins (2005) "The Relationship Between Child Sexual Abuse and Academic Achievement in a Sample of Adolescent Psychiatric Inpatients," 29, *Child Abuse & Neglect*, 1031-1047
- Child Abuse and Neglect, 1031-1047. *Child Abuse: INDIA 2007* wcd.nic.in/childabuse.pdf retrieved on 4.3.2012
- Deb S. Child sexual abuse. *Social Defense*, 53, 154. 2002
- Deb S., Modak S (2010), Prevalence of violence against children in families in Tripura and its relationship with socioeconomic factors, *Journal of Injury and Violence Research*, 2, 1, 5-18
- .Deb S. Sexuality: Perception & Behavior of Adolescents. www.iassh.org/web_abs/18.pdf retrieved on 12.12.2011

- Eckenrode, J., M. Laird, and J. Doris (1993) "School Performance and Disciplinary Problems Among Abused and Neglected Children," 29 *Developmental Psychology*, 53–62
- Finkelhor, D., and A. Browne (1985) "The Traumatic Impact of Child Sexual Abuse: A Conceptualization," 55 *American Journal of Orthopsychiatry*, 530–541
- Jehu, D. (1989), *Beyond Sexual Abuse: Therapy with Women Who Were Childhood Victims*, Wiley, Bristol.
- McLeer, Dixon, Henry, Ruggiero, Escovitz, Niedda & Scholle (1998). Psychopathology in non-clinical referred sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37,12, 1326-1333.
- Mian, Marton & LeBaron (1996). The effects of sexual abuse on 3 to 5 year old girls. *Child Abuse and Neglect*, 20,8, 731-745.
- Modak S. Violence against children in Tripura & its impact, Doctoral dissertation, Calcutta University, 2009.
- Molnar, Berkman & Buka (2001). Psychopathology, childhood sexual abuse and other childhood adversities: Relative links to subsequent suicidal behaviour in the US. *Psychological Medicine*, 31, 965-977.
- Mullen, P. E., Romans-Clarkson, S. E., Walton, V. A., and Herbison, G. P. (1988), 'Impact of sexual and physical abuse on women's mental health,' *The Lancet*, pp. 841 - 845.
- Mullen, P. E., Martin, J. L., Anderson, J. C., Romans, S. E. and Herbison, G. P. (1994), 'The effect of child sexual abuse on social, interpersonal and sexual function in adult life', *British Journal of Psychiatry*, 165, 35 - 47.
- Roosa, Reinholtz & Angelini (1999). The relation of child sexual abuse and depression in young women: Comparison across four ethnic groups. *Journal of Abnormal Child Psychology*, 27,1, 65-76.
- Sarkar S C. A study of sexual offences in Tripura. *Indian journal of Forensic Medicine & Toxicology*; 4,2;2010
- Tripura - Asian Centre for Human Rights.
achrweb.org/reports/india/AR07/tripura.html retrieved on 9.3.2012
- USATODAY.com - Students at risk for sexual abuse - USA
Today.www.usatoday.com/news/nation/2004-06-30-abuse-school_x.htm
retrieved on 6. 6. 11
- WHO. Global Estimates of Health consequences due to violence against children.
2006.www.who.int/mediacentre/news/releases/2006/pr57/en/index.html
retrieved on 6.11.2011

WHO. World Health Organization says violence against children.
<http://www.who.int/media centre>. 2006. retrieved on 6.11.2011

WHO.worldreportonviolence&health.2002www.who.int/violence_injury.../violence/world_report/en/ retrieved on 6.11.2011

Zlotnick, Mattia & Zimmerman (2001). Clinical features of survivors of sexual abuse with major depression. *Child Abuse and Neglect*, 25, 357-367.

★★★★

Received = 01 January, 2012

Corrected = 17 January, 2012

Corrected = 03 February, 2012

Accepted = 16 February, 2012

*Reader, Deptt. of Psychology, M. B. B. College, Agartala, Tripura.

**Teacher, Shishubihar H.S.School, Agartala, Tripura.