

**CHILD SEXUAL ABUSE IN NAGALAND:
THE IMPORTANCE OF SEX EDUCATION IN
SCHOOL
CURRICULUM**

**Thesis Submitted to Nagaland University
in partial fulfillment of the requirement for the degree of
Doctor of Philosophy (Ph. D) in Education**



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DECLARATION

I, Medotsino Nakhro, do hereby, declare that this thesis entitled “Child Sexual Abuse in Nagaland: The Importance of Sex Education in School Curriculum” is a research work originally done by me under the supervision of Dr (Mrs) Limala, Department of Education, Nagaland University. That it is not a part of any award of previous degree to me or to any other person, to the best of my knowledge.

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(MEDOTSINO NAKHRO)

Researcher

ACRONYMS

CSA	Child Sexual Abuse
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme (now known as Child Protection Services-CPS)
SCPS	State Child Protection Society
DCPS	District Child Protection Society
JJA	Juvenile Justice Act
POCSO	Protection of Children from Sexual Offence
CPS	Child Protection Services
CWC	Child Welfare Committee
CCIS	Child Care Information Services
NIPCCD	National Institute of Public Cooperation and Child Development
DIPR	Department of Public Relation
SIRD	State Institute of Rural Development
JJB	Juvenile Justice Board
SJPU	Special Juvenile Police Unit
CNCP	Children in Need of Care and Protection
CCL	Children in Conflict with Law
RTE	Right to Education
UDISE	Unified District Information System for Education
NFHS	National Family Health Survey
NCRB	National Crime Records Bureau
IPC	Indian Penal Code
SLL	Special Local Laws
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
STD	Sexually Transmitted Diseases
UNICEF	United Nations International Children's Emergency Fund
NSACS	Nagaland State AIDs Control Society
DCPU	District Child protection Unit
SCPS	State Child Protection Society
SARA	State Adoption Resource Agency

MWCD	Ministry of Women and Child Development
PTSD	Post Traumatic Stress Disorder
CPA	Child Physical Abuse
SHE	Sexual Health Education
CSE	Child Sexual Education
CSE	Comprehensive Sexuality Education
HOD	Head of Department
SCERT	State Council of Educational Research and Training
NGO	Non Governmental Organization
MRBI	Marketing Research Bureau of Ireland
ISPCC	Irish Society of the prevention of cruelty to children
IMS	Irish Market Survey
CBT	Cognitive Behavior Therapy
CSAAS	Child Sexual Abuse accommodation syndrome
SRE	Sexual Reproductive Health

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1. Introduction

1.0 Introduction

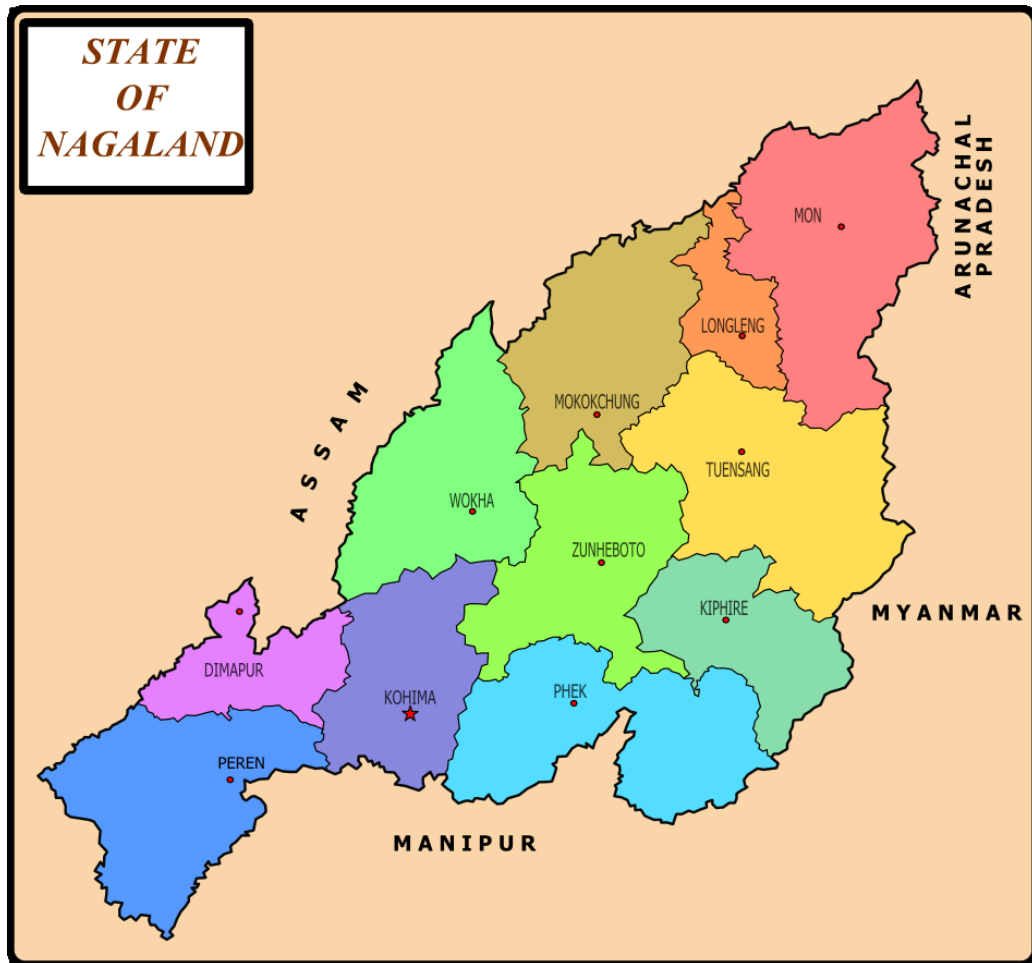


Image Source: https://sco.wikipedia.org/wiki/File:Nagaland_Map.png

1.1 A brief background of Nagaland

Nagaland State was officially inaugurated on 1st December, 1963, and became the 16th State of the Indian Union. It is the smallest hilly state situated at the extreme North Eastern end of India lies between 25°60' and 27°40' latitude North of Equator and between the Longitudinal lines 93°20' and 95°15' having an area of 165,79 Sq. Km. It shares boundary with Assam on the West, Myanmar (Burma) on the East, Arunachal Pradesh, and parts of Assam on the North, and Manipur on the South.

According to 2011 census, the State of Nagaland has a total population of 19,80,602 of which Male constitute 10,25,707 and Female 9,54,895. The state have twelve administrative districts namely Kohima, Mokokchung, Tuensang, Wokha, Zunheboto, Phek, Mon, Dimapur, Kiphire, Longleng, Peren, and Noklak. Kohima is the state capital which is situated at an altitude of 1,444 meters above sea level. Nagaland is inhabited by 16 major tribes - Angami, Ao, Chang, Konyak, Lotha, Sumi, Chakhesang, Khiamniungan, Dimasa Kachari, Phom, Pochury, Rengma, Sangtam, Kuki, Yimkhiong, Zeliang as well as several sub-tribe having their distinct custom, dialects, and dresses. It has a rich oral tradition that has been handed down from generation to generation.

Nagaland is famously known as the Land of Festivals. The people and tribes are diverse in many ways, having their own culture and heritage, creating a year-long atmosphere of celebrations. Agriculture is the most important economic activity of the Nagas and traditional tribe-related festivals revolve around agriculture. These festivals are marked by ceremonies, dances, prayers, songs, rituals, and offerings to appease the Deities, the supreme spirit of God.

The literacy percentage in Nagaland according to the 2011 census is recorded as 80.11% with a male as 83.29% and a female 76.69% respectively which is higher than the national average of 70.04% as per record. The arrival of American Missionaries transformed Naga history. The British Government introduced a western system of education assisted by the Christian missionaries to bring Nagas in touch with Contemporary civilization. Modern education in Nagaland was first attempted by Rev. Miles Bronson who wrote a Naga vocabulary book in the Naga language. Dr. and Mrs. Clark were the first American Baptist missionaries who came to stay in Naga Hill in 1878. The first formal school was established in Molungyimsen village by Mrs. Mead Clark in 1876, Rev C.D King opened a mission school at Samaguting (Chumukedima) and in 1882 he opened another school at Kohima. One of the most

remarkable works in the field of education was the establishment of a super structured high school by Rev Revenburg and Rev Supplee in Kohima town in the northern part named Kohima Government High School. After independence, much attention was paid to the spread of education and the number of educational institutions has expanded all over Nagaland with improvements in the quality of education.

1.2 Education status of children in India

The Right to Education (RTE) Act was implemented in 2010. However, many children in India do not have proper access to education and are involved in child labor. As per the Census 2011, there are 10.13 million child laborers between 5-14 years and 33 million working children between the ages of 5-18 years. The literacy rate in the country stands at 74.04%. [*Census, 2011*], whereas the National dropout average at the primary level is 6.35%. [*Unified District Information System for Education –UDISE 2015-16*]. An average of 1 in 4 children of school-going age are out of school in our country. Around 99 million children in total have dropped out of school as per the *Census 2011*. Against the national average of 4.3 percent, the student dropout rate in Nagaland primary schools, in Grade I-V, stood at 19.4% making the state the highest school dropout rate in the country at the primary level.

1.3 Crime against children in India

As per the record of the National Crime Record Bureau 2016, there has been a tremendous increase in crime against children with a spike of more than 50% over a period of the past decade. As per the 2016 record, major crime heads under 'Crime Against Children' were kidnapping & abduction was 52.3% and cases under the Protection of Children from Sexual Offences (POCSO) Act, 2012 was 34.4% including child rape. [*Crime in India NCRB 2016*]

1.4 Crime against children in Nagaland

As per the record of the Child Protection Services (CPS) Nagaland (2013-2018), in Nagaland Crime against children constitute 20% of all Child in Need of Care and Protection (CNCP) reported cases and 70% of the crimes are those that are committed against girl child. Physical abuse is the most common abuse which constituted 35% of the total crime committed against Children, followed by rape/sexual abuse 23% and molestation & domestic/child worker abuse with 11% each.

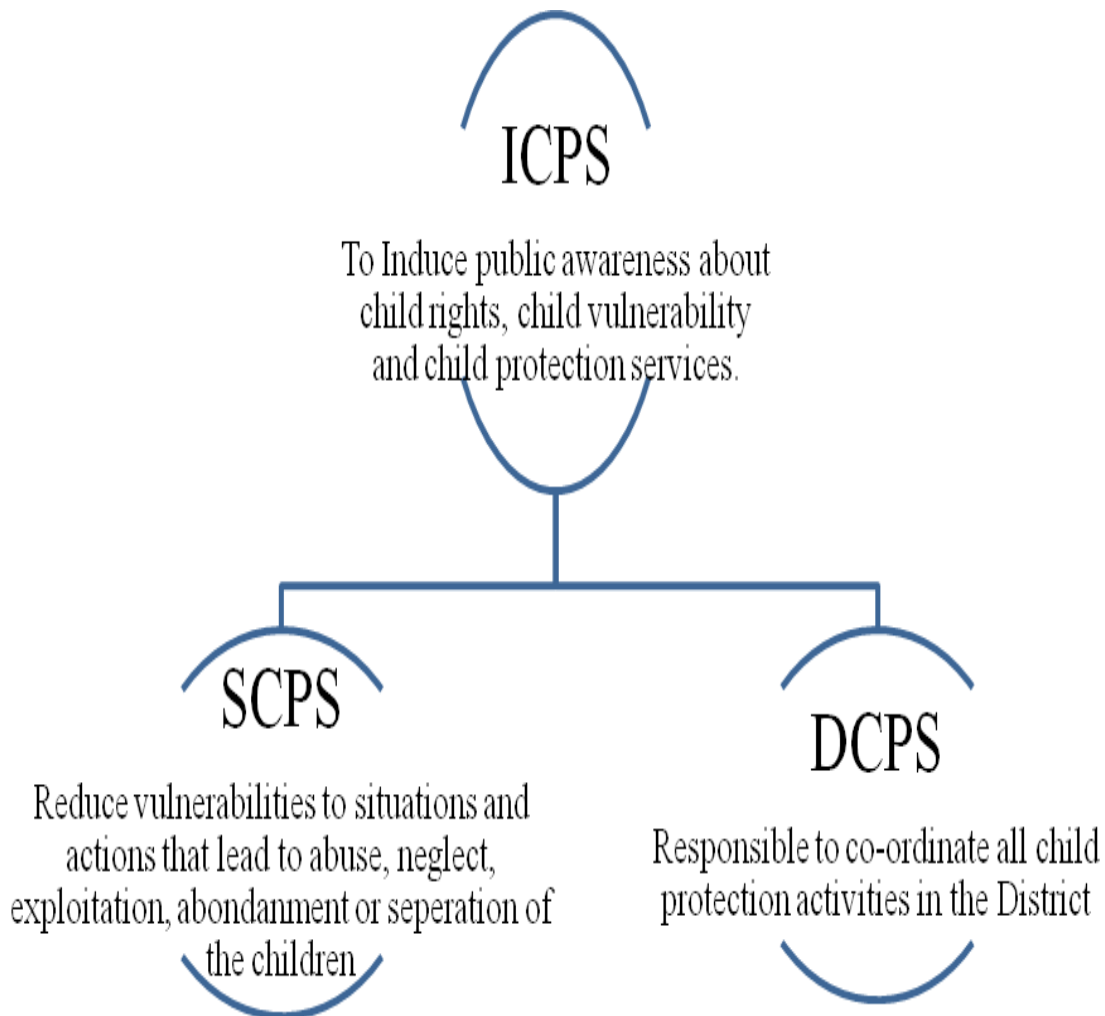
1.5 Sex Education and its Scenario in India

The need for Child Sexual Education (CSE) has been recognized in India in recent times and effort is being made to gather information about sexual health. There are NGOs across the nation providing CSE, but they cannot reach everyone, and many parents refuse to discuss CSE with their children. As a result, Indian youth are forced to rely on information from ill-informed peers and the media. This information is often insufficient if not completely inaccurate. Although the issues of education are normally left to state governments, the Honorable Supreme Court of India observed on *Rajendra Prasad vs State of U.P* that the judiciary must consciously seek to mold the law so as to serve the needs of the time. The honorable court has done this with the Right to Education and it is clear that times are now calling for universal child sexual education.

1.6 Programs and Policies taken by the Government of Nagaland on Child Protection

In 2006 the Ministry of Women and Child Development (MWCD) proposed the adoption of the Integrated Child Protection Scheme (ICPS). In 2009 the Government accepts the scheme and gave its approval and began the extensive task of providing children with safe and protective environment to develop and flourish. The purpose of this scheme is to provide help to children in difficult circumstances, as well as to reduce the risks and vulnerabilities that children have in various situations and actions that leads to abuse, neglect, exploitation, abandonment, and separation of children.

State Child Protection Society (SCPS) is given the responsibility to implement the ICPS Scheme at the State level. The Government of Nagaland signed an MoU with the Ministry of Women and Child Development on the 8th of October, 2009 and consequently the State Child Protection Society Nagaland came into existence in March 2010, with its aim to reduce vulnerability to situations and actions leading to abuse, neglect, exploitation, abandonment or separation of the children.



Flow chart 1.1

Some of the programs on Child Protection undertaken by the Government of Nagaland are:

- Sensitization Programme on ICPS and child rights to ensure childhood for every child in all the 10 Districts of Nagaland during 2013.
- Training and Sensitization Programme on Juvenile Justice (JJ) Act and Case Management Kohima (2014).
- Programme conducted for Special Juvenile Police Unit (SJPU) – Kohima 2014.
- Programme on Juvenile Justice and Track child – Tuensang 20 14.
- District Level Sensitization Programme on Child Right cum Children’s Day Celebration Kohima 2014.

- Orientation Training Programme for Functionaries of Child Care Information Services (CCIS) on POCSO Act 2012 on 3rd and 4th Feb 2015 at National Institute of Public Cooperation and Child Development (NIPCCD), Guwahati.
- Programme on Protection of Children from Sexual Offence on 8th April 2015. One day District Level Awareness programme carry-on POCSO Act at Dimapur was organized by the National Institute of Public Cooperation and Child Development (NIPCCD), Guwahati.
- Department of Public Relations (DIPR) 2016: A workshop on the role of Caregivers in handling victims of Child Sexual abuse with the theme "Reducing Harm" was held at State Institute of Rural Development (SIRD) Conference Hall Kohima October 2014.
- Two Day workshop on the role of Caregivers in handling Child Sexual Abuse (Training of Trainers) held at State Institute of Rural Development (SIRD) Conference Hall Kohima Oct 2016.

1.7 Reported Cases of Sexually Abused Children in Nagaland: April 2014-March 2015 to April 2015 till September 2015

Table 1.1

SL NO.	DISTRICT	NO. OF REPORTED CASES APRIL 2014 - MARCH 2015	NO. OF REPORTED CASES APRIL 2015 - SEPTEMBER 2015
1	PEREN	NIL	NIL
2	KIPHIRE	1	NIL
3	MOKOKCHUNG	NIL	NIL
4	ZUNHEBOTO	NIL	NIL
5	WOKHA	1	NIL
6	DIMAPUR	17	11
7	PHEK	1	2
8	LONGLENG	NIL	NIL
9	KOHIMA	8	2
10	MON	1	NIL
11	TUENSANG	NIL	1
TOTAL		29	16

The above table 1.1 shows that the highest number of sexually abused children cases recorded in the year from April 2014-March 2015 and cases April 2015-September 2015 were from Dimapur district with 28 (Twenty Eight) cases, followed by second highest cases from

Kohima with 10 (Ten) cases. Phek with 3 (Three) cases, Kiphiri, Wokha, Mon and Tuensang with 1 (One) case each. Peren, Mokokchung, Zunheboto and Longleng with nil (Zero) reported cases.

1.8 Need and significance of the study

India is home to the largest child population in the world, with almost 42% of the total population under 18 (Eighteen) years of age. Needless to say, the health and the security of the country's children are integral to any vision for its progress and development. Yet one of the issues marring this vision for the country's future generation is the evil of child sexual abuse. A statistic released by the National Crime Record Bureau (NCRB) reveals that there has been a steady increase in sexual crimes against children. According to a study conducted by the Ministry of Women and Child Development (MWCD) in 2007, over half of the children surveyed reported having faced some form of sexual abuse.

1.9 Justification of the study

The present study, "A Study on Child sexual abuse in Nagaland: The Importance of Sex Education in the School Curriculum" aims to study the damaging effects of child sexual abuse which not only affects the children who suffers from it but also affects the communities that must address the aftermath of abuse. Studies have indicated that about one-third of people who are abused in childhood will become abusers themselves. This poses a major social challenge for all. The same study has confirmed that abuse in childhood increases the likelihood in adulthood of problems ranging from depression and alcoholism to sexual maladjustment and multiple personality disorder.

The prevalence of child sexual abuse in Nagaland, or anywhere else for that matter, is difficult to determine because it often goes unreported. The incidence is known to be far greater than what is reported to authorities. Incidentally, the National Crime Record Bureau for the year 2014, reported that Nagaland has only 110 reported cases of crimes against women and 93 against children; these numbers, it said, indicated that women and children in Nagaland seem to be the safest in India. However, in reality, unreported cases are higher due to the stigma attached to such experiences; hence, many victims and their families choose not to disclose their cases. Therefore, such offences against children need to be defined explicitly and countered through adequate penalties as an effective deterrence. So also education, training and research in this area can help prevent sexual abuse and aid recovery.

When in any society there are violence, exploitation, abuse and neglect of children, there is no denying fact of the detrimental outcome of that society. The Naga society is no exception when it comes to Child Sexual Abuse as we can hear of such news very often and it is on the rise. Any crime be it physical abuse, child labour, missing children, runaway cases or sexual abuse are offences, but offences like sexual abuse, sexual molestation, or sexual harassment are such crime which has more serious gravity and has negative impact both to the victim in particular and the abuser in general, then the rest of the other offences because sexual abuse are accompanied with social stigma, shame, dishonor, inflicts mark or stain in their life, fear of being disgrace etc.,. In other words, it affects the child not just physically but socially and psychologically. It is also found that majority of the child sexual abuse cases are more from Kohima and Dimapur but it will also be wrong to say that it is because crime happens there more because majority of cases recorded are from these districts, where as in other districts especially in the rural areas the cases are settled through customary law which undoubtedly goes unreported comparing to urban areas like Kohima and Dimapur where majority of the cases are reported if not all, and this is because of the influence of awareness. Majority of the people are literate and they prefer it to be reported. Thus education particularly sex education in school curriculum/educational institution becomes so important to create awareness not just on abstinence, HIV, AIDS, STD, etc. but also on the pros and cons of the cause and effect of sexual abuse. Only education can create awareness by not just the information about the sex abuse but also the various physical, social but psychological effects that the victim faces and various other sex related problem.

1.10 Statement of the problem

The menace of CSA is on the rise. It is beyond belief that such immoral acts are prevalence in the society but the sad reality is that it exists. One of the outmost nature of education is that, it is the modification of behavior. Hence it is only through that education proper awareness can be created to lessen the evil menace of CSA if not completely wiped out. The study undertaken is being stated as, "Child Sexual Abuse in Nagaland: The Importance of Sex Education in the School Curriculum." It is an effort to investigate the status of child sexual abuse in Nagaland, reasons of CSA, psychological effects due to CSA and how sex education can aid as preventive measures to this menace.

1.11 Definition of the terms used

In order to have a better understanding of the concept; the following keywords used in this study are explained:

1. **SEX EDUCATION:** - Instruction or issues relating to human sexuality, including emotional relation and responsibility, human sexual anatomy, sexual activity, sexual reproduction, reproductive health, reproductive rights, safe sex, birth controls, and sexual abstinence.
2. **SCHOOL CURRICULUM:** - Set of courses, course work, and their content offered at a school. It embodies all the experiences which are utilized by the school to attain the aim of education.
3. **CHILD:** - Any person below the age of 18 (Eighteen) years.
4. **SEXUAL ABUSE:** - Any sexual activity that is undesired by one participant but forced on them nonetheless, especially when considered to be more sustained or frequent than an incident of sexual assault.

1.12 Research questions

Q1. How many sexually abused children have been recorded officially under the concerned Departments such as government or NGO's records?

Q2. What according to you are the reasons behind why children are sexually abused in the society?

Q3. Do you think that sex education programs in the school curriculum can reduce child's vulnerability against child sexual abuse? What could be some of the measures that can be adopted?

Q4. What are the problems faced by the sexually abused child? Do you think that sexually abused children are affected psychologically?

Q5. What could be some of the measures for the implementation of sex education?

1.13 Objectives of the study

1. To find out the status of Child sexual Abuse (CSA) from the official records of the government or NGOs in Nagaland.
2. To find out the reasons behind why children are sexually abused in society.
3. To find out the status and importance of sex education programs in school curriculum.
4. To study the problems and psychological effects of sexually abused children.
5. To suggest measures for the implementation of sex education.

1.14 Delimitations

The study was delimited in the following areas:

- Kohima, Peren, and Dimapur districts.
- School teachers, children ministries of some few churches, Heads of Institutions and policymakers (officials from Directorate of School Education, State Council of Educational Research and Training (SCERT), Police authority, Administration and Integrated Child Protection Scheme (ICPS), State Child Protection Society (SCPS) and District Child Protection Society (DCPS) under Social Welfare Department and few NGOs.

2. Review of Related Literature

2.0 Introduction

Review of related literature reflects wider concept and idea to the investigator about his selected problems under study and thereby becomes more experienced in addressing the problems. It is the integral part of the research work. It enables the researcher to define the limits of the study, delimits and defined problems. It provide foundation of knowledge on the topic, it identify inconstancies: gaps in research, conflicts in previous studies, open questions left from other research, it identify need for additional research (justifying your research), it place your own research within the context of existing literature making a case for why further study is needed.

In this present chapter the investigator has done a comprehensive review of literature relating to the topic. From the cases of child sexual abuse in all the three context ie., internationally, nationally and locally in terms of the reason as to why the child are being sexually abused, their psychological effects and also issues relating to the importance of sex education in the school curriculum. The investigator had gone through thesis abstracts of both national and international level, review of educational research books pertaining to the area of study, journals and educational reference books. The investigator had also visited a number of libraries both in state and outside the state, gone through a number of dissertation and thesis, articles, departmental annual report magazines on child sexual health issues and departmental records.

The present study topic was as such that since it was the first time of its kind of Ph. D study related to child sexual abuse and importance of sex education in Nagaland. Therefore, the investigator had to rely more on internet sources. Though of course one study was done by Litolli Kib (2002-2004) on the topic 'A Study of Sex Education at Secondary level in Kohima district of Nagaland' in her M.A dissertation under Nagaland University, Department of Education.

In the present chapter, an attempt has been made to review the works that has been done in the area of the child sexual abuse, the reason and psychological effects of Child Sexual Abuse with regard to the importance of sex education in school curriculum.

2.1 Studies done in India

2.2 Studies done abroad

2.1 Studies done In India

Alosius (1974) reported that the study viewed on adolescent and parent towards the Initiation of sex education in the schools and focus on how the investigator had taken, sample of 110 adolescents from different high schools of Bangalore and their parents and compared the opinions of parents and that of adolescents towards the introduction of sex education in schools. For this purpose an opinion on the pattern of Thurstone method of attitude scale was created. He found that both the teacher and adolescent had an approving attitude to the introduction of sex education in school.

Sahai, SK (1985) made a study on connection of student's sex role Identity with intelligence and certain personality and Demographic variables. The objectives of the study were (i) To find out the effect of sex and sex role identity on the variables of intelligence, self-esteem, locus of control, adjustment and dogmatism. (ii) Main sources of information for young people are through discussion with friends and from others like books, magazines, movies and other multimedia. (iii) Access to right information on sexuality and related issue is limited; one of the main factors for this is because of the space between parents and children. (iv) AIDS outbreak has generated the importance and urgency of imparting sex education. (v) Involvement of parents and communities is important to develop strategies to develop or revise such courses. (vi) Involvement of parents and communities is important to develop strategies to develop or revise such courses. (vii) With introduction of sex-education as part of school curriculum will lead to healthy relationship between opposite sex. (viii) While imparting sex education morale value should be included also. (ix) Sex education will not block other regular curriculum. The finding of the study shows that Males were found to be the higher on mean intelligence as compared to females. High masculine and high feminine subject were found to have higher self-esteem scores as compared to low masculine and feminine subject. Males were higher on self-esteem as compared to females. Masculine and femininity were not independent of each other with regard to self-esteem. Low masculine subjects were found to be higher on external control as compared to high masculine subjects. Females were higher on external control as compared to males. Masculinity, femininity and sex were not independent of each other were regard to internal-external control. High

masculine and high feminine subjects were found to be better on adjustment as compared to low masculine and low feminine subject.

Dutta R.S (1987) the study investigated the attitude of teachers towards giving sex education in school on the sample of 560 teachers of the cities of Bombay and Calcutta. The finding was that, the approach of teachers in both the cities approved towards sex education in school.

Lotoli Kib (2002-2004) carried out a study on sex education at secondary school grade in the district of Kohima, Nagaland. The goals of the study were: (i) To study on the states of sex education at secondary school curriculum. (ii) To examine the method of stressing sex education while transacting the regular curriculum. (iii) To find out student cognizance about sex related aspects. (iv) To study the relationship between sex education, population education and healthy and happy life. (v) To study the significance of sex education at secondary school level. The finding of the study points out that: being an old fashioned society, sexuality and related issue is considered a taboo and to sensitive an issue to be discussed and talk about. Scope of sex education and related topic is limited in school curriculum. There are also no independent subjects as such most of the teacher lack necessary training to take up such a subject. Mains sources of knowledge for young people are through discussion with friends and from others like books, magazines, movies, and other multimedia. Approach to right information on sexuality and related issue is limited one of the main factor for thus is because of the gap between parents and children. AIDS epidemic has brought about the importance and attentions of imparting sex education. Involvement of parents and communities is important to develop strategies to develop or revise such course. With introduction of sex education as part of school curriculum will lead to healthy relationship between opposite sex. While imparting sex education morale value should be included also. Secondary level education is the right stage to introduce this course. Sex education will not hinder other regular curriculum.

V.C. Pandey (2004) administered a study on “Child Counseling and Education” which deals with various aspects of child’s challenges and psychology. The objectives of the study centralize on subjects like child and sexual counseling, counseling of adolescents, outcome of counseling. In the second volume it focuses on the incorporation of novel practices in the field of education, challenges and advantage of girl education, improvement in school facilities and problems of drop-out etc. and in this light examine the significance of changes in policies and parent’s role in child education is also portrayed. The study highlighted that if a child is

sexually abused then they face severe psychological harm like fear, shame, guilt, grief, anger, helplessness and depression.

Azibur Rahman (2004) undertook a study on basic of sex education, and stresses its main objectives of this study is to take off the ignorance and misconception about human sexuality and to developed a healthy and rational attitude towards it. The obvious feature of this study is that it is based on relevant facts, figures and examples. It highlights sex education as a battle against sexual illiteracy. It is like a vaccination for HIV & AIDS. The venereal diseases are spreading in a very fast rate especially among those belonging to 15 to 30 years age group. Sex education program help youngsters to manage themselves with dignity and restrain it. Adolescence is a period of maximum sexual drive. By the age of 12, adolescence must know simple facts of their sexual knowledge. The study suggested that information should be given when asked in a proper way, avoiding embarrassing delays; never tells untruths, even though you may tell only a few facts; speak lovingly in a significant language laying stress in reverence and respect for the body as God's work; wait for reaction, question and comments.

Tilottama Senapati and Rashmirekha Satapathy (2007) conducted a study on sex education and counselling on sex related problems and underlined its objectives as: (i) To study the sex knowledge available in the syllabus of class 9 and class 10. (ii) To identify the sex problem of the participants at the lower secondary level. (iii) To assess their opinion for the introduction of sex education in school curriculum. (iv) To study the competency of sex information present in the curriculum in solving the sex problems. The finding of the study shows that: (i) Due to the physical growth of the student at this stage particularly development of secondary sexual character they face a number of sex problems. (ii) The students at this stage of their life faced a lot of cognitive, emotional, social problems. Due to physiological change number of habits develops in them. The development of different habits creates problems for them to adjust with various situations. (iii) 88% of the students states that it is the right time to introduce sex education in the school curriculum. (iv) The sex information communicated in the text books at secondary level was not satisfactory. (v) Sex information provided at the secondary level was not enough to solve sex problem of the student at this stage.

Ministry of Women and Child Development Government of India (2007) conducted a study on Child Abuse. The objectives of the study were to develop an overall comprehension of the phenomenon of child abuse, with a view to promote the formulation of appropriate

policies and programs meant to effectively stop and control the problem of child abuse in India. The National study on Child Abuse is one of the largest empirical in country studies of its kind in the world. This study also complements the UN Secretary General Global Study on Violence against children 2006. Major findings have very clearly appeared that across different kinds of abuse, it is young children, in the 5 - 12 years group who are most at risk of abuse and exploitation. Findings of Sexual Abuse are: 53.22% children reported having faced one or more forms of sexual abuse; Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls; 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse; out of the child respondent, 5.69% responded being sexually assaulted; children in Assam, Andhra Pradesh, Bihar and Delhi reported the highest incidence of sexual assault; children on street, children at work and children in institutional care reported the highest prevalence of sexual assault; 50% abuses are persons known to the child or in position of trust and responsibility; most child did not report the matter to anyone.

Tamil benzaken, Ashutosh H Palep and Paramjit Gill (2011) in their study revelation to and belief towards sex education among adolescent students in Mumbai: A cross-sectional survey highlighted the aim of this study which were to determined students exposure to sex education and identify student's perception of accessibility to sexual health advice and their preferences in implementing sex education. The questionnaire was completed by 427 students. The finding of the study shows that, Almost 90% of student believed it important to have sex education as part of school curriculum; Over 60% reported earlier exposure to sex education in school. However only 45% were satisfied that they had good access to advice about contraception and sexual health, particularly, female reported more limited access.

National Sexual Violence Resource Centre (2011) investigated the study on Child Sexual Abuse prevention program for children were to teach children to recognize child sexual abuse, to give the skills to avoid abuse and to encourage them to report abuse that they experienced, are experiencing or may experience in future. The finding of the study showed that, there was an increased knowledge about child sexual abuse. It also increased awareness that child sexual abuse is not the fault of the child. It also increased self-protective knowledge and skill. It is more likely that they would tell the incident to someone. They are also more able to differentiate between safe and unsafe situation. Most teachers and parents like the program.

Knowledge and skills were still present when children were examined two months after program participation.

Alok Kumar, Asha Pathak, Sandeep Kumar, Pooja Rastogi, Prateek Rastogi (2012) in their study on the Problem of child sexual abuse in India Laws, Legal Lacuna and the Bill-POCSO-2011, focuses on child abuse, the laws, legal shortcomings, and the protection of children against sexual offences. The finding of the study indicated that Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both sexes, as well as the highest incidence of sexual assaults. The highest case of sexual assault was reported in children on street, at work and in institutional care. 50% abusers were known to the child or in a position of trust and responsibilities. Most children did not report the matter to anyone. More than 53% children report facing one or more forms of sexual abuse and boys were equally at risk as girls. Almost 22% faced severe sexual abuse, 6% sexually assaulted. 5-12 years group faced higher levels of abuse, largely unreported. Severest sexual abuse in age group of 11-16 years, 73% of sexual abuse victims were in age groups of 11-18 years. Another study on child abuse in Kolkata, Elaan, an NGO, found that out of 10 boys faced sexual harassment in school. Generally, the age of maximum abuse is between 9 to 12 years. The national study found that the abuse gained impetus at the age of 10 and peaked between 12 to 15 years. This shows that the teenagers are most vulnerable.

Boraiah and Yeliyur (2013) made a study on extensive and age appropriate sexuality education emphasized on the need to address sexuality education in school. Finding of the study shows that the knowledge level is poor among the students and they have requested to include sexuality education in the school curricula. It was found that even the teachers and parents have also shown their willingness or wish towards introducing sexuality education in the high school.

M. Temjen Longkumer (2013) in his study on Crime in Nagaland Sociological Investigation highlighted the objectives as: to find out the major types of crime and examine their consequences in Naga society; to examine the nature and causes of the crime; to examine the issues and trends of the crime; to examine the various agencies of crime control; to suggest preventive measures toward crime control in the state. The investigator's findings related to rape and sexual assault reflect that, though such nature of crime virtually was not prevalent in Naga society, it has become a common happening in the recent past (especially since 2003). Most of his findings with regard to rape cases constituted of minor girls (aged between 2

years and 9 months, 3 years, 4 years, 7 years, 8 years, 9 years, 10 years, 12 years and 14 years) that comes under the category of child sexual abuse. Hence it clearly indicates that there is a rise of sexual abuse cases in Naga society.

Mannat Mohanjeet Singh, Shradha S, Parsekar and Sreekumaran N. Nair (2014) this study examined an epidemiological overview of child sexual abuse and highlighted that child sexual abuse (CSA) is universal problem with serious life-long effects. The estimates vary widely depending on the country under study, the definition used, the type of CSA studied, the extent of coverage, and equality of data. This study intended to assess the magnitude and the issues related to CSA. The existence of CSA was found to be high in India as well as throughout the world. CSA is an extensive problem and even the lowest prevalence includes a huge number of victims. It also has various adverse effects on the psychological, physical, behavioral, and interpersonal well-being of the victim. Hence, strict measures should be taken for the prevention and control of this hidden public health issue.

Shib Sehhar Dastta and Nilratan Majumber (2014) in their study, on Sex Education in the School and College: Need of the Hour, highlights the purpose of the study that sex-related issues are often banned subjects for discussion in India and this restriction can be seen to extend into the field of education. Lack of access to comprehensive information concerning the sexual health, probably remain the key factor in this study emphasizing the need of the hour of sex education in the school and colleges. The ‘wind of change’ are blowing in the education system. In various parts of the world, schools and colleges are experimenting the new ways to education system to educate the future citizens. Suggestion of the study stated that teachers, who are very important for the success of the expected sex education programme, need to be adequately trained to handle sensitive queries from the student.

Shah (2014) in his study on the awareness of School Teachers about Sexual Health Education shows that majority of teachers strongly expressed the need for sexual health education in their school. Although most of them reported that they rarely come across a question related to sexual health in their routine classes, they were almost confident in handling such questions. Majority of the school teacher agreed that sex education should be combined with general health education sessions in the routine classes, rather than having different sessions. Most of the teacher positively, expressed their preparedness to undergo training for imparting sexual health education in the school. The finding of the study clearly shows that most of the teacher felt the importance and need of sexual health education in the school.

Dolly Kikon (2015) her study on life and dignity women's testimonies of sexual violence in Dimapur (Nagaland), manages to show how the Indian is deeply concerned in escalating the culture of sexual violence and impunity in Nagaland by extending the fields that feminists in conflict regions have explore to date. Drawing on the ethnographic cases of sexual violence in Dimapur, the investigator outlined three points. First how survivor of sexual violence in Dimapur experiences the culture of shame and trauma, this allows us to trace how the culture of impunity in militarized societies is generated. Sexual violence in Nagaland cannot be subsumed as part of Naga culture or as a recent phenomenon in Naga society. It has to be located within the transformation about how the structure of the family, law, society, and the language of gender equality have been and still are being designed in Naga society. Secondly, she examined how issues of women's rights and Naga culture are often juxtaposed as opposing ideologies. She also highlighted some of sexual abuse victim's testimonies most of which are children. According to the register in the Women's cell, in 2011, the women cell registered 22 children, and in 2012, there were 31 cases. By 2013, the number had gone up to 50. In 2014, by February the women police registered 10 cases, showing the rise of child sexual abuse in Nagaland.

Khanna Amit and Khanna Prena (2016) conducted a study on adolescent sex education-Indian scenario and results shows that Sex education in India is poorly implemented. Its strong implementation has become the need of the hour, despite lot of oppositions in its path of implementation. The major resistances are unawareness and taboos associated with discussing sexuality openly. Understanding sexuality will likely to bring changes in numerous major sphere of life. This study found out that there may be some merit in the argument against large scale curriculum based comprehensive sex education program in school. The success of most of the programs has being documented in controlled settings (for children and adolescents, school is relatively restricted settings) and not in the real world settings. In the real world settings, many factors need to be taken into consideration which can modify the outcome of the program such as the educational and comfort level of the teachers, total number of children per class, time duration of the program, modes of imparting sex education to the children in harmony with the local culture and taking care of the sensitiveness involved.

Randhir Kumar, Anmol Goyal, Parmal Singh, Anu BShardwaj, Anshu Mittal, Sachin Singh Yadav (2017) research studies explore knowledge attitude and perception of sex education among school going adolescents in Ambala district, India: a cross- sectional, the

study aim to identify the knowledge and attitude of imparting sex education in school going adolescents in rural and urban area of Ambala district. The findings of the study shows that, majority of adolescence i.e., 93.5% favour sex education, and 86.3% said sex education can prevent the occurrence of AIDS and 91.5% of adolescents prefer doctors should give them sex education followed by 83.8% school/teacher. The least preference were parents with 37.3%. Study shows that students felt that sex education is necessary and should be introduced in school curriculum.

Child Protection Services Department of Social Welfare Government of Nagaland (2018-2019). The Departments annual magazine on Child Protection Services (CPS) is expected to work and significantly contribute to the realization of Government/State responsibility for creating a system that will competently protect children. They strive to protect children in need of care and protection and children in conflict with law. The statistic (2018-19) highlighted 15 cases of child sexual abuse recorded under Child Welfare Committee (CWC). In regard to children with sexual abuse the department organizes various awareness campaign. The aim of this campaign is to educate the children about child sexual abuse and the significant of reporting. Therefore, the department carried out seven days Mass Awareness Campaign against Child Sexual Abuse towards creating awareness among children in school and Child Care Institutions (CCIs). All the 11 districts Child Protection Units carried out this campaign in their respective districts. 42 Child Care Institutions and 27 schools were covered in the 7 days campaign. The training manual developed by ARZ (Anyay Rahid Zindagi) ARZ is an NGO based in Goa working closely with the victims of Sexual Abuse. The topics for the campaign were; MY BODY SAFETY RULES, WHAT DO I DO NOW (if the child disclosed about the sexual abuse to me) DO and DON'T, GOOD TOUCH (safety touch), BAD TOUCH (unsafe touch).

Sunder Prem (2018) in his study on the outlook of parents and teachers towards sex education to the children between the age group of 14 to 18 stated the importance of the teacher, counselors, social workers, curriculum developers, educationists, researchers and parents as they can provide teenagers with exact information about sex education at home and school so that they may have respect for opposite sex, prevent them from sexually transmitted diseases and can lead a happy, health and safe life. This study also highlighted that sex education is a holistic education which should be integral part of the curriculum at school

level because sex education is an important part of the personality of the child hence it is necessary to give rational orientation about it.

Radhika Dayal Pillai, Ameeta S. Kalokhe, Vikas Choudhry, Klaus Beire and Vikram Patel (2018) their study on child sexual abuse in India a systematic review, stresses that child sexual abuse (CSA) is a pressing human issue and public health concern. Therefore, they conducted a systematic review of quantitative and qualitative studies published in the past decade on CSA in India to examine the distribution of the frequency of occurrence estimates for both genders, to improve understanding of the determinants and consequences of CSA and identify gaps in the current state of research. The finding of this study indicates that: fifty-one studies met inclusion criteria for the review. The review indicates that prevalence rates of CSA are high among both boys and girls in India. Due to heterogeneity of study designs and lack of standardized assessments, reported prevalence estimates varied greatly among both genders in different studies. There is a need to conduct representative studies using a validated instrument to obtain valid epidemiological estimates. Commercial sex workers, men who have sex with man, and women with psychiatric disorders were at higher risks for sexual abuse during childhood. In addition, the synthesis of qualitative data across studies included in the review suggests that exposure and perpetration of CSA is a multifaceted phenomenon grounded in the interplay between individual, family, community, and societal factors. The review indicates poor physical, behavioral, social, and mental health outcomes of CSA in India. They conclude with a research agenda calling for quantitative and qualitative studies to explore the determinants and perpetration of child sexual abuse in India from an ecological lens. This research agenda may be necessary to inform the development of a culturally tailored prevention and treatment strategy for CSA victims in India.

Chandar R. Kavinth, M. Kannappan (2018) carried out a study on sexual abuse of children and youth in India. It suggested that there are certain laws laid down in India. These laws are not efficient enough to punish the victims compared to other countries because the punishments given in others countries are varied (Finkelhor, 1987). In certain countries they are directly punishing to death sentence. These laws should be applicable to India. Around 7200 childrens are being molested and are being sexually harassed. These should be changed. The laws should be made powerful so that this kind of things can be protected. Result of crimes related sexual offences of children can be reduced and the life of children can be changed.

Sharma Kritika (2020) her study on Sex education, breaking gender stereotypes in Modi Govt's New School Curriculum highlighted that the 'Health and Wellness Curriculum' doesn't call it 'sex education', but uses creative ways to teach children about adolescent health, including puberty. School children will be taught safe use of internet and social media, reproductive health, prevention of HIV and gender stereotypes under the new 'Health and Wellness Curriculum' developed by the Narendra Modi NDA government. The ministry of Human Resource Development and Health and Family Welfare developed the curriculum together, and it was launched by the respective ministers, Ramesh Pokhriyal 'Nishank' and Harsh Vardhan, on 12th February. The curriculum also includes sex education, even though the phrase itself hasn't been used anywhere in the document. Instead the phrase used is 'adolescence education'. This was earlier a separate curriculum, but now been merged with this. NCERT has come up with the program for classes 6 to 10. It will further develop modules for classes 11 and 12. Children will be taught through, role playing, group discussions, comic strips and classroom activities. The curriculum has been divided into 11 modules- growing up healthy; mental health and emotional well- being; interpersonal relationships; gender equality; values and responsible citizenship; nutrition, health and sanitation; promotion of healthy lifestyle; prevention and management of substance misuse; reproductive health and HIV prevention; media and social media; safety and security against violence and injuries and promotion of safe use of internet, Subjects such as menstruation and nocturnal emission for children hitting puberty are part of the module called 'growing up healthy.

Chowdhury Joyoti (2020) her study on Why is sex or sexuality education in Indian school still a taboo? It was found that sex education can be defined as programs offering information on sexuality and contraception. This also comprises the gender identity, consent and knowledge about sexual abuse. It aims to develop awareness around sexual health. Before the feminist phrase came into being, 'the personal is political', sex education was thoroughly considered to be 'personal' matter. It is during 1960s in the west, when sex education's political aspects have been provided attention. But the dominant issue in the debate has been, are the social mores and particularly the sexual mores and particularly the sexual mores either to be inculcated by school or families? Children are curious about sex and sexuality as there is always a sense of 'hush-hush' around such topics. Freud suggested that, it creates within them a fundamental conflict which he calls the 'ideal of education'. Children want to know about sexuality, but grown-ups tell them they need to know something else. In India, from 1980s

growing awareness about the AIDS epidemic made it increasingly proper to talk of sex outside the realm of law, demography and medicine and not only as violence against women or in terms of population control. In India, while talking about sex education, much stress is given on teenage pregnancy and HIV/AIDS infection. It has often been discovered that there is lack of knowledge not only with regard to homosexuality but also menstruation.

Nagaland State Child Protection Service Orija Welfare Society, Dimapur conducted a research study and documentation on children in conflict with law in Dimapur and focuses that one of the major evils of society is poverty; a factor which forces parents to send their children to other people's homes in the hope that they would get education. Unfortunately most children lands up as domestic helpers and except some few most of them end up experiencing all kinds of abuse and trauma. Whereby they become victims of negative human behaviour and some of them are even trafficked for purposes of cheap labour and commercial sexual exploitation with 'Rape' recorded 60.3%. The objectives of the study explore the characteristics of juvenile delinquent within the justice system of Nagaland, with particular reference to those juvenile convicted and apprehended the law in Dimapur; study the socio economic background, factors behind child deviancy, and rehabilitative mechanism and its effectiveness will be analysed using information gathered from selected samples within Dimapur. The findings shows that almost all the respondents are from the respondents are from low income group/experienced an uncertainty in income; almost all of them lack constant parental care; live away from parents; they have a strained family background/share a strained relationship with family; the findings also shows that the variables the juvenile can be summed up as: personal variables, family variables, community variables, educational, modern media.

S. K. Mangal (1994) his study on Educational Psychology highlighted that among the many inner urges the drives of human being, sex is the most universal and powerful drive. Leaving aside the excessive claims of Freud, we can observe that interest in sex is natural and start early from infancy. It can be revealed through his interest in playing with his genital organs, and by asking question like – 'where do the babies come from?' 'Why does the baby not possess the similar passage to urinate?' This spontaneous curiosity about sex related things is generally taken as a sign of great danger. The children get scolded by the parents or are given wrong information in the atmosphere of great secretive and embarrassment. This increased their curiosity in a much greater force than earlier. Now they try to get knowledge from other sources and in doing so they more often, knock the wrong door and thereby gather wrong and

dangerous information. Hence there is a need to break the silence and remove the veil of redundant secrecy surrounding sex thereby supporting the significant and necessity of sex education.

2.2 STUDIES DONE ABROAD:

David Finkelhor, Ph. D, and Angela Browne, Ph. D (1985) their study on the Traumatic Impact of Child Sexual Abuse: A Conceptualization accentuates a framework proposed for a more systematic understanding of the effects of child sexual abuse. In this study four traumagenic dynamics i.e., traumatic sexualization, betrayal, stigmatization, and powerlessness, these four aspects are identified as the core of the psychological injury inflicted by abuse. These dynamics can be used to make assessments of victimized children and to anticipate problems to which these children may be vulnerable. This study has tried to suggest a framework for a more systematic understanding of the effects of sexual abuse. Its introduction to four traumagenic dynamics, which are seen as the four links between the experience of sexual abuse and the after-effects that have been widely noted. Developing a formulation of these links may serve as a step in the direction of advancing our understanding of sexual abuse and reducing the effects of these experiences on its victims.

Tong Liz, Oates Kim, and McDowell Michael (1987) administered a study on Personality development following sexual abused. Thirty seven girls and twelve boys who had been sexually abused at the average of 2.6 years previously were traced and reviewed. The non offending parents participated in a structure interview and the children were traced and reviewed. Interview with the non offending parents found that 76% of the children were thought to be less confident than before, 30% had fewer friends, and 20% were more aggressive. Increased sexual awareness was noted in 24%. School teachers reported that 28% still had behavior problems, 17% had repeated in the school and a further 17% had deteriorated in their school work. The sexually abused girls had significantly lower self esteem than the control girls. There was no difference in self- esteem between the control and the sexually abused boys. Sexual abuse in childhood appears to have long-term adverse consequences for many of the victims. This may have implications for their ability to relate to other, for the adult friendships they will make, and eventually for the way they will associate to their own children.

Friedrich N. William, Beilke L. Robert, Urquiza J. Anthony (1987) Their study on Children from sexually derogatory families a behavioral comparison indicates that the sexually abused children has being described as more fearful, anxious, depressed, and guilty in comparison to normal children. The results of this study agree with previous clinical impressions that indicate that sexually abuse children display a significantly greater number of behavior problems and fewer social competencies than normal. However, the contrast added by including a psychiatric out patients group adds further to our understanding of the behavior problem exhibited by sexually abuse children. While similar to outpatients on internalizing behavior problems, sexually abuse children were less externalizing, displayed lesser total behavior problems over all, were more socially efficient, and exhibited more sexual behavior problems than outpatients. The findings suggested that for sexually abused children whose behavior/parental concern was great enough to activate consultation/therapy, they tend to be as depressed and anxious as matched outpatients, but less hyperactive and aggressive.

Alexander C. Pamela (1993) investigated a study on differential effect of abuse features and attachment in the prediction of long term effects of sexual abuse, it was assumed that sexual abuse severity and adult attachment (reflective of the more spreading experience of growing up in the family) would each have significant but distinct effects on long term functioning of incest survivors. The study shows the long term effects attributable to the experience of childhood sexual abuse are important and varied. Symptoms such as anxiety, nightmares, depression and interfering thoughts are so common among abuse survivors that many researchers and clinicians advocate a Post Traumatic Stress Disorder (PTSD) conceptualization (Briere & Runtz, 1987; Roth & Lebowitz, 1988). The fact that characteristics of the abuse (e.g., age of onset, type of abuse, duration, frequency, use of physical force, relationship to the perpetrator) explain much of the variability of functioning helps to justify a focus on the sexual abuse itself (Browne and Finkelhor, 1986). This study suggest that both the characteristics of abuse and the experience of interpersonal relationships within the family are significant for understanding the long term functioning of the abuse survivor. Moreover, given that their effects are distinct, both the abuse and the family context deserve attention in the resolution of growing up in an abusive family.

John N. Briere, Diana M. Elliott (1994) conducted a study on the instant and long-term impacts of child sexual abuse and summarized, what is currently known about these

possibility impacts of child sexual abuse? The various problems and indications described in the literature on child sexual abuse are reviewed in a series of broad categories including posttraumatic stress, cognitive distortions, emotional pain, avoidance, disabled sense of self and interpersonal difficulties. Research has demonstrated that the extent to which a given individual manifests abuse related distress is a function of an undecided number of abuse-specific variables, as well as individual and environmental factors that existed prior to, or occurred subsequent to, the incident of sexual abuse. Taken all together, this study provides powerful help for the negative psychological effects of sexual abuse. Childhood sexual abuse appears both to have the potential for motivating the development of behaviors that, while immediately adaptive, often have long term self-injurious implications. At the same time, these data suggest that the extent to which a given individual manifests abuse-related symptom and distress is a function of an undermined number of abuse-specific variable, as well as individual and environmental factors that existed prior to, or occurred subsequent to, the incidents of sexual abuse.

Whaley Suzanne Amy (1994) her study on sex education and the changing curriculum highlighted that the researcher sees the need for sex and sexuality education that includes more information than just biological functions. The literature describes some excellent ways to educate students about emotional intimacy, and the researcher thinks this should be a component to all sex education programs. The researcher opines that the support from the court and most adults will make the transition from sex education to sexuality education occur more quickly and easily. Sex education should be deeper in middle school to possibly prevent some of the problems of pregnancy, disease, and promiscuity in high school. Overall, the researcher sees the need for better sex education beginning early in junior high school. By widening the sex education the sex education curriculum, the researcher believes that students will benefit by being more enlightened, healthy, and accountable.

Rodriguez Ned, Ryan W. Susan, Kemp Vande Hendrika, Foy W. David (1996) conducted a study on Posttraumatic stress disorder in adult female survivors of childhood sexual abuse: A juxtaposition study compared indications of Post Traumatic Stress Disorder (PTSD) in a group of 45 adult women in outpatient treatment for Childhood s Sexual Abuse (CSA) and a group of 31 women who reported no CSA. The comparison group consisted of women in outpatient treatment for problems in their committed relationships with male living partners. This research also investigated the traumatic influence of double abuse (both childhood sexual

and physical abuse). Standardized assessment instruments were used to evaluate PTSD, CSA, and childhood physical abuse. Outcome indicated that 86.7% of the CSA group met criteria for current PTSD in accordance with the diagnostic and statistical manual of mental disorders (3rd ed., revised; American psychiatric Association, 1987), compared with 19.4% of the relationship distress group, providing support for CSA as an etiological agent for PTSD. In addition, 89% of the CSA survivors reported child physical abuse CPA. Variety of analysis revealed that both CSA and CPA exposure variables accounted for the important portion of the variance in PTSD symptoms in the CSA group.

Karen Hughes, Heather Stephens, Amy Difranco, Linda Manning, Natalie van der Toorn, Cathy North and Miriam Taylor (1998) their study on the health impacts on adult women of childhood sexual violence before the age of twelve years. The purpose of this research study was to determine possible links between the health impact of childhood sexual violence before the age of twelve years and chronic ill-health in adult women who had experience childhood sexual violence before the age of twelve years. All the respondents in this study had experienced childhood sexual violence before the age of 12 years of age. Respondents came from a range of backgrounds and experiences. In many cases the perpetrator was well known to the child, and most often a member of their own family. In most cases, there was more than one perpetrator. It is accepted that single incidents of sexual violence against children are rare and that it is more likely that children will be subjected to multiple assaults. The most significant perpetrator was commonly the biological father. There was a low rate of secondary school completion which may be attributed to inability to concentrate or life insecurity in violent households. There appears to be no policy analysis of the high rates of youth suicide and youth homelessness, nor consideration that childhood sexual violence may be contributing to this sad future for our children.

Lalor, Kevin (1999) conducted a survey study of sexually abusive experiences in childhood between samples of third level students. The purposes in carrying out the present study were two fold. Firstly, to collect incident data of non-consensual childhood sexual experiences. Secondly, to juxtapose the incidence of reported CSA data with that gathered in 1987 Marketing Research Bureau of Ireland (MRBI) and 1993 Irish Society of the prevention of cruelty to children/ Irish Market Survey (ISPCC/IMS) to examine whether the 1990s have seen a change in the reported incidence of child sexual abuse. Some key findings of the study were: All abuser were male, although victims were equally male and female. Thirteen of the

30 cases of reported sexual abuse happened while the child was under thirteen years of age. Stranger committed approximately 25% of the abusive incidents. Relative of the child or other known to child. In two thirds of the incident, the offense was committed on two or more occasions. Only in two cases (6%) was the abuse reported: One to the police another to the social worker. Ten of the 30 victims had never told anyone about the abuse. And ten of the 30 felt they suffered long term damage as a outcome of abuse. The rest felt there had been no long term adverse effect.

Angela D. Weaver, E. Sandra Byers, Heather A. Sears, Jacqueline N. Cohen, Hilary E.S. Randall (2002) administered a study on sexual health education at school and at home outlook and Experiences of new Brunswick parents. The purpose of this study was to examine parent's attitudes towards and experiences with home including their ideas about the timing and content of the sexual health curriculum and their involvement in providing Sexual Health Education (SHE) to their children. Some parents want to see the current SHE curriculum begin earlier and be more comprehensive while other parents are concerned about children receiving too much knowledge at young age. Outlook of parents on sexual health education show that a vast majority of school based SHE with 94% of parents either agreeing (40%) or strongly agreeing (54%) that SHE should be provided in schools.

Cynthia Crosson – Tower (2003) studied the role of education in stopping and responding to child abuse and neglect provides the basis for the involvement of educators in fighting the problem of child abuse and neglect. It is also used as a handbook by other professionals involved in child abuse and neglect interventions, such as child protective services, mental health, law enforcement, health care and early childhood professionals, to gain a better understanding of the role of educators in child abuse protection. The findings shows that child abuse prevention programme was very effective, the child not only understands the basic concepts but also communicated more openly about abuse, both in the classroom and with their parents. This study examined 542 school based hindrances programs at the elementary school grade and found that children have benefited from this prevention programs.

Monica Silvia (2002) research study focuses on the effectiveness of school based sex education programs in the promotion of abstinent behavior a meta-analytic review of the research literature on the effectiveness of school based sex education program in the promotion of abstinent behavior implemented in the past 15 years in the US in the wake of AIDS epidemic. The objectives were to: (i) combine the effect of controlled school-based sex

education interventions on abstinent behavior. (ii) Evaluate the variability in effects between studies in terms of selected moderator variables. The finding from controlled sex education intervention reporting on interventions appeared to be more effective when geared to groups composed of younger students, largely females and those who had not yet initiated sexual activity.

Putnam W. Frank (2003) study was on the Ten- year Research Review: Child sexual abuse. The objective of this study is to provide clinicians with current knowledge on prevalence; risk factors, outcomes, treatment, and prevention of child sexual abuse (CSA). To evaluate the best-documented examples of psychopathology referable to CSA. The result of the study shows that CSA constitute approximately 10% of officially substantiated child maltreatment cases, numbering approximately 88000 in 2000. Adjusted prevalence rates are 16.8% and 7.9% for adult women and men, respectively. Risk factors include gender, age, disabilities, and parental malfunction. An array of symptoms and disorders has being related with CSA, but depression in adults and sexualized behaviors in children are the best-documented outcomes. To date, cognitive-behavioral therapy (CBT) of the child and a non offending parent is the most effective treatment. Prevention efforts have focused on child education to increase awareness and home visitation to reduce risk factors.

James E. Rosen, Nancy M. Murray Scott Moreland (2004) made a study on sexuality education in schools: the international experiences and implication for Nigeria. This paper reviews the International Experience and its implications for Nigeria. The finding of the study shows that; Comprehensive sexuality education is effective in improving key Youth Reproductive Health (YRH) behavior. The HIV/AIDS education for Secondary School student improved knowledge and attitude of the student not only with knowledge about AIDS but it also improved attitudes towards people with AIDS. It declines the number of sexual partners. Student in intervention school had significant measures in knowledge of STIs, use of condom and knowledge of the correct treatment – seeking behavior for STI, compared with student in the control schools. The program reduced unsafe behavior.

Sevilay Senol Celik (2005) research studies on verbal, physical and sexual abuse among children working on the street aims to investigate the verbal, physical and sexual abuse experienced by children working on the street in Ankara, Turkey. To determine the type of abuse occurred. The reaction to being abused, sources of abuse and coping methods against abuse. The findings of the study shows that, Children working on the street in the sample said

they were subjected to verbal, physical and sexual abuse (50%, 50% and 65% respectively). More than half the participants were exposed to physical abuse from other working children who were selling different things to help families (55.0%) and street children who were homeless and live on the streets (65.0%). Responding with same methods' was the most used coping method among children for all types of abuse. Of total participants, 36 children stated they needed information about abuse. The results indicate verbal, sexual and physical abused have a negative effect on children working on the street.

London Kamala, Bruck Maggie, Ceci J. Stephen, Shuman W. Daniel (2005) made a study on disclosure of child sexual abuse, *What Does the Research Tell Us about the Ways That Children Tell?* Shows that ex post facto studies make two important contributions to our knowledge about the form of children's disclosure of abuse. First, these data, when taken face value, reveal that approximately 60%-70% of adults do not recall ever disclosing their abuse as children, and only small minority of participants (10%-18%) recalled that their cases were reported to the authorities. Furthermore, to understand the result of nondisclosure, many of the adults reported that their first disclosure was during the study survey. Thus, the retrospective studies provide evidence to support the assumption that many incidents of CSA go unreported and that the stage of silence in the CSAAS model the empirical basis for the CSA accommodation syndrome (CSAAS), a theoretical model that precipitates that sexually abused children frequently display secrecy, hesitant disclosure, and recalls of abuse statement was reviewed, has a strong practical foundation.

David Finkelhor, Ph. D (2007) his study was on prevention of sexual abuse through education programs guided towards children. The goals of the study were, the encouragement of disclosure by victims; the avoidance of pessimistic outcomes subsequent to victimization such as guilt feelings, self-blame, and shame; and the creation of a more-sensitive environment among adult, other children and organizations in general to respond to and help child victims. The findings indicated that, it is very difficult for any evaluation study of this issue to assess subsequent victimization accurately. These exposed children may tell about more even when they experience less. This can give the misleading impression of no effect or even greater victimization among children who have been exposed to prevention programmes. There were, nonetheless, positive findings in our 1995 study that are often ignored. Revelation to prevention education was associated with an increase likelihood that children would disclose victimizations, an increase disclose victimizations, an increase likelihood that

they would see their action as having effectively protected themselves. Another non-experimental study had stronger finding consistent with the likelihood that exposure to prevention programmes did benefit to prevent sexual abuse.

Noemi Pereda, Georgina Guilera, Maria Fornes, Juana Gomez-Benito (2009) Their study was on international epidemiology of child sexual abuse: a prolongation of Finkelhor (1994). The objectives of this study was to compare the existing rates of child sexual abuse reported by [Finkelhor, D. (1994). *The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18 (5), 409-417*] with those found in recent publications in order to confirm the universal prevalence of child sexual abuse. The findings shows that thirty eight independent articles were identified, corresponding to 39 prevalence studies; these articles report the prevalence of child sexual abuse in 21 different countries, ranging from 0 to 53% for women and 0 to 60% for men. Comparison of the present study with that of [Finkelhor, D. (1994). *The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18(5), 409-417*] shows a similarity between prevalence distributions; there appears to be a general pattern that remains more or less constant over the years, especially in women. In this study, it is significant to point out the high prevalence found in most of the countries, so this information could be a new warning to alert society and governments aware of this problem and undertake actions to prevent sexual abuse in childhood.

Herbert Martin, Tourigny Marc, Cyr Mirelle, McDuff Pierre, Joly Jacques (2009) conducted a study on the incidence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec and found out that the Prevalence of CSA was 22.1% for women and 9.7% for men. About 1 survivor out of 5 had never disclosed the abuse, with men more likely not to have told anyone, than women. Only 21.2% of adults reported prompt disclosure (within a month of the first abusive event), while 57.5% delayed disclosure (more than 5 years after the first episode). CSA victims who never disclosed the abused the abuse and those who delayed disclosure were more likely to obtain scores of psychological distress and posttraumatic stress achieving clinical levels, compared with adult without a history of CSA. In the multivariate analysis, experiencing CSA including a perpetrator outside the immediate family and being female were factors independently associated with prompt disclosure.

Wohab Md. Abdul, Akhter Sanzida (2010) made a study on the effect of childhood sexual abuse on children's psychology and employment. This study exhibits the effects of childhood

sexual abuse of children (male and female) on their lives. The effects of childhood sexual abuse are many; however, this paper particularly looks at the relationships between two effects e.g., psychological and work. The psychological effects is considered as an emotional problems e.g., depression, nightmares, suicidal attempts, fear of men and many more simultaneously the effects on work are inability to look for work, change of job and loss of employment. Furthermore the main aim is to explain the following psychological effects of CSA, which are more likely to influence on their lives comparing to the work (employment). Finally the comparison between level of psychological and relationship between high levels of psychological effects has been tested by the chi-square and Cramer's V statistical tools. The consequence of the study shows that there is a persistent relationship between high level of psychological effects and employment effects (67%). This paper uses data which has been collected from the secondary sources.

Yu Juping (2010) made a study on Sex education beyond school: Significance for practice and research this study evaluate the adverse consequences of teenage sexual behavior are issues of concern in Britain and many other western countries. Over one-quarter of British young people is reported to become sexually active prior to the age of 16 and the rate of teenage pregnancy remains one of the highest in Western Europe. Current UK Government policy on sex education stresses the provision of skills for 'safe sex' at school to diminish teenage pregnancy rates. This study claims that school cannot alone provide sufficient guidance to change teenage sexual behavior, as school, family, religion, peers and media all have their part to play. Cooperation between schools, young people, their families and communities is crucial to enhance the effectiveness of sex education and promote positive sexual health. The aim of this paper is to review the current literature on school sex education and the role social factors played in teenage sexual behavior. The findings indicate that the majority of the studies reviewed involved young people themselves only and some also involved parents and friends. Five key themes were identified: sex education at school, family environment, religion, interactions with peers, and media.

Scott D. Easton, Carol Coohy, Patrick O'liary, Ying Zhang. Lei Hua (2011) conducted a study on the impact of childhood sexual abuse on psychosexual operation during adulthood. The purpose of this study was to understand variability in psychosexual functioning among adults who were sexually abused as children. To do this study, they evaluate the impact of natures of the sexual abuse and disclosure on three dimensions of psychosexual functioning

(emotional, behavioral, and evaluation) during adulthood. The study also evaluated the reducing influence of disclosure on the relationship between, for example, severity and psychosexual functioning. Their finding shows that different factors may influence the different dimensions of psychosexual functioning. Although the five outcome variables were correlated: fear of sex and guilt during sex (emotional dimension), problems with touch and problem with sexual arousal (behavioral), and sexual satisfactions (evaluative), each outcome had a different set of indicators. Two factors negatively affected all the dimensions of psychosexual functioning: age at the time of abuse and telling someone at the time of abuse. Being older at the time of the abuse increased the likelihood of being afraid of sex and feeling guilty during sex and increased the likelihood of being dissatisfied with sex during adulthood. An unhelpful response may also increase feelings of shame and betrayal, and weaken adult psychosexual functioning. Investigators and clinicians should consider several magnitudes of psychosexual functioning and potential moderators, such as response to disclosure.

Dashel, Rebecca, L (2012) her study on the efficacy of sex education programs in the schools aims to investigate and to determine which sexual education program are being taught in the schools and how productive they are in according to middle school-aged. The findings of the study indicated that the participants were taught a comprehensive sexual education curriculum. It may seem that 5th grade is an early age to start exposing student to sexual education. However, over half of the participants are learning their sexual knowledge from TV/Media is about 28% are learning from their friends. With these statistics, it makes one wonder if 5th grade really is too late, is the information being learned from these other sources factual, and does school need to implement their curriculums earlier to reach out to those students who may have an advanced knowledge? Where combing the information learned from the TV/Media and friends, a comprehensive sexual education program seems to fit best since these students abstaining from sex. The comprehensive sexual education program allows for factual knowledge to be introduced to student and address all the areas that student may already have learned.

Donna Brown (2012) her study on the assessment of safer, smarter kids: child sexual abuse prevention curriculum for Kindergartens', the curriculum reflects best practice in the field of early childhood education. It introduces children's to the key concepts of prevention and safety. Through 30-minutes lessons that incorporate knowledge and skills-based learning, parental involvement. To date 11,186 curriculum kits have been distributed among Florida's

2095 elementary schools. Approximately 354(17%) elementary schools reported implementation of the curriculum in the 2011-2012 school years. The evaluation assessed the effectiveness of the curriculum in meeting the educational objectives of increasing children's knowledge of safety rules and self-protection strategies. Accomplishment of safer, smarter kid's curriculum significantly increases student's knowledge of key prevention concept. Post test scores showed a 77% increase in knowledge gain for the children who participated and competed in the entire programme.

Delphine Collin-Vezina, Isabelle Daigneault and Martine Hebert (2013) carried out a study on the lessons learned from child Sexual abuse research: prevalence, outcome, and preventive strategies stresses that although child sexual abuse (CSA) is recognized as a serious violation of human wellbeing and of the law, no community has yet developed mechanisms that ensure that none of their youth will be sexually abuse. CSA is, sadly an international problem of great magnitude that can affect children of all ages, sexes, races, ethnicities, and socioeconomic classes. Upon invitation, this current publication aims at providing a brief overview of a few lessons we have learned from CSA scholarly research as to heighten awareness of mental health professionals on this utmost important and widespread social problem. This overview will focus on the prevalence of CSA, the associated mental health outcomes like trauma by distorting their self-concept and affective capacities, victim may also experience traumatic sexualization, betrayal, powerlessness and stigmatization, and the preventive strategies to prevent CSA happening in the first place, two extensive forms of sexual assault prevention efforts have been broadly studied and spread, namely offender management which aims to control known offenders, for example, registries, longer prison sentences and various intervention programmes. And educational programs delivered, for the most part of school settings aimed at potential victims. Studies have shown that educational programmes had proof to be effective at building children's awareness about sexual abuse and their preventive skills.

Eko Jimmy et al. (2013) investigated a study on the perceptions of teachers and parents towards sexuality education in Calabar, South Local Government Area of Cross River State, Nigeria stresses its findings which shows that participants shares similar opinion that sex education should cover area such as abstinence, HIV/AIDS, sexually transmitted diseases, basis of reproduction etc. masturbation, abortion and contraceptive were unanimously agreed

not to be included in sex education content. A substantial proportion of the respondents agreed that abstinence-plus should be the main message of sex education in school.

Carson K. David, Foster M. Jennifer, Tripathi Nishi (2013) research study was on child sexual abuse in India relating to current issues and research highlighted some major studies of CSA in India. Those were Kolkata- base study, Chatterjee, Chakraborty, Srivastava, and Deb (2006) observed that sexually abused trafficked children often encountered mental, physical, social problems, and that depression, loneliness and loss of interest were some of the nature of abused child. Social prejudice and rejection by the family members were common experiences of the sexually abuse children. HIV/AIDS was found in 14.6% of the sexually abuse children. According to Deb and Sen (2005), since there are an insufficient number of professionals to deliver psychosocial and medical services to sexually abuse children, the majority of sexually abuse children live with the psychological trauma of the abuse for the life time, affecting their interpersonal relationships, personality and career development. In a study of sexually abused girls and their family members in Western Madya Pradesh, Sahay (2010) found that, despite the fact that action were taken against the perpetrator of sexually abuse whether in or outside the family, the family members of many abused girls forced the victims to keep the behavior of the abuser a secret. Parents and other family members asked the girls to forget the events and in many cases even forgive the offenders for the sake of family honor and family solidarity. Often family members went further in convincing their girls to give up the need for counseling and any other medical help even when the girls were suffering from significant mental and emotional symptoms of sexual abuse.

Natacha Godbout, John Briere, Stephane Sabourin, Yvan Lussier (2014) made a study on child sexual abuse and subsequent relational and personal functioning and the role of parental support examined the role of non offending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms and couple adjustment. Outcomes indicated that, compared to other group child sexual abuse survivors with non supportive parents reported higher level of anxious attachment, psychological symptoms, and maladjustment. The outcome of the study also suggested that perceived parental support serves as a protective factor among those exposed to CSA.

Haberland Nicole, Rogow Deborah (2015) carried out study on sexuality education: recent development in evidence and practice, this article summarizes the elements, effectiveness, quality, and country-level reporting of comprehensive sexuality education (CSE). It stresses

the matter of a gender and rights perspective in CSE. It shows the policy and evidence-based rationales for emphasizing gender, power, and rights within programs- including citing an analysis finding that such an approach has a greater likelihood of reducing rates of sexually transmitted infections and unintended pregnancy-and notes a current shift towards this approach. It discusses the logic of an “empowerment approach to CSE” that seek to empower young people- especially girls and other disregarded young people-to see themselves and others as equal members in their relationships, able to protect their own health, and as individuals capable of engaging as active participants in society.

Simovska Venka, Kane Ros (2015) carried out research on sexuality education in different contexts its consequences and potentials indicated that sexuality education is a contentious issue that has call forth wide debate on the question of its aims, content, methods, pedagogy and desired outcomes. The purpose of the study is to provide a concise explanation, positioning the contributions to this special issue of health education within the research outlook concerning sexuality education in schools internationally. Following the review and editorial process six papers were accepted for the special issue. The paper highlight contrasts, tensions, potentials and barrier implanted in the ways sexuality education is delivered to children and young people internationally. Examples are drawn from Russia, Wales, China, and the USA; they identify historical and structural issue related to the implementation of comprehensive progressive approaches. Topics discussed include the importance of appropriate content, theoretical conceptual frameworks, styles of delivery, timing, outlook from key stakeholders and the need for comprehensive assessment of novel approaches to the delivery of sexual education.

Kimshall, Heather M. Moulden (2016) conducted analysis on communicating about child sexual abuse with the public and learning the lessons from public awareness campaigns emphasizes that despite cognizance campaigns Child Sexual Abuse (CSA) remains a significant global issue affecting millions of children. This suggest that such campaigns have had less influence, and the scarcity of good quality empirical assessment makes it difficult to establish what has work and what has not. This article considers different and developing approaches to public cognizance campaigning on CSA since the 1990s have affected (or not) attitudinal and behavioral change. The study reviews a number of key initiatives from around the world and identifies common themes that can inform campaigning and prevention efforts, and found out that due to such cognizance campaign zero tolerance had positive outcomes in

that it effectively increased awareness and communication about (CSA), empowered (potential) victims, and increased disclosure.

Breuner C. Cora, Mattson Gerri (2016) research study on sexuality learning for children and adolescents clinical report aimed to provide pediatricians updated research on evidence-based sexual and reproductive health education conducted since the original clinical report on the subject was published by the American Academy of Pediatrics in 2001. Sexuality education is defined as teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities. Developmentally appropriate and evidence-based education about human sexuality and sexual reproduction over time provided by pediatricians, schools, other professional, and parents is important to help children and adolescents make informed, positive and safe choices about healthy relationships, responsible sexual activity, and reproductive health. Sexuality education has been shown to help to prevent and reduce the risks of adolescent pregnancy, HIV, and sexually transmitted infections for children and adolescents with and without chronic health conditions and disabilities in the United States.

Li Cdhunyan, Cheng Zixi, Wu Taiwen, Liang Xiao, Gaoshan Junjian, Li Lihe, Hong Ping and Tang Kun (2017) carried out research on the relationships of school-based sexuality education, sexual awareness and sexual behaviors - a research on 18,000 Chinese college students shows a growing existence of unexpected pregnancies is observed among Chinese young people, while they lack formal sexuality education from schools and parents. It is necessary to evaluate their awareness level of sexual and reproductive health, and how such knowledge associates with their sexual behaviors and reproductive health outcomes, which would make it clear on the effectiveness of sexuality education in china. The result shows a total sample of 17,966 Chinese college students highlighted that students' who experience school-based sexuality education are positively associated with their SRH knowledge level as well as with their sexual behaviors and reproductive health outcomes.

Willemijn Krebbekx (2018) made a study on what else can sex education do? Its logics and effects in classroom practices, demonstrated that Comprehensive Sex Education (CSE) has been proclaimed in promoting sexually healthy behavior in youth. At the same time, it has also been advocated by critique, signifying that CSE is not a neutral vehicle for the transmission of knowledge. To think sex education outside this opposition of health

intervention and critique, this article asks: what else can sex education do? Three ethnographic cases of secondary school in Netherlands showed the school to be a space/time for sexuality, showed how sexual knowledge is produced and used in class, and how sex education plays into and depends on processes of (gendered) popularity, the analysis pointed out the ways in which comprehensive sex education in practice (re)produces ethnic characterizations of sexuality. Finally, the analysis of sex education in practice complicated the ways in which sex education is conceptualized and measured as a health intervention.

Joseph Mumba Zulu, Astrid Blystad, Marte E.S. Haaland, Charles Michelo, Haldis Haukanes and Karen Marie Moland (2019) stated in their study on why teach sexuality education in school? Teacher caution in implementing comprehensive sexuality education in rural Zambia. This study is about how reproductive health problems such as HIV, unwanted pregnancy and unsafe abortion among adolescents are closely linked to insufficient knowledge about sexuality and reproduction and lack of access to contraceptives. Supported by international agencies, Zambia has introduced an ambitious nation-wide program comprehensive sexuality education (CSE) to be implemented into ordinary school activities by teachers. The curriculum is firmly based in a discourse of sexual and reproductive rights, not commonly found in the public debate on sexuality in Zambia. This study explores how teachers perceive the curriculum and practice discretion when implementing the CSE in mid-level school in Nyimba district in Zambia. The results of the study shows that, individual teachers make decisions on their own regarding what and when to teach CSE. This discretion implies holding back information from the learners, teaching abstinence as the only way of preventing pregnancy or cancelling sexuality education sessions altogether. Teacher's choices about the CSE program were linked to lack of guidance on teaching of the curriculum, especially with regards to how to integrate sexuality education into existing subjects. Limited prioritization of CSE in the education sector was observed. The discrepancy of CSE with local norms and understandings about adolescence sexuality combined with teacher-parent role dilemmas emerged as problematic in implementing the policy. Restricted ownership of the new curriculum further undermined teacher's motivation to actively include CSE in daily teaching activities. Use of discretion has resulted in arbitrary teaching thus effecting the acquisition of comprehensive sexual and reproductive health knowledge among learners.

Ram Sharan, Andajani Sari, Mohammadnezhad Masoud (2020) investigated on parent's perception regarding the delivery of sexual and reproductive health (SRH) education in

secondary schools in Fiji aims to measure the perception of parents towards the delivery of SRH education in mainstream public secondary schools in Fiji. Seven themes emerged which included the provision of school based sex education, parental involvement with school based sex education, sex education at home, age appropriate incremental sex education, ethnic variations regarding sex education, barriers and facilitators for the delivery of school-based sex education, and perceived ideal version of sex education. The outcome from this study suggests for policy and programs to correspond parents, schools, and students' expectations. Effective interventions need to involve and help parents to take a more active part to change policy, program, and advocacy for relevant SRH education.

Goldfarb S. Eva, Lieberman D. Lisa (2021) stated in their study on three decade of research and the Case for Comprehensive Sex Education states that school-based sex education plays a vital role in the sexual health and well-being of young people. Little is known, however, about the effectiveness of efforts over pregnancy and sexually transmitted disease prevention. The investigators conducted a systematic literature review of three decades of research on school-based programs to find out the evidence for the effectiveness of extensive sex education. The outcome of the study include appreciation of sexual diversity, dating and intimate partners violence prevention, development of healthy relationships, prevention of CSA, improved social/emotional learning and increased media literacy.

Shanta R. Dube, Robert F. Anda, Charles L. Whitfield, David W. Brown, Vincent J. Felitti, Maxia Dong, Wayne H. Giles (2005) this study examined on the long term consequences of childhood sexual abuse by gender of victim and highlighted that although most studies on the long term consequences of CSA have focused on women, sexual abuse of both boys and girls are common. Thus, CSA by gender of victim will provide perspective activities and treatment of survivors. Members, experiencing CSA was common among both man and women. The long term impact of CSA on numerous health and social problems was similar for both men and women. These findings strongly indicate that boys and girls are vulnerable to this form of childhood maltreatment. The similarity in the likelihood for several behavior, mental and social outcomes among men and women suggests the need to identify and treat all adult affected by CSA.

2.3. SUMMARY OF THE REVIEW OF LITERATURE

The present summary review made in this chapter has indicates what has already been studied by others till date, in relation to child sexual abuse and the importance of sex education in schools curriculum. Only the relevant literature were included, and not on each and everything about every aspect of the topic of research. The present studies provided a brief and critical review and appraisal of only the related studies and shows how the present study is relating with the previous studies that were done already and how it can contribute more or can advance the available knowledge further in the specific area studies. In order to draw a clear picture, a brief summary of the review of the literature are highlighted below.

The present study found out that all the respondents were in favor of sex education in school curriculum with 100% agreeing to the importance of sex education in school curriculum. **Alosius (1974)** in his study found that both the teacher and adolescent had a favorable attitude to the introduction of sex education in school. **Sahai, SK (1985)** also found that with introduction of sex-education as part of school curriculum will lead to healthy relationship between opposite sex. With regard to teachers attitude towards imparting sex education in school **Dutta R.S (1987)**, his finding shows that, the attitude of teachers in both the cities was favourable towards sex education in school.

One study done on sex education at secondary school level in Kohima district of Nagaland on MA dissertation by **Lotoli Kib's (2002-2004)**, her study found that being a conservative society, sexuality and related issue is considered a taboo and a sensitive issue to be discussed and talk about. Coverage of sex education and related topic is limited in school curriculum. There are also no separate subjects as such most of the teacher lack necessary training to take up such a subject. Mains sources of information for young people are through discussion with friends and from others like books, magazines, movies, and other multimedia. Access to right information on sexuality and related issue is limited one of the main factor for thus is because of the gap between parents and children. Aids Epidemic has generated the importance and urgency of imparting sex education. Involvement of parents and communities is important to develop strategies to develop or revise such course. With introduction of sex education as part of school curriculum will lead to healthy relationship between opposite sex. While imparting sex education morale value should be included also. Secondary level education is the right stage to introduce this course. Sex education will not hamper other regular curriculum. **Whaley Suzanne Amy (1994)**, the result of the study found out the need for sex and sexuality

education that should include more information rather than just biological functions. Overall, the researcher sees the need for better sex education beginning early in junior high school. By broadening the sex education curriculum, the researcher believes that students will benefit by being more informed, healthy, and responsible. Studies done by **Cynthia Crosson – Tower (2003)**, **Dashel, Rebecca L (2012)**, **Donna Brown (2012)** reveals that child abuse prevention programme was very effective, the child not only grasp the basic concepts but also communicated more openly about abuse, both in the classroom and with their parents. The studies highlight that comprehensive sexual education program allows for factual information to be presented to student and address all the areas that student may already have learnt. With regard to the evaluation of safer, smarter kids as an effective curriculum in meeting the educational objectives of increasing children's knowledge of safety rules and self protection techniques and strategies.

*The result of the present study reveals that there is an increased or rise of child sexual abuse in the state of Nagaland which were corresponding with the studies done by **M. Temjen Longkumer (2013)** His findings related to rape and sexual assault reflect that, though such nature of crime virtually was not prevalent in Naga society, it has become a common occurrence in the recent past (especially since 2003). Most of his findings with regard to rape cases constituted of minor girls (aged between 2 years and 9 months, 3 years, 4 years, 7 years, 8 years, 9 years, 10 years, 12 years and 14 years) that comes under the category of child sexual abuse. Hence it clearly shows that there is a rise of sexual abuse cases in Naga society. **Mannat Mohanjeet Singh, Shradha S, Parsekar and Sreekumaran N. Nair (2014)**, their study highlights on the prevalence of CSA and found to be high in India as well as throughout the world. CSA is an extensive problem and even the lowest prevalence includes a huge number of victims. **Dolly Kikon (2015)** the study revealed that, according to the register record in the Women's cell, in 2011, the women cell registered 22 children, and in 2012, there were 31 cases. By 2013, the number had gone up to 50. In 2014, by February the women police registered 10 cases. Dwelling on the increasing number of children who became victims of sexual abuse showing the rise of child sexual abuse in Nagaland.*

*The present study highlights that 11-15 years of children are at the most risk of abuse and exploitation with 56% which is contrasting with the study done by **Ministry of Women and Child Development Government of India (2007)**, where the finding shows that, 5-12 years group who are at the risk of abuse and exploitation. However, one similarity finding which*

was found in both the studies shows that when a child takes time to report there are high chances for them to be repeatedly abused.

The findings of the present study revealed that sex education teaches abstinence from sexual activity where 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid STDs and 90.1% agreed that it will avoid HIV's and AIDS. Where similar findings were seeing in the reviews by various researches both India and Abroad. **Azibur Rahman (2004)**, the study shows sex education as a battle against sexual illiteracy. It is like a vaccination for HIV & AIDS. The venereal diseases are spreading in an alarming rate especially among those belonging to 15 to 30 years age group. Sex education program help youngsters to manage themselves with dignity and restrain it. Adolescence is a period of maximum sexual drive. By the age of 12, adolescence must know simple facts of their sexual knowledge. **Randhir Kumar, Anmol Goyal, Parmal Singh, Anu Bhardwaj, Anshu Mittal, Sachin Singh Yadav (2017)**, the findings of the study shows that, majority of 86.3% said sex education can prevent the occurrence of AIDS. **Sharma Kritika (2020)**, the study shows that School children should be taught safe use of internet and social media, reproductive health and prevention of HIV through education. **James E. Rosen, Nancy M. Murray Scott Moreland (2004)**, the finding of the study shows that; Comprehensive sexuality education is effective in improving key Youth Reproductive Health (YRH) behavior. The HIV/AIDS education for Secondary School student improved knowledge and attitude of the student not only with knowledge about AIDS but it also improved attitudes towards people with AIDS. It reduces the number of sexual partners. **Eko Jimmy et al. (2013)**, the findings of the study shows that participants shares similar opinion that sex education should cover area such as abstinence, HIV/AIDS, sexually transmitted diseases, basis of reproduction, etc.

With regard to the category of perpetrators, the findings of the present study highlights that most of the perpetrators are known to the child with more than 85% falls under the category of neighbor, uncle, step father, biological father, grandfather and friend. **Alok Kumar, Asha Pathak, Sandeep Kumar, Pooja Rastogi, Prateek Rastogi (2012)**, 50% abuser were known to the child or in a position of trust and responsibilities. Most children did not report the matter to anyone. **Karen Hughes, heather Stephens, Amy Difranco, Linda Manning, Natalie van der Toorn, Cathy North and Miriam Taylor (1998)**, the study revealed that in many cases the perpetrator was well known to the child, and most often a member of their own family.

The present study also highlights the psychological effects of CSA where 81.2% of CSA children shows helplessness, anger with 100% respondents agreeing to it, psychological effects like flashback with 98.1% strongly, low self esteem with 91.3%, 95% develop alcohol and substance abuse, 80% to post traumatic stress disorder agreeing to it. The present study also shows 100% fear of stigmatization which shows similarity findings with **V.C. Pandey (2004)**, his study highlighted that if a child is sexually abused then they are confront with grievous psychological damage like fear, shame, guilt, grief, anger, helplessness and depression. **David Finkelhor, Ph. D, and Angela Browne, Ph. D (1985)**, in this study four traumagenic dynamics i.e., traumatic sexualization, betrayal, stigmatization, and powerlessness, these four aspects are identified as the core of the psychological injury inflicted by abuse. This study has tried to suggest a framework for a more systematic understanding of the effects of sexual abuse. Developing a conceptualization of these links may serve as a step in the direction of advancing our understanding of sexual abuse and mitigating the effects of these experiences on its victims. **Friedrich N. William, Beilke L. Robert, Urquiza J. Anthony (1987)**, the results of this study concur with previous clinical impressions that indicate that sexually abuse children display a significantly greater number of behavior problems and fewer social competencies than normal. **Alexander C. Pamela (1993)**, the study shows the long term effects attributable to the experience of CSA which are significant and varied. Symptoms such as depression, anxiety, nightmares, and intrusive thoughts are so common among abuse survivors that many researchers and clinicians advocate a posttraumatic stress disorder (PTSD).

The above mentioned research works by various investigators and authors highlighted that there is a rise of CSA in the state of Nagaland as well as around the world. Therefore, one considerable means of attaining betterment in the area of CSA is to create and foster maximum awareness through the help of proper comprehensive sex education programs.

3. Methodology

3.0 Introduction

Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. In a research paper, the methodology section allows the reader to critically evaluate and study its overall validity and reliability. The methodology section answers two main questions: How was the data collected or generated? How was it analyzed?

The present study envisages finding out about a study on “Child Sexual Abuse in Nagaland: Importance of Sex Education in School Curriculum” using Descriptive Survey Method. This method describes and interprets what exists at present and was concerned with conditions and relationships that exist, practice and prevail, point of view or attitude that are held, and processes that are going on. This research study has used three methods viz: - The questionnaire, Interview schedule, and some few Case Studies were done as per the recommendation of some senior experts in the Department of Education under Nagaland University to strengthen the study, though it was not mentioned in the objectives of the study.

3.1 Population

The population of the present study included survivor of Child Sexual Abuse (CSA), Headmaster/Principal/Teacher and parents of Government and Private schools, Churches, and Policymakers (Officials from Directorate of School Education, SCERT, Police Authority, Administration and ICPS, SCPS and DCPS under Social Welfare Department).

3.1.1 Sample

The sample in the present study constituted of 400 samples, out of which 100 random samples were victims of CSA comprising both boys and girls. It also included Adults who had experienced such kind of CSA in their childhood. 300 purposive samples were comprised of parents, students, teachers, Sunday school teachers, and policymakers. Eight case studies were applied as per the recommendation of some senior experts under Department of Education, Nagaland University to strengthen the present study though not mentioned in the objectives. Simple Random Sampling method along with Purposive Sampling Method was employed by the investigator. Purposive Sampling Method was used

by the investigator for the administration of questionnaires along with conducting case study because this procedure was suitable to select one sample intentionally and leave the other purposefully. In the sample for administration of case study of the sexual survivor child different categories like types of abuse, child age, types of perpetrators, perpetrator's age, gender, educational qualification, home environment of the child, where the incident of sexual abuse took place, whether reported to the police or received help from the government and NGOs were taken into account. The researcher brought out the variety of cases in which the child sexual survivors go through diverse challenges. The investigator illuminates that the phrase "stranger danger" holds truth no more, where perpetrator can be anyone, even our most trusted ones can come under the category of perpetrators which were highlighted in the eight case studies.

3.2 Sources of Data

The source of data was based on two types vis: - Primary and Secondary sources.

3.2.1 Primary Sources

The primary data for the present study were collected using the Questionnaire, Interview, and Case Study methods.

3.2.2 Secondary sources

For the present study, the secondary data were collected from a variety of books, journals, newspapers, magazines, official records, statistical data, and the internet sources.

3.3 Tools Used

In order to investigate and obtain answers for the present research study, data was collected with the help of three tools as Questionnaire, Interview, and Case Study. These three different types of research tools were selected to obtain appropriate evidence or information required for the study.

3.3.1 Questionnaire

The questionnaire tool for the present study was constructed with the purpose to administer to a mass variety of respondents i.e., teacher, parent, Sunday school teacher, students, and

policymakers like heads of department (HOD), SCERT, social welfare department, police authority, and NGOs.

3.3.1.1 Construction of Questionnaire

Before the official distribution and dispatch of the questionnaire to the focused sample population, a preliminary investigation of the questionnaire was made to study the questionnaire from scientific perspective. The researcher also did a pilot study to some few school and college students.

In this phase, a specimen of questionnaire of both close and open ended questions in accordance with the research topic was prepared and given to some few senior experts under the Department of Education Nagaland University, a few school Principals, some personnel from SCERT, police authority, Social Welfare Department under child protection, some NGOs personnel who are actually working on CSA issues in Nagaland. Their valuable advice and suggestions were taken into consideration for further modification, feedback, and inputs (if any) for the improvisation of the questionnaire. This step was mainly taken to:

1. Find out the respondent's level of comprehending the questions.
2. Scrutinize the answer level to individual questions.
3. Determine whether the questionnaire encourages suitable and friendly bond with the respondents; and
4. To obtain response and recommendations for any improvement.

As per the recommendations obtained in the preliminary try out, 9(Nine) sets of questionnaires were prepared for administering questions to Heads of Departments, teachers, students, parents, Sunday school teacher, NGOs, police authority, SCERT and Social Welfare Department. All the sets of questionnaire consisted of open and close ended questions.

The present study questionnaires focused on the following categories/dimensions such as:

- I. Personal details: Questions relating to their age, gender and educational qualification of all the respondents.
- II. Official Record forms seeking information like the gender, age of the victim, year of abuse, year of case registered, manner of abuse and the district where the abuse took place were asked by the investigator which were attached along with the questionnaires and were given to the Social Welfare Department, police authority and

NGOs to find out the recorded CSA cases from the government or NGOs records from 2012 till 2020.

III. Reasons as to why the children are sexually abused in society both in the open and closed ended questions forms:

a) Questions and opinion relating to the reasons as to why the children were sexually abused in the society. Statements like, Lack of parenting skill, perpetrator trusted people, vulnerable children, non reporting cases, poor and needy children whereby the respondents were ask to tick the appropriate.

b) Questions on the awareness of any steps or programmes taken up by the department for CSA in Nagaland.

c) Questions on CSA as hidden occurrences in Nagaland.

d) Questions on most common age group for CSA and reasons as to why children keep quiet about CSA.

e) Questions on situations to if a child is abused and does not know how or where to report. How can parents/teacher/relatives/neighbor find out? Do you know whom to report?

f) Question on how does one respond if the child confides about the abuse?

g) Question on role of existing legislation in the country in dealing with the challenges of CSA and role of media on CSA issue.

h) Question on whether CSA is increasing in Nagaland? Give reasons.

i) Question on viewing child pornography having an influence on the abuser.

IV. Open and closed-ended questions on whether sex education in the school curriculum is important or not.

a) Questions on the barriers to effective implementation of sex education

b) Question on whether topics like sex, STD are discussed to children or students.

c) Question on whether sex education is important or not?

d) Question on which grade the school should start teaching students about sex education.

e) Question on the familiarity aspects of school curriculum.

f) Questions on the reasons why sex education is not implemented by the government.

g) Question on importance of teaching personal safety to the child.

h) Question on the opinion of the importance of sex education.

i) Question on whose duty is it to educate the children/ student about sex education?

- j) Question on the trust level of the following sources of health information: Doctor/Nurse, Parents, Peers, Internet, Social media, and School curriculum/teachers.
 - k) Question on sex education teaching avoidance skill to youth.
 - l) Statement on the importance of sex education in school curriculum.
- V. Open and closed-ended forms of questions on the Psychological effects likely to be faced by the victim or survivor of CSA.
- a) Question on the Problem faced by the sexually abused children.
 - b) Question on whether the sexually abused children were affected psychologically and to give reasons.
 - c) Question on CSA children experience long term psychological disorder and to give reasons.
 - d) Question on whether sexually abused children/ student requires counseling.
 - e) Statement on Psychological effects seen / observed in CSA.
- VI. Suggestions were elicited from the respondents in open-ended questions to suggest some measures for implementing sex education in the school curriculum.

3.3.2 Interview

The purpose of selecting the interview tool was to record the detailed information and data about Child Sexual Abuse in Nagaland. The number of sample allotted for Interview Schedule was 100 (Hundred). Due to the sensitivity issue of the topic, it was not easy on the part of the investigator to find the child sexual survivors and share their pain and suffering. Yet, despite of all this, as if the cry of the child was meant to be heard, help from all the angles, especially from the child sexual survivors and their families who have shared their painful stories. Also to those people who are actually working very closely with these children poured in generously with their valuable help. The investigator indeed is indebted and grateful to the State Child Protection Society under the Department of Social Welfare Kohima, Childline 1098 both Kohima and Dimapur and Prodigal home Director Dimapur for their selfless support and encouragement without whom the interview schedules of child sexual survivors would not have been possible.

3.3.2.1 Construction of the Interview Schedule

The interview design was a structure in nature with questions covering areas such as personal detail of the victims, whom the child was residing with? or the environment of the child, manner of abuse, identification of perpetrators, environment or location where the abuse took place, who reported the case? Types of support system the victim received, the impact of abuse on the victim, impact of abuse on victim's family, justice served to the victim, reason for abusing, victim's opinion on sex education, psychological effects faced by the victim, educational qualification of the victims and the physical impact faced by the victim.

3.3.3 Case Study

The case study was used on the recommendation of some senior experts from the Department of Education under Nagaland University, so that more insight can be drawn to strengthen the present study, though it was not mentioned in the objectives. Accordingly the researcher has worked on 8(Eight) case studies to bring about intensive investigation into the prevailing of child sexual abuse in Nagaland.

3.3.3.1 Construction of Case Study Schedule

The case study design was structured in nature. The questions to be asked were developed on the suggestions given by some senior experts from the Department of Education, Nagaland University. Suggestion were also collected from all those personnel both government and NGO's who were actually working directly with the sexually abuse children. The investigator personally met the sexually abused survivors and their parents to-gather necessary and relevant information for the present study and was deeply indebted and grateful to the sexually abused survivor and their parents for their help and cooperation and sharing their sorrows with the investigator. Accordingly, the investigator tried to bring out the different varieties and categories of abuse that had happened and highlighted on the 8(Eight) case studies.

3.4 Statistical Technique

For the current study, Simple Statistical in the form of Percentage Technique was used by the investigator to analyze and interpret the data. Feedback received from the respondents were

accounted and tabulated from varied items of Questionnaire, Interview and Case study. The data were transformed and calculated in terms of percentage.

3.5 Data Collection

Data collection was done through both primary and secondary sources, the Primary data were collected by the researcher afresh through questionnaire, interview, and case study methods for the first time, and therefore, it is original in nature. In the present study, primary sources of data were collected by the researcher through questionnaire. The investigator personally visited and met people which gave the investigator to literally interact with the sample concerned. The respondents were found to be more willing to help which ultimately gave more insight to the research work.

For the present study, the secondary data was collected from a variety of books, journals, newspapers, magazines, official records, statistical data, and the internet.

3.5.1 Administration of Questionnaire

300 (Three Hundred) samples were selected for the questionnaire. The questionnaire were divided into 9 (Nine) sets of questionnaires out of which 60 (Sixty) sets of questions were for students, 90 (Ninety) sets of questions are for teachers, 30 (Thirty) sets of questions are for Sunday school teachers, 90 (Ninety) sets of questions for parents, 5 (Five) sets of questions for police authority, 5 (Five) sets of questions for NGOs, 7(Seven) sets of questions for NCERT, 7(Seven) sets of questions for Social Welfare under child protection department and 6 (Six) sets of questions for HODs. All these sets of questionnaires were same except 1(One) question which was meant specifically only to the teachers and parents. 3(Three) record forms seeking information like the gender, age of the victim, year of abuse, year of case registered, manner of abuse and the district where the abuse took place were asked by the investigator which were attached along with the questionnaires and were given to the department of social welfare, police authority and NGOs to find out the recorded CSA cases from the government or NGOs records from 2012 till 2020. 9 (Nine) sets of questionnaires were delimited to Kohima, Dimapur, and Peren district as per the present study.

3.5.2 Administration of Interview Schedules and Conduct of Case Study

100 samples were selected for the interview schedule to the victims of CSA in Nagaland. The investigator interviewed the victims by visiting children's homes, getting all the support and

direction from Child Line both Kohima and Dimapur, CWC Kohima and Peren, support and direction from the social welfare department under child protection which has to help the investigator in getting all the 100 sample victim. Interview schedules for the present study were delimited to Kohima, Dimapur, and Peren district of Nagaland.

In order to give more insight to the present study, the investigator has conducted 8(Eight) case studies on CSA that has happened in Nagaland. It was a very challenging moment for the investigator and the investigator is grateful indeed to all the victim-survivors for coming out bravely and sharing their stories, pain and sorrow with us.

3.5.3 Ethical guidelines used in Interview schedule and case study

Knowing the sensitivity of the present study research topic, the researcher kept in mind the following matters and consents while conducting the interview schedule and case study:

- i. Taking consent from the caretaker (parents/guardians) of the sexual survivor child.
- ii. Taking consent from the sexual survivor child by making him/her realize that her/his participation is voluntary and not forced upon. They can stop the interview anytime if they start feeling uncomfortable and that nobody will be annoyed.
- iii. Taking permission and agreement from them that their responses will be written down and audio recorded. Also making them know that their responses were only for the purpose of research and that it will be published.
- iv. The investigator made sure that the identities of the respondents are protected. Made them know that their names will not be written or shall appear anywhere in the report ensuring them complete confidentiality.
- v. The investigator took all the care in demonstrating respect for the child's view and all attempts were made to minimize the distress that can cause to the sexual survivor child.
- vi. The investigator is grateful to SCPS State Child Protection Society Social Welfare Department Nagaland, Child line 1098 both Dimapur and Kohima for helping the researcher in identifying some of the child sexual survivor. Calling some of the victims in their office so that fruitful interview can take place.

The investigator also looked into the matter and made sure that all the travel expenses (taxi/autofare) of both the child sexual survivor and his/her family accompanying her/him for the interview and case study to the Childline office were taken care by the researcher.

3.6 Analysis and Interpretation Procedures

In order to draw out the sound conclusion and valid generalizations, the following steps were taken in the analysis and interpretation procedure:

3.6.1 Analysis Procedure

Raw data gathered with the help of the questionnaires were tabulated and analyzed in tune with the outline laid down for the purpose at the time of bringing about the research plan. Each individual questionnaire were checked for accuracy and completeness and then classified into different categories as per the similarity of the area to be analyzed and interpreted.

Firstly, the raw data collected through the questionnaires and official records were processed by applying frequency counts and then tabulated. The averages was found out and converted into a percentage with the help of electronic calculators and computers for accurate mathematical calculations. After which data were then placed in tables and charts in the form of histograms, pie-charts, and bar-charts for illustration of data. After analyzing the data, the researcher proceeded to the stage of interpreting the results and then formulated conclusions and generalizations on the basis of the results drawn.

3.6.2 Interpretation procedures

The process of interpretation stated what the result revealed. Therefore, after analyzing the procedure, interpretation of the recorded data were made independently according to the category and tables, charts, and histograms wise. Data collected through interviews and case studies were composed and presented independently in a descriptive manner like that of the questionnaires so that a clear-cut conclusion is drawn from all the different tools of the present study which were presented under the same objectives. Keeping in view the limitation of the sample chosen, the tools selected and used in the study, the researcher did a careful, logical, and critical examination of the results obtained and analyzed. All the data were analyzed and interpreted using descriptive method research.

4. Analysis and Interpretation

4.0 Introduction

This chapter presents a comprehensive analysis and interpretation of the data on the Child Sexual Abuse in Nagaland; Importance of Sex Education in School curriculum. The chapter has been categorized into five major sections, based on the objectives of the study. It includes analysis and interpretation of the data received from questionnaires both male and female respondents, data received through interviews, and data received through case studies. The data received through questionnaires, interviews, and case studies were categorized, analyzed, and interpreted with the help of illustration in tables, charts like pie charts, bar charts, and histograms. Each questionnaire, interviews, and case studies are then appropriately interpreted and presented in three separate parts or sections.

PART-A (Questionnaire)

4.1 Statistical Overview of Children Victims of Child Sexual Abuse in Dimapur, Kohima, and Peren Based on Government and NGO Records

Table 4.1

Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2018

DISTRICTS	(A) MOLESTATION/ ATTEMPT RAPE		(B) SEXUAL ASSAULT/ RAPE OF MINOR		(C) RAPE & MURDER	
	M	F	M	F	M	F
DIMAPUR	-	7	-	10	-	-
KOHIMA	-	16	-	33	-	-
PEREN	-	3	-	5	-	1
TOTAL	0	26	0	48	0	1

Total cases under Child Sexual Abuse (A+B+C) = 75

**For this study Sexual assault/rape is defined as penetrative sexual abuse and includes acts like the penetration of a penis/ object /any part of the body into the vagina, mouth, urethra, or anus of a child or makes the child do so. Any sexual activity, irrespective of consent with the child below the age of 18, constitutes statutory rape.*

As shown from table 4.1, Kohima records the highest percentage of CSA with 16 cases of female children under molestation/attempt rape and 33 cases of sexual assault/rape of a minor.

Followed by Dimapur with 7 cases of molestation/attempt rape and 10 cases of sexual assault/rape of a minor. Peren district recorded 3 cases under molestation/attempt rape, 5 cases under sexual assault/rape of a minor, and 1 case of rape and murder out of which all the victims are female with Nil male victims.

Table 4.2
Year-wise categorization of Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2018

CRIME HEAD	2013-14			2014-15			2015-16			2016-17			2017-18		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
MOLESTATION/ ATTEMPT RAPE	3	N/I	1	2	2	0	1	0	0	5	1	2	3	0	0
SEXUAL ASSAULT/ RAPE OF MINOR	4	N/I	1	5	3	0	6	4	0	8	1	2	8	4	2
RAPE & MURDER	0	N/I	0	0	0	0	0	0	0	0	0	1	0	0	0
Total CSA	7		2	7	5	0	7	4	0	13	2	5	11	4	2

A = Kohima B = Dimapur C = Peren N/I = No Information

- A total of 09 cases were reported during 2013-2014 with 13.04% followed by 12 cases in 2014-2015 with 17.39%, 11 cases reported in 2015-2016 with 15.94% as compared to 20 cases during 2016-17 showing an increase of 20 cases with 28.98% and 17 cases in 2017-18 with 24.63%.
- Penetrative sexual abuse records the highest 48 cases with 69.54% among the different types of sexual abuse. Rape and murder of 01 case with 1.44% and Molestation/ Attempt Rape of 20 cases with 28.98%.

Table 4.3

Age-wise categorization of Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2018

CRIME HEAD	0-5 Years			6-10 Years			11-15 Years			16-18 Years		
	A	B	C	A	B	C	A	B	C	A	B	C
MOLESTATION/ ATTEMPT RAPE	1	1	0	2	0	0	6	2	0	5	1	0
SEXUAL ASSAULT/ RAPE OF MINOR	1	1	0	6	2	1	18	8	6	10	2	1
RAPE & MURDER	0	0	0	0	0	0	0	0	1	0	0	0
TOTAL CSA	2	2	0	8	2	1	24	10	7	15	3	1

A= Kohima

B= Dimapur

C= Peren

- Out of 75 number of children victims of CSA 04 children belongs to the age group of 0-5 years with 5.33% followed by 11 children belongs to the age group of 6-10 years with 14.66%, 41 children to the age group of 11-15 years with 54.66% and 19 children belonging to the age group of 16-18 years with 25.33% respectively.
- It has been observed that 54.66% (41Cases) of Child Sexual Offence happen to children under the age group of 11-15 years.
- It has been highlighted that Kohima shows the highest record with 49 cases with 65.33% followed by Dimapur with 17 cases with 22.66% and Peren with 9 cases with 12% cases.

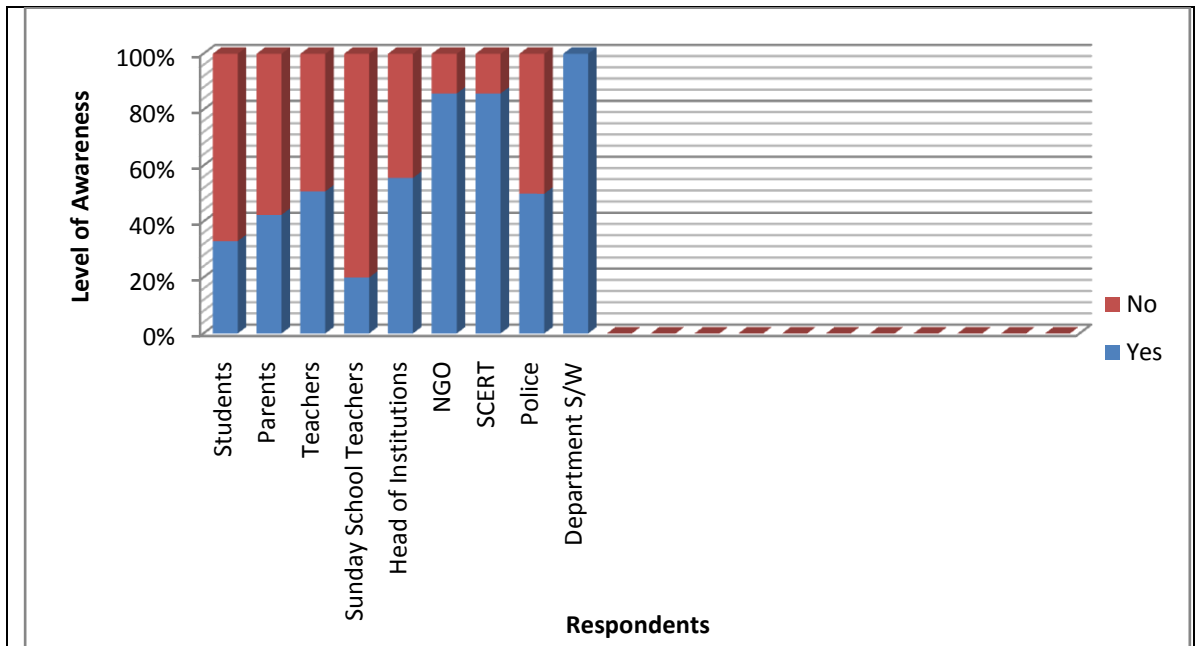
4.2 Reasons as to why Children are Sexually Abused in the Society

Many things can cause Child Sexual Abuse. The reasons are often complex, and there is no single explanation. Some of the reasons shown in this present study were:

Level of Awareness on CSA

Fig 4.1

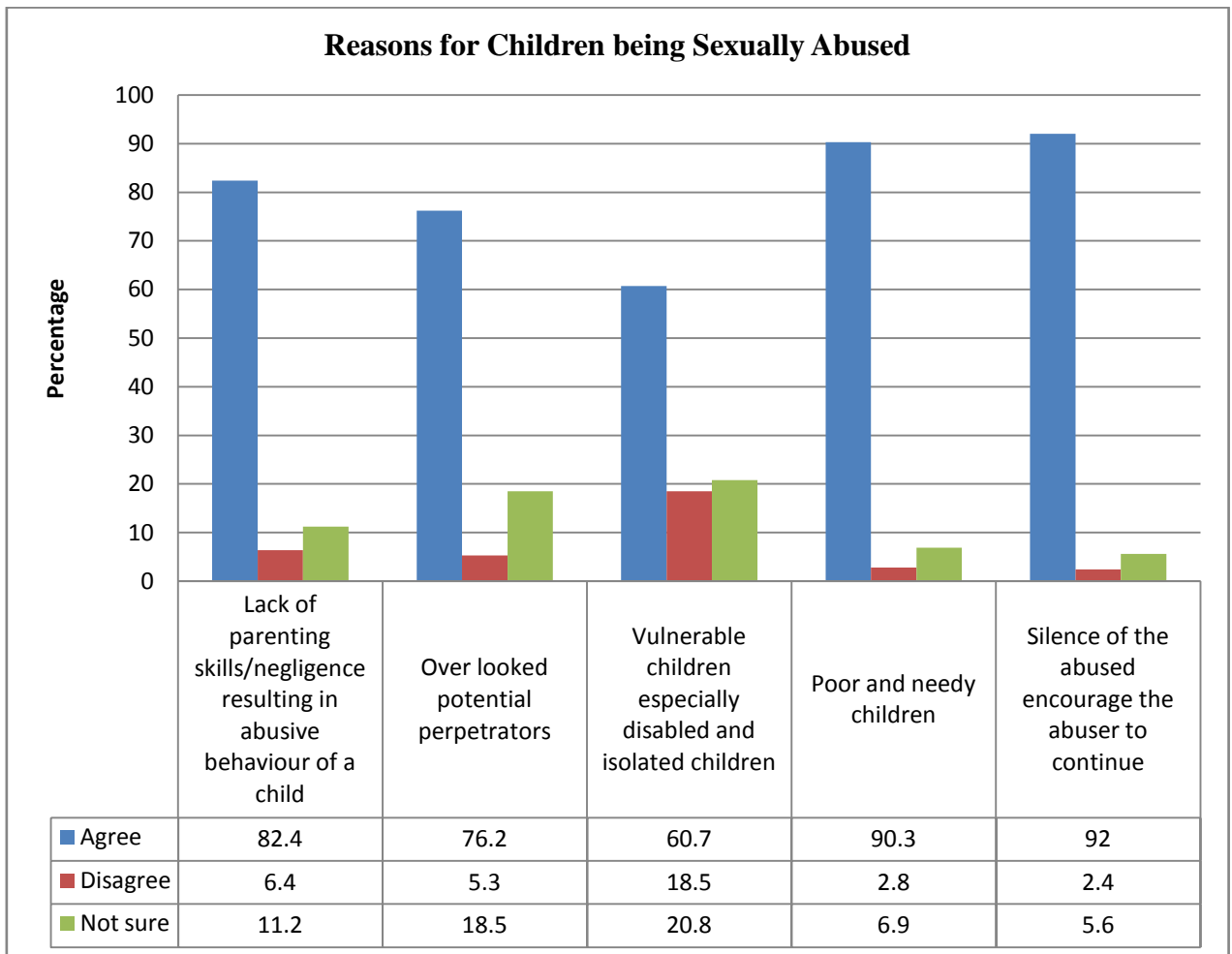
Level of awareness among the general public on child abuse and the system that is in place for the protection of children in the State



As shown in the above Fig 4.1 with regard to the level of awareness among the general public on child abuse and the system that was in place for the protection of children in the State we can see that the Student level of awareness was only 30%, Parents 40%, Teachers 50%, Sunday school teachers 20%, Heads of institution 60%, NGO 90%, SCERT 90%, Police 45% and Department of Social Welfare with 100%.

Reasons for Children being Sexually Abused

Fig 4.2



Silence or non-reporting was found to be one of the chief risk factors leading to or encouraging the occurrence of CSA with 92% of the respondents agreeing to it, followed by the socio-economic status of the child (90.3%) and negligence of the caregiver (82.4%). It was also to be noted that most perpetrators were not strangers but known people to the victim or the victim's family whom we overlooked as potential perpetrators (76.2%). It was also seen that many perpetrators took advantage of the vulnerability of the child such as mental or physical disability.

Reasons for Children being Sexually Abused
Table 4.4

Situations	Yes %	No %	Not sure %
Child abuse a hidden occurrence in Nagaland	82	3.8	14.2
Most of the CSA crimes goes unreported	82.9	0.8	16.3
Protest against child sexual abuse	97.3	0	2.7
Knowledge of reporting if a child is sexually abused	94	1.5	4.5
Awareness of any organizations/contacts	73	27	0

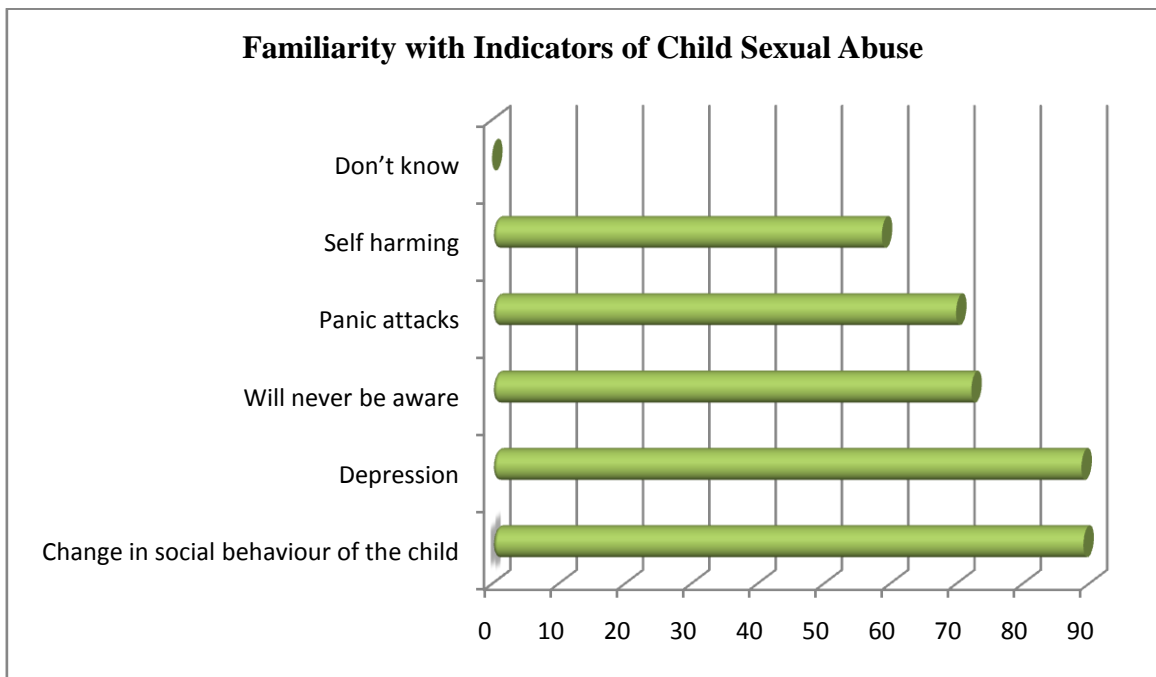
The above table 4.4 depicted that 82% agreed that child abuse is still a hidden occurrence in Nagaland. 82.9% agreed that most of the child sexual abuse crimes were not reported and 97.3% of the respondents protest against child sexual abuse. 94% states that they have the knowledge of whom to report if a child was sexually abused and 73% were aware of the concerned organizations and contacts.

Familiarity with Indicators of Child Sexual Abuse

Table 4.5

Indicators	%
Change in the social behaviour of the child	89.2
Depression	88.9
Will never be aware	72.3
Panic attacks	70
Self-harming	58.8
Don't know	0.4

Fig 4.3



In identifying if a child was sexually abused, the above table 4.5 and fig 4.3 shows that 89.2% agreed that they saw a change in the social behavior of the child, 88.9% to depression, 72.3% stated that they will never be aware, 70% to panic attacks, 58.8% to self-harming and 0.4% stated that they don't know.

Table 4.6
General Observations around the Issue of CSA

Issues	Yes %	No %	Don't know %
Effectiveness of the existing legislation	26.8	24.2	49
Effectiveness of media coverage	25.3	50.5	24.2
Increasing cases of child sexual abuse in Nagaland	72.2	4.6	23.2
Influence of child pornography	87.4	0.8	11.8

From the above table 4.6, it reveals that 26.8% agreed on the effectiveness of the existing legislation whereas 24.2% disagreed but the majority of the respondents 49% were not aware

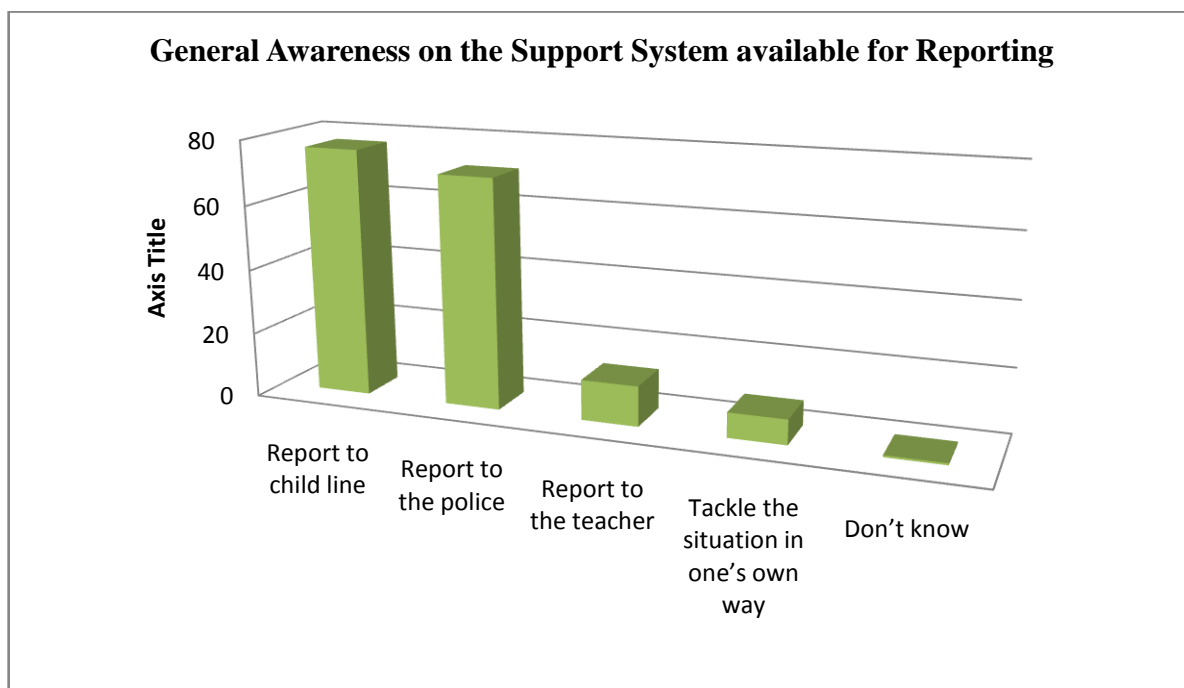
of the existing legislation. In relation to media, the majority of the respondent with 50.5% states the ineffectiveness of media coverage related to child sexual abuse whereas, 25.3% agreed on its effectiveness and 24.2% of the respondent were not aware. 72.2% agreed that there is an increasing case of child abuse in Nagaland and in the influence of child pornography 87.4% agreed

Table 4.7

General Awareness on the Support System available for Reporting

Actions	%
Report to CHILDLINE	76.8
Report to the Police	71
Report to the Teacher	12.4
Tackle the situation in one's own way	7.7
Don't know	0.6

Fig 4.4



In relation to the general awareness on the support system available for reporting Table 4.7 and Figure 4.4 shows the highest report to Childline 1098, with 76.8% followed by report to Police with 71%, report to Teacher with 12.4 % , tackle the situation in once own way with 7.7% and the least percentage is 0.6% with the respondents responding “Don't know”.

Table 4.8
Causes of Child Sexual Abuse

Causes	Yes %	No %	Not sure %
Lack of moral education	93.3	1.3	5.4
Lack of value education	83.7	0	16.3
Social degradation	80.4	9.6	10
Broken families	80.4	5.3	14.3
No sex education in school	76.6	11.4	12
No sex education in society	76.5	12.3	11.2
Substance abuse	75.4	7.3	17.3
No sex education at home	65.2	23.2	11.6
No sex education in the church	50.6	12.2	37.2
Unemployment	28.5	35.8	35.7

Table 4.8 revealed the causes of child sexual abuse where 93.3% agreed that the lack of moral education is the main cause, followed by lack of value education, broken families, and social degradation with an average of 80% and above.

Other causes like lack of sex education in school and society and substance abuse more than 75% of respondents agreed. 65.2% of respondents agreed that the cause of child sexual abuse was due to the reason that parents do not talk about sex education at home.

Half of the respondents gave a positive response that the church does not talk about sex education which could be one of the causes but 12.2% did not agree and 37.2% of respondents were not sure. Only a few agreed with 28.5% as the reason for unemployment as a cause.

Table 4.9

Reasons for Increasing CSA in Nagaland

Reasons	%
Due to mass media	90
Parents do not talk about sex education at home	90
Curiosity to experiment by young people as they get exposed to other cultures without a proper sense of right or wrong	85
Lack of moral education	80
No sex education in society	80
No sex education in school	80
No sex education in the school curriculum	80
No sex education in college	75
Degradation of cultural values of Nagas	75
Due to broken families	60
Due to social change	60
No sex education in the church	60
Due to conflicts in society	27.3

The above Table 4.9 shows the Cases of child sexual abuse increasing in Nagaland where 90% of respondents revealed that the influence of mass media and parents not talking about sex education at home was the major reason. 85% agreed that Curiosity experiments by young people as they get exposed to other cultures without a proper sense of right or wrong.

80% of respondents revealed that lack of moral and sex education in society, school, and school curriculum had increased the cases of child sexual abuse in Nagaland. 75% agreed that child sexual abuse was increasing due to no sex education in colleges and also due to the degradation of cultural values of the Nagas.

Broken families, social change, and lack of sex education in the church come to an average of 60%. Few respondents agreed to the reason conflicts in the society with 27.3%.

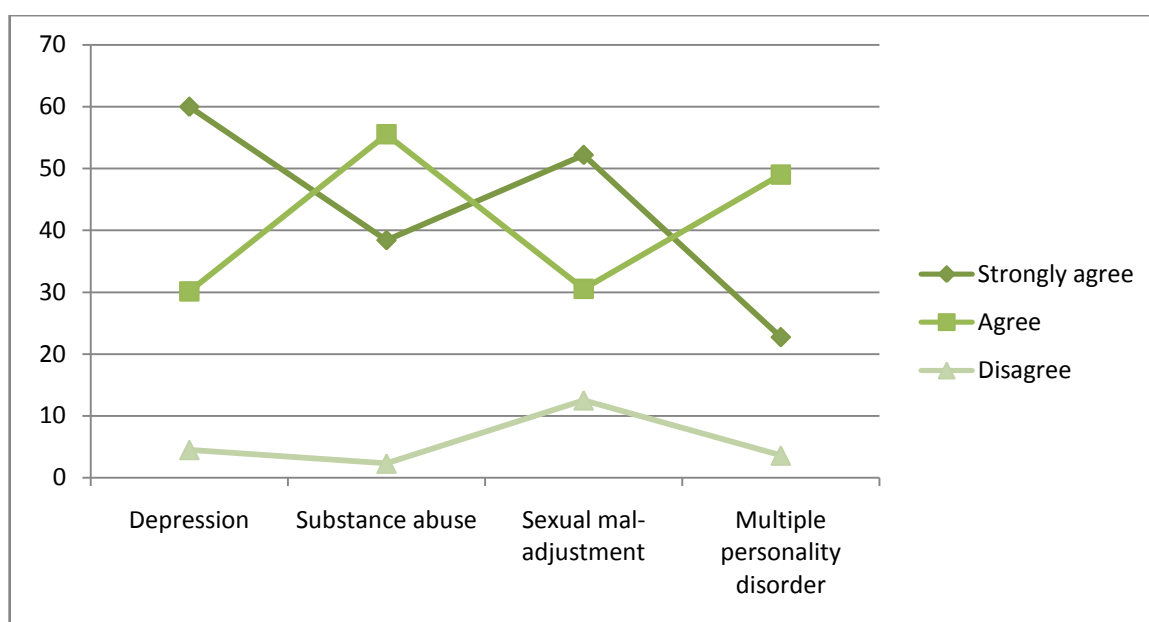
Table 4.10

Problems Developed in Adulthood due to Sexual Abuse during Childhood

Problems	Strongly agreed %	Agreed %	Disagree %	Not sure %
Depression	60	30.1	4.5	5.4
Substance abuse	38.4	55.5	2.3	3.8
Sexual mal-adjustment	52.2	30.5	12.5	4.8
Multiple personality disorder	22.7	49	3.6	24.7

Fig 4.5

Problems Developed in Adulthood due to Sexual Abuse during Childhood



According to Table 4.10 and Figure 4.5 on problems developed in adulthood due to sexual abuse during childhood, overwhelming respondents agreed that depression and substance abuse as the main problem developed with more than 90% and less than 10% disagreed or were not sure.

With regard to sexual maladjustment developed in adulthood due to sexual abuse during childhood 52.2% strongly agreed, 30.5% agreed and less than 20% of the respondents disagreed or were not sure. 22.7% of respondents strongly agreed that multiple personality disorder is developed due to sexual abuse during childhood, the majority agreed with 49% and less than 30% of respondents did not agree or were not sure.

4.3 Sex Education Program in School Curriculum can Reduce Children’s Vulnerability against Child Sexual Abuse

Table 4.11

Students / Young Children discussing following topics to Teachers, Parents, and Elders

Topics	Yes %	No %	Sometimes %
Sex	11	84	5
STD’s	30.1	54.2	15.7
Your expectation as a teacher to your student	40.7	32.2	27.1

From the above table 4.11, it revealed that 11% of students/young children discuss sex topic to the teachers, parents, and elders where 84% of young people do not talk about sex at all and only 5% talk about it sometimes.

With related to sexually transmitted diseases 30.1% discuss with teachers, parents, and elders, 54.2% stated no and 15.7% discuss it sometimes. The result revealed that most young people do not feel comfortable talking about topics like sex and STDs with their teachers, parents, and elders.

40.7 % of teachers revealed that they expected their students to talk about sex and STDs topic with them whereas 32.2% of teachers do not have that expectation and 27.1 % stated sometimes.

Table 4.12**Opinions towards Sex Education in School Curriculum**

	Situations	Agree %	Disagree %	Not sure %
A	Sex education teaches abstinence from sexual activity before marriage	64.7	16.9	18.4
B	Sex education teaches that abstinence from sexual activity is the only certain way to:			
i	Avoid out of wedlock unwanted pregnancy	80.1	3.7	16.2
ii	Avoid sexually transmitted diseases (STD's)	93.1	4.1	2.8
iii	Avoid HIV's and AIDS	90.1	6.2	3.7
C	Sex education teaches that sexual activity outside the context of marriage is likely to have:			
i	Harmful psychological side effect	77.4	7.3	15.3
ii	Harmful physical side effect	69	10.9	20.1
iii	Harmful personality side effect	63.8	6.9	29.3
D	Sex education teaches that bearing children out of wedlock is likely to have harmful consequences for the following:			
i	The child	80.7	10.3	9
ii	The child's parents	71.6	7.6	20.8
iii	The society	58.8	13.2	28
E	Sex education teaches young people how to reject sexual advances	74	7	19
F	Sex education teaches the importance of attaining self-sufficiency before engaging in sexual activity	90	2.5	7.5

Table 4.12 indicates the opinion of the respondents towards sex education in the school curriculum where 64.7% agreed that teaching sex education in the school teaches abstinence from sexual activity before marriage whereas 19.9% disagreed and 18.4% could not ascertain. In relation to sex education teaching abstinence from sexual activity, 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid sexually transmitted diseases and 90.1% agreed that it will avoid HIV and AIDS. In relation to the impact that sex education teaches that sexual activity outside the context of marriage was likely to have harmful psychological side effects, 77.4% of respondents agreed, 69% agreed

to harmful physical side effects and 63.8% agreed to harmful personality side effects. An average of 8% of respondents did not agree to the harmful psychological, physical, and personality side effects whereas averages of 21% were not sure.

In relation to harmful consequences bearing children out of wedlock, 80.7% of respondents stated that it was the child who suffers, 71.6% agreed to the child's parents and 58.8% agreed that it will bring harmful consequences to the society. With regard to sex education teaching young people how to reject sexual advances 74% agreed, 7% disagreed and 19% of respondents were not sure. 90% of respondents agreed that sex education teaches the importance of attaining self-sufficiency before engaging in sexual activity whereas 2.5% disagreed and 7.5% were not sure.

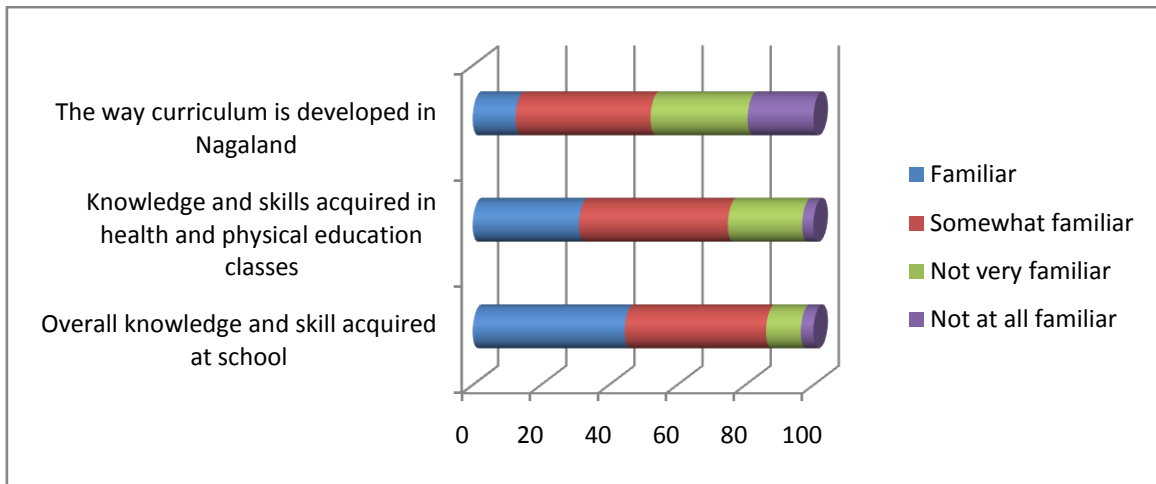
Table 4.13

Familiar with Aspects of School Curriculum

Aspects of the school curriculum	Familiar %	Somewhat familiar %	Not very familiar %	Not at all familiar %
Overall knowledge and skill acquired at school	44.6	41.5	10.2	3.7
Knowledge and skills acquired in health and physical education classes	31.2	43.7	21.8	3.3
The way curriculum is developed in Nagaland	12.6	39.6	28.5	19.3

Fig 4.6

Familiar with aspects of School Curriculum



In finding out whether respondents are familiar with aspects of the school curriculum, 44% were familiar with the overall knowledge and skill acquired at school whereas more than 50% of respondents were somewhat or not very familiar and 3.7% were not at all familiar.

31.2% were found to be familiar with the knowledge and skills acquired in health and physical education classes whereas the majority of the respondents were not sure about it.

In relation to the way the curriculum is developed in Nagaland, only 12.6% of respondents were familiar with it whereas, the majority of the respondents nearly 90% were not familiar with how the curriculum is developed in Nagaland.

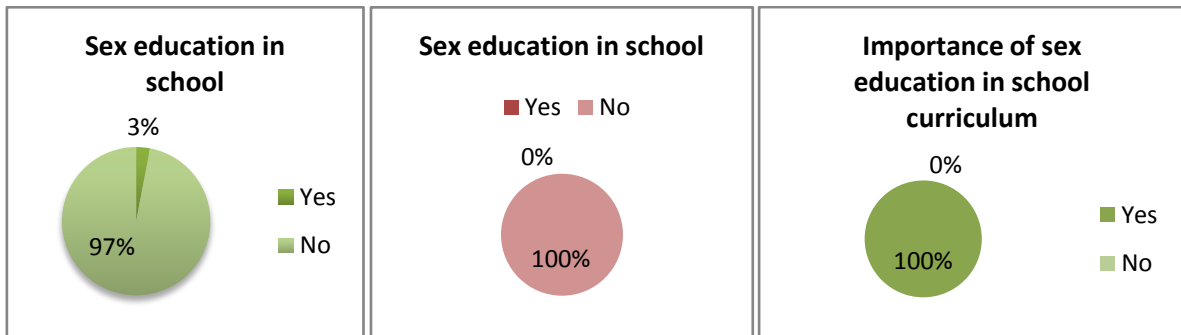
Table 4.14

Sex Education in School

	Yes	No		Yes	No		Yes	No		Yes	No
	%	%		%	%		%	%		%	%
Sex education in school	3	97	Part of separate subject	0	100	A small part of the syllabus	100	0	Importance of sex education in the school curriculum	100	0

Fig 4.7

Sex Education in School



The above Table 4.14 and Figure 4.7 shows that only 3% of teachers and students agreed that sex education were imparted in school whereas 97% responded that there was no sex education in school. Of those respondents who responded existence of sex education in their school, all (100%) stated that it was a small part of the separate subject and 100% of respondents agreed that sex education was important and should be part of the school curriculum.

Table 4.15

Benefits to have Sex Education in School

Benefits	Yes %	No %	Not sure %
Allow them to make the healthy choice	96.9	0	3.1
Allow them to make a safe choice	93.8	0	6.2
Allow them to make an informed choice	90.8	0	9.2
Informed about the risk of sexual activities	100	0	
Learn to respect and take responsibility for their sexual life	97.1	0	2.9
Learn about the expected change in puberty	52	0	48

According to table 4.15, on the benefits of having sex education in school, almost all the respondents on an average of 95% agreed that sex education in school will have many benefits for students like making healthy choices, safe choices, informed choices, learn about

the risk of sexual activities and respect and take responsibility about their sexual life whereas, less than an average of 5% were not sure. With related to learning about the expected change in puberty 52% agreed whereas, 48% were not sure about it.

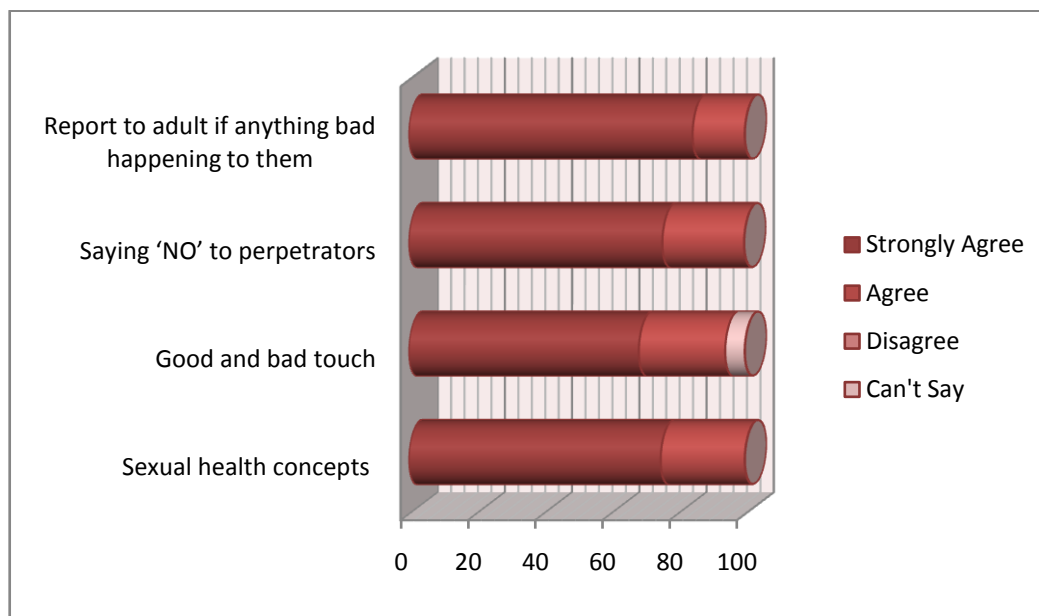
Table 4.16

Importance of Sex Education in School Curriculum

Teach students about	Strongly agree %	Agree %	Disagree %	Can't say %
Sexual health concepts	75	25	0	0
Good and bad touch	68.5	25.7	0	5.8
Saying 'NO' to perpetrators	75.5	24.5	0	0
Report to an adult if anything bad happening to them	84.5	15.5	0	0

Fig 4.8

Importance of Sex Education in School Curriculum



The above Table 4.16 and Figure 4.8 indicated the importance of sex education in the school curriculum. 100% of respondents agreed that teaching sexual health concepts to students is important.

94.2% agreed to teach good and bad touch and only 5.8% responded they cannot say. 100% of respondents agreed that teaching how to say 'No' to perpetrators and reporting to an adult when bad things happening to students will protect children from the abusers.

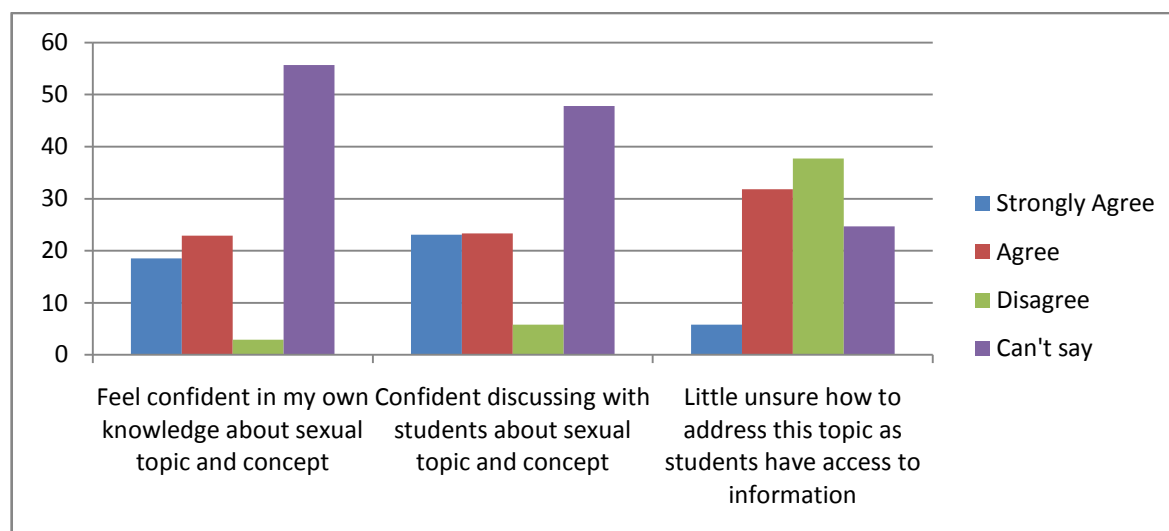
Table 4.17

Role of Teacher in Teaching Sexual Health

Statement	Strongly agree %	Agree %	Disagree %	Can't say %
Feel confident in my knowledge about sexual topic and concept	18.5	22.9	2.9	55.7
Confidence discussing with students about sexual topic and concept	23.1	23.3	5.8	47.8
Little unsure how to address this topic as students have access to information	5.8	31.8	37.7	24.7

Fig 4.9

Role of Teacher in Teaching Sexual Health



Related to the role of the teacher in teaching sexual health to students as shown in table 4.17 and fig. 4.9, 41.4% agreed, 2.9% of respondents disagreed whereas the majority of respondents with 55.7% stated that they cannot say if they feel confident in their knowledge about sexual topic and concept. 46.4% of respondents agreed that they are confident about discussing sexual topic and concept with students whereas 5.8% disagreed and 47.8% of respondents stated can't say. 5.8% of respondents strongly agree that they are a little unsure how to address sexual health topics as students have access to information. 31.8% agreed, 37.7% disagreed and 24.7 stated can't say.

Table 4.18

Trust sources of Health Information

Sources	Trustworthy %	Somewhat trustworthy %	Not very trustworthy %	Not at all trustworthy %
Doctors and nurses	65.8	28.7	4.3	1.2
Parents	74.2	20	5.8	0
Child’s friends/ peers	5.4	39.8	41	13.8
Internet	4.3	30.4	45	20.3
Social media	3	13.2	60.2	23.6
School curriculum/ teachers	60	38.6	1.4	0

Fig 4.10

Trust sources of Health Information

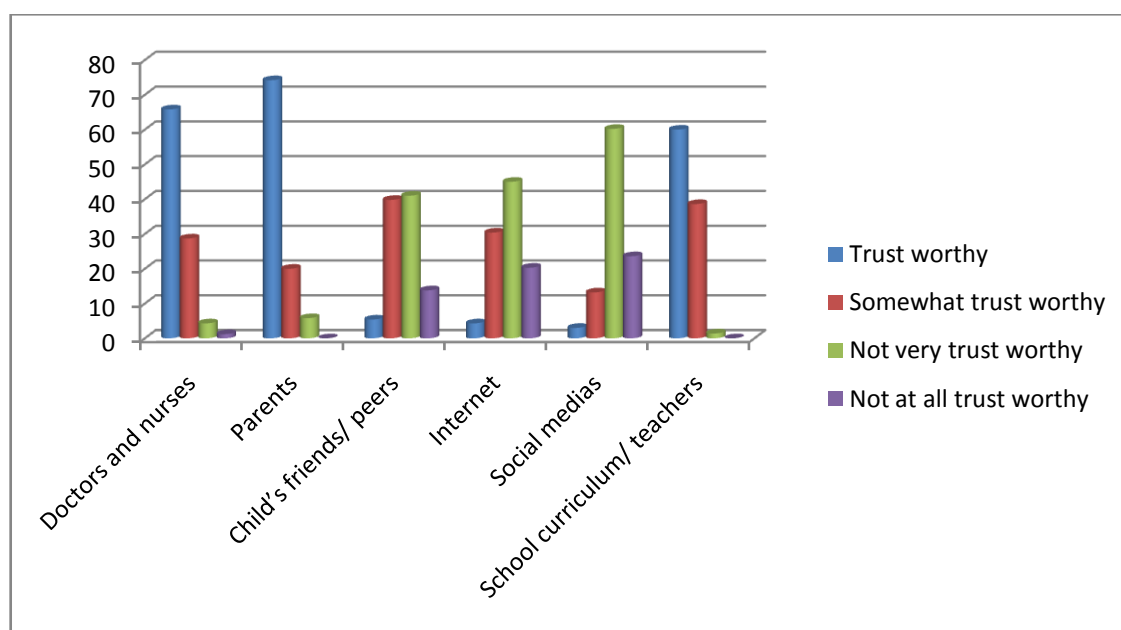


Table 4.18 and Figure 4.10 shows the trust sources of health information where parents were trusted with 74.2%, doctors and nurses with 65.8%, and teachers with 60%. Child’s friends or peers could not be trusted on the sources of health information with more than 50% of respondents responded as not very trustworthy or not at all trustworthy. With related to the internet 34.7% of respondents were likely to trust but 65.3% could not trust the sources provided on the internet. About Social Media related to disseminating health information, only 3% of respondents find it trustworthy whereas 97% stated somewhat, not very, or not at all trustworthy.

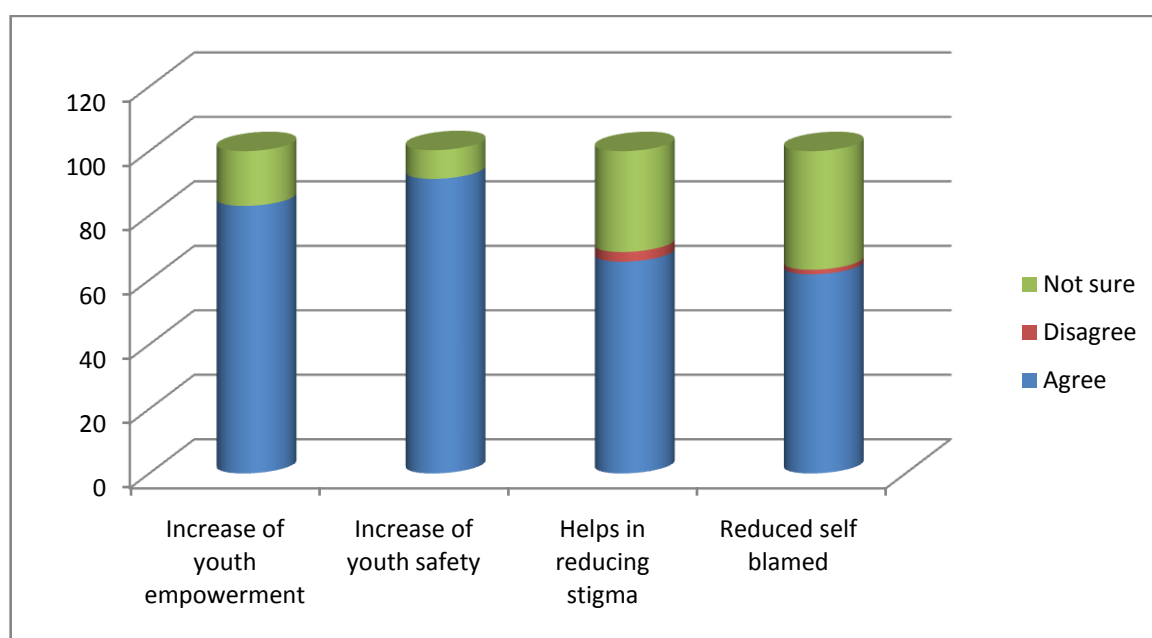
Table 4.19

School-Based Prevention Programme

Positive impact	Agree on %	Disagree %	Not sure %
Increase in youth empowerment	83	0	17
Increase in youth safety	91.4	0	8.6
Helps in reducing stigma	65.7	3	31.3
Reduced self blamed	61.8	1.4	36.8

Fig 4.11

School-Based Prevention Programme



As revealed in Table 4.19 and Figure 4.11, school-based prevention programs increasing youth empowerment 83% of respondents agreed whereas 17% were not sure.

According to respondents on increasing youth safety due to school-based prevention programs, the majority of the respondents with 91.4% agreed whereas 8.9% disagreed.

Related to school-based prevention programs helps in reducing stigmatization, 65.7% agreed, 3% disagreed whereas a good number of respondents with 31.3% could not ascertain.

In relation to reducing self-blame due to school-based prevention programs, 61.8% of respondents agreed, 1.4% disagreed and 36.8% were not sure.

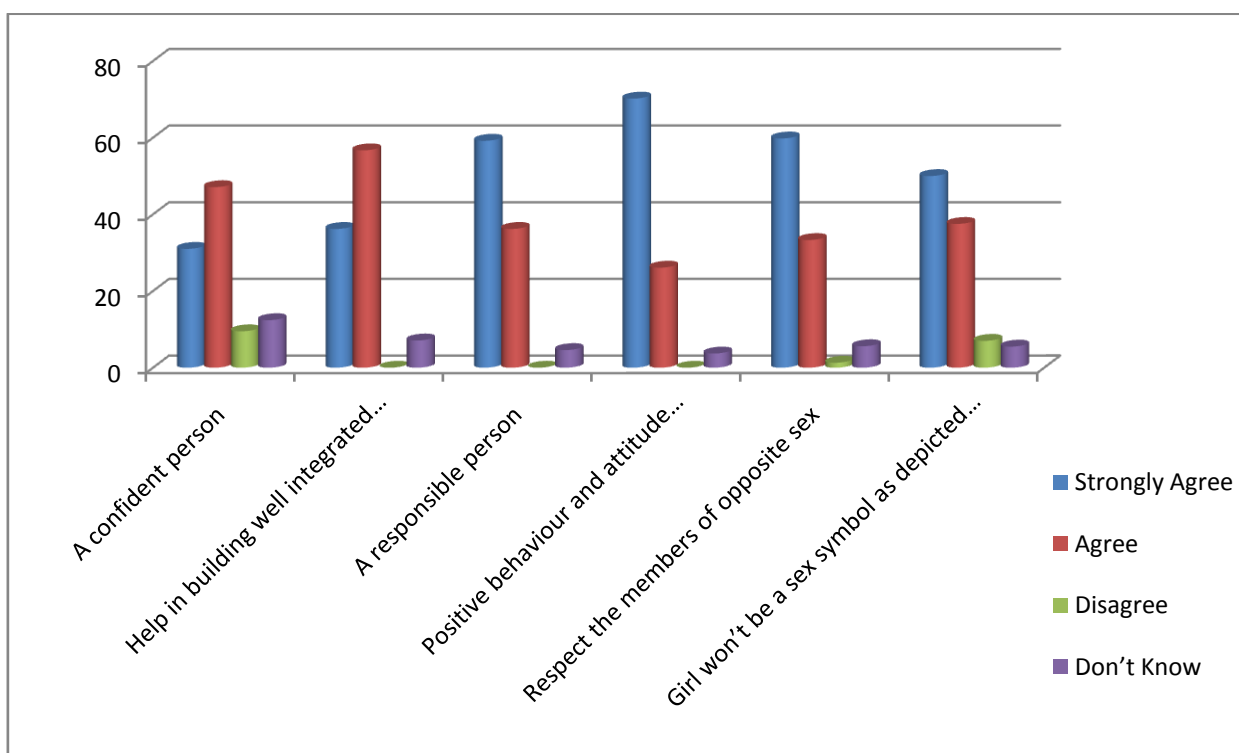
Table 4.20

Advantage of Sex Education in School Curriculum

Sex education will make the students	Strongly agree %	Agree %	Disagree %	Don't Know %
A confident person	31	47.1	9.5	12.4
Help in building well-integrated personality	36.2	56.7	0	7.1
A responsible person	59.2	36.2	0	4.6
Positive behaviour and attitude towards sex	70.2	26.1	0	3.7
Respect the members of the opposite sex	59.8	33.3	1.3	5.6
The girl won't be a sex symbol as depicted in pornographic literature/movies that distort the meaning of sex and sexuality	50	37.5	7	5.5

Fig 4.12

Advantage of Sex Education in School Curriculum



The importance of sex education in the school curriculum as shown in Table 4.20 and Figure 4.12 in relation to making students a confident person, 78.1% of respondents strongly agreed or agreed whereas 9.5% disagreed and 12.4% stated don't know.

Nearly 95% agreed that sex education will make students build integrated personalities, responsible person and develop positive behavior and attitude towards sex whereas only 5% stated they don't know. In relation to sex education making the students respect members of opposite sex 93.1% strongly agreed/agreed, 1.3% disagreed and 5.6% stated don't know.

In relation to girl won't be seen a sex symbol as depicted in pornography, literature/movies that distort the meaning of sex and sexuality when sex education is provided to students, half of the respondents with 50% strongly agreed, 37.5% agreed whereas 7% disagree and 5.5% stated don't know.

Table 4.21
Importance of Sex Education in School

Teaches	Strongly agree %	Agree %	Disagree %	Don't know %
STD's and AIDS and the importance of controlling one's desire	40.2	47.2	2.9	9.7
Adult within the family or outsiders should not take advantage of their ignorance and vulnerability	35.3	57.5	2.7	4.5
Safeguard against sexual abuse and rape	44.2	44.2	2.9	8.7
At the senior level, it educates that sex is a responsibility	37.9	50.9	4.7	6.5
Introduction to contraception at the senior level will enable them to practice safer sex	20	55.8	11.4	12.8
Misconceptions and taboos related to sex, sexuality, and sex act	23.9	50.8	5.7	19.6
A scientific and healthy way of inculcating moral values in the younger generation	52.2	43.1	1.9	2.8
Aims at strengthening the moral values that sex means responsibility	47.3	49.1	1.8	1.8
Sexual adjustment is a compromise between biological urges and social restrictions	25.9	38.8	4.7	30.6
Part of social living and part of love and marriage	25	61.8	5.9	7.3
Includes all scientific, ethical, social, religious instruction and awareness about sex and influences	30.9	49.2	4.2	15.7
Preparation to solve themselves the problem of sex that inevitably come in some form into their life	21.8	62.3	5.8	10.1
Child sexual abuse is a problem that breathes in secrecy	25	61.1	5.6	8.3
Speaking openly and publicly about it will enhance efforts at prevention	30.9	50.8	4.2	14.1

The above table 4.21 shows the importance of sex education in school on various aspects, more than 90% of respondents agreed that; Adult within the family or outsiders should not take advantage of their ignorance and vulnerability. Scientific and healthy way of inculcating

moral values in the younger generation and aims at strengthening the moral values that sex means responsibility.

More than 80% of respondents agreed in relation to sex education as; STD's and AIDS and the importance of controlling one's desire, Safeguard against sexual abuse and rape, Educating that sex is a responsibility at the senior level, Part of social living and part of love and marriage, Includes all scientific, ethical, social, religious instruction and awareness about sex and influences, Preparation to solve the problem of sex that inevitably comes in some form into their life, Child sexual abuse is a problem that breathes in secrecy, Speaking openly and publicly about it will enhance efforts at prevention.

More than 70% agreed that the importance of sex education will teach; Introduction to contraception at senior level will enable them to practice safer sex, Misconceptions and taboos related to sex, sexuality, and sex act.

In relation to teaching Sexual adjustment is a compromise between biological urges and social restrictions, 64.7% agreed whereas 35.3% disagreed or were not sure.

Table 4.22
Age to start Sex Education in School

Age	5-10 years	10-15 years	15-18years
%	70.5	16.5	13

Fig 4.13
Age to start Sex Education in School

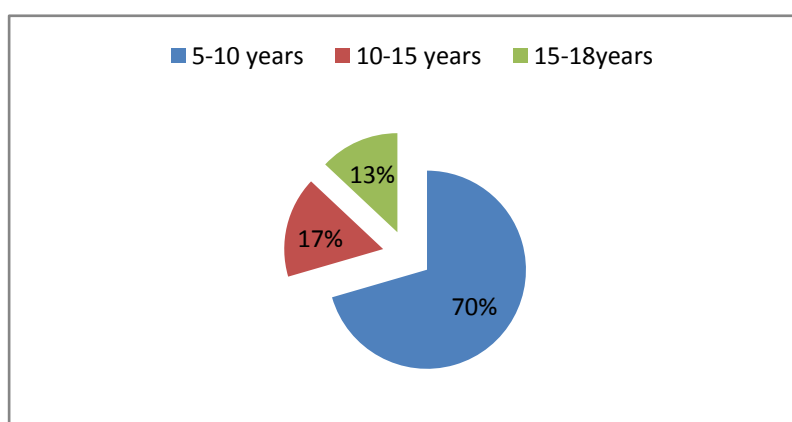


Table 4.22 and Figure 4.13 indicates the age to begin sex education at school where the majority of the respondents with 70.5% stated 5-10 years of age, 16.5% stated 10-15 years of

age, and 13% of respondents stated that the right age to begin sex education will be 15-18 years.

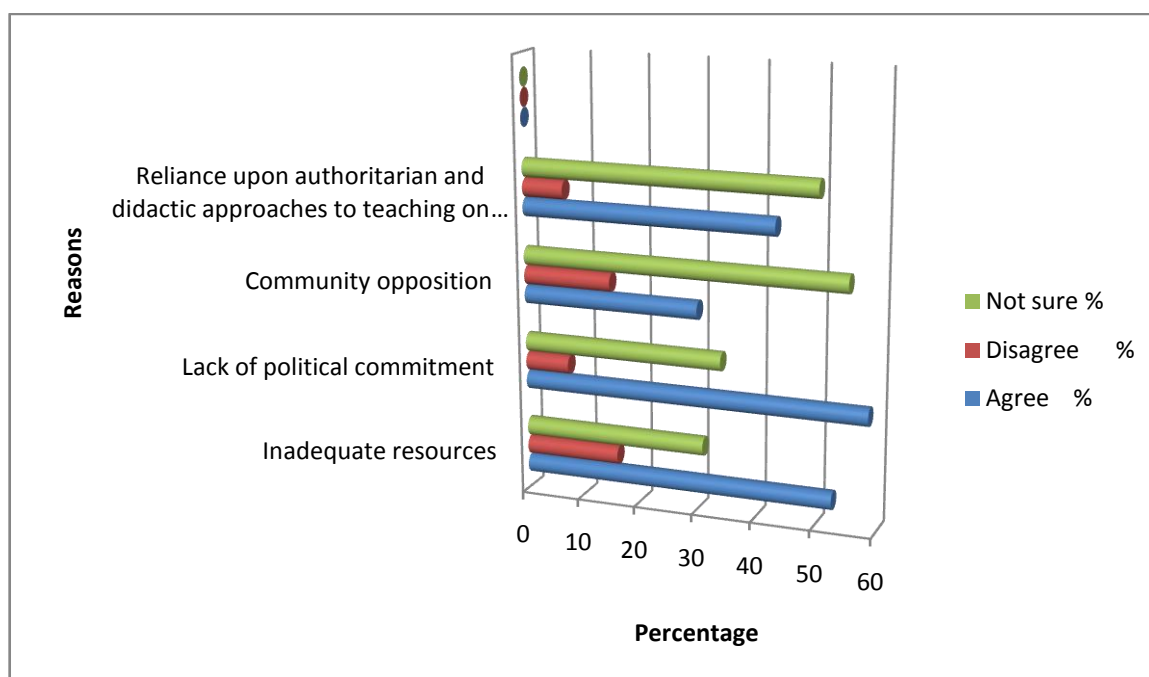
Table 4.23

Barriers to Effective Implementation of Sex Education

Barriers	Agree on %	Disagree %	Not sure %
Inadequate resources	52.7	16.1	31.2
Lack of political commitment	58.5	7.5	34
Community opposition	30	15	55
Reliance upon authoritarian and didactic approaches to teaching on the part of education	43	7	50

Fig 4.14

Barriers to Effective Implementation of Sex Education



The above table 4.23 and Figure 4.14 revealed the barriers to effective implementation of sex education where 52.7% agreed to inadequate resources, 16.1% disagreed and 31% were not sure.

58.5% agreed to lack political commitment, few of the respondents disagreed with 7.5% and 34% were not sure.

30% agreed to community opposition as a barrier to effective implementation of sex education, 15% disagreed but the majority of the respondent was not sure with 55%.

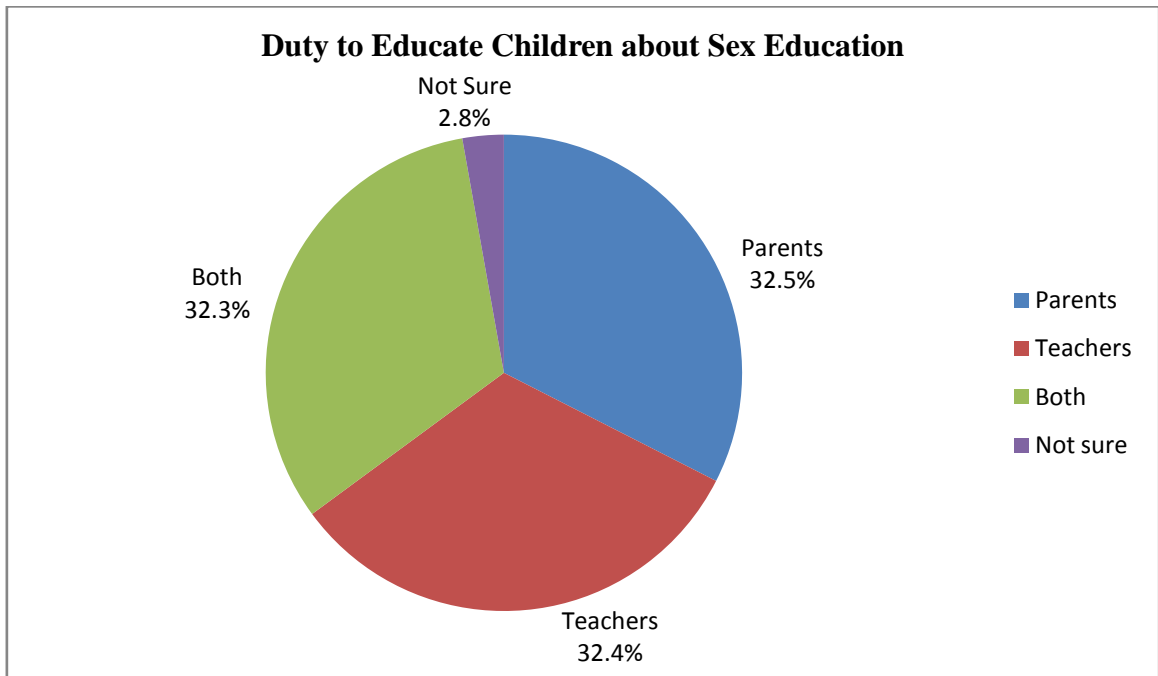
With related to reliance upon authoritarian and didactic approaches to teaching on the part of education as one of the barriers to effective implementation of sex education 43% agreed and 7% of respondents disagreed but 50% were not sure.

Table 4.24

Duty to Educate Children about Sex Education

Duty to educate children about sex education	Parents %	Teachers %	Both %	Not sure %
	32.5	32.4	32.3	2.8

Fig 4.15



On queries related to the duty to educate children about sex education. The above table 4.24 and Figure 4.15 revealed that 32.5% of respondents felt that it is the duty of the parents, 32.4% stated the teachers and 32.3% of respondents felt both parents and teachers and 2.8% were not sure.

4.4 Problems and Psychological Effect of Child Sexual Abuse

Table 4.25

Sexually Abused Child Experienced Psychological Disorder

Situations	Strongly agree %	Agree %	Strongly disagree %	Disagree %
Long term psychological disorder	50	50	0	0
Require counselling	90	10	0	0

100% of the respondents agreed to table 4.25 statement that sexually abused children experienced long-term psychological disorders and required counseling.

Table 4.26

Psychological Effects of CSA

Psychological effects		Strongly agree %	Agree %	Strongly disagree %	Disagree %
Fear	Coercion	45.9	53.3	0.8	0
	Bribery	20.7	51.8	6.9	20.6
	Threat	59.2	39.3	1.5	0
Afraid	Punishment	35.3	54.5	1.4	8.8
	Blame	44.4	49.2	1.7	4.7
	Abandonment	36	50.9	13.1	0
	Not being believed	36.5	47.7	15.8	0
Guilt And Shame	Self-blame	30	55.8	2.8	11.4
Sadness	Grief	45	39.4	1.4	14.2
Helplessness/ Powerless	No control over their lives	26.5	54.7	3.1	15.7
	No control over own bodies	18.3	53.3	6.7	21.7
	no choice	24.7	63	1.5	10.8
Anger	against the perpetrator	57.3	42.7	0	0
	Against others failing to protect them	42.4	50	6.1	1.5
Flashbacks	Re-experience of the sexual abuse in child's memory	59.2	38.9	1.9	0
	Experience all the feelings again which they felt at that time	51	46.9	2.1	0
Self Esteem	Feel unclean and unworthy to be loved	47.1	44.2	7.3	1.4

Table 4.26 represents the psychological effects of child sexual abuse. In relation to fear, coercion was strongly agreed/agreed with 99.2%, a threat with 98.5%, and bribery with 93.1%

Related to afraid, punishment with 98.6%, blame with 98.3%, abandonment with 86.9%, and not being believed with 84.2%.

In relation to guilt and shame as psychological effects, 85.8% of respondents strongly agreed/agreed to self-blame. Grief related to sadness was strongly agreed/agreed with 84.4%.

In relation to helplessness/powerlessness, the respondents strongly agreed/agreed with 81.2% that sexually abused children have no control over their lives, 71.6% of respondents strongly agreed/agreed that victims do not have control over their bodies and 87.7% strongly agreed/agreed that victims do not have a choice.

Psychological effects in relation to anger 100% of respondents strongly agreed/agreed that anger is developed against the perpetrator and 92.4% strongly agreed/agreed that the victims felt angry against others failing to protect them.

Psychological effects as flashbacks 98.1% strongly agreed/agreed that the victims re-experience sexual abuse in their memory and 97.9% strongly agreed/agreed that the victims experience the same feelings again which they felt at the time of incident through flashbacks.

Self-esteem is a psychological effect, 91.3% of respondents strongly agreed/agreed that the victims feel unclean and unworthy to be loved.

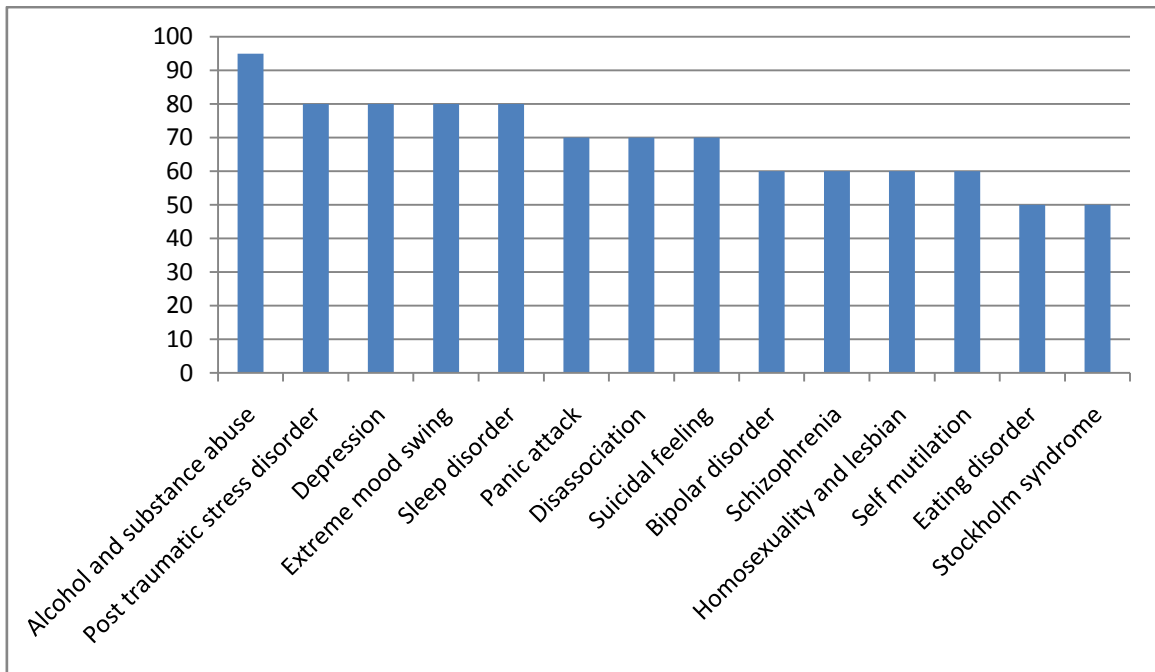
Table 4.27

Psychological Effects of Sexual Abuse can lead to various Disorders

Disorders	%
Alcohol and substance abuse	95
Post-traumatic stress disorder	80
Depression	80
Extreme mood swing	80
Sleep disorder	80
Panic attack	70
Disassociation	70
Suicidal feeling	60
Bipolar disorder	60
Schizophrenia	60
Homosexuality and lesbian	60
Self-mutilation	50
Eating disorder	50
Stockholm syndrome	50

Fig 4.16

Psychological Effects of Sexual Abuse can lead to various Disorders



The above Table 4.27 and Figure 4.16 indicated the various disorders developed due to sexual abuse. 95% of respondents agreed that victims developed alcohol and substance abuse. 80% agreed to post-traumatic stress disorder, depression, extreme mood swings, and sleep disorder. 70% agreed to a panic attack and disassociation. 60% agreed to suicidal feelings, bipolar disorder, schizophrenia and homosexuality, and lesbian. 50% agreed to self-mutilation, eating disorder, and Stockholm syndrome.

PART-B

(Interview Schedule)

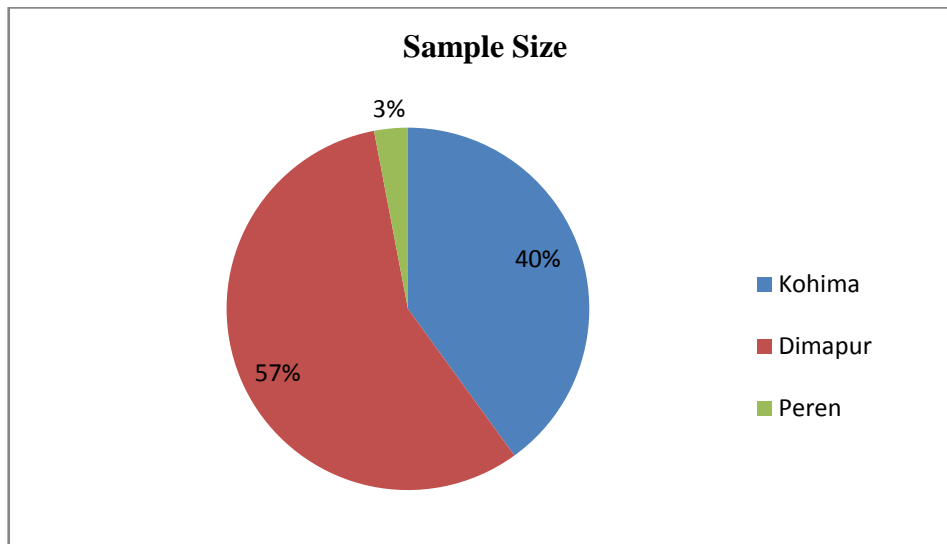
An interview is a conversation for gathering information. It is a method of obtaining data through interaction or communication. A research interview involves an interviewer, who coordinates the process of the conversation and asks questions face to face, and an interviewee, who responds to those questions. The purpose of selecting the interview tool was to record the detailed information and data about CSA in Nagaland. The sample allotted in the sample study of the present research was 100.

Table 4.28

Statistical Record of the Interview Schedule

District	Gender		Total
	Male	Female	
Kohima	02	38	40%
Dimapur	01	56	57%
Peren	0	03	03%

Fig 4.17



Out of 100 samples selected for the interview schedule, 40% samples were from Kohima district out of which 02% were Male and 38% were Female. 57% sample is collected from Dimapur district out of which 01% was Male and 56% were Female. 03% sample is collected from Peren district out of which 0% Male victim and 03% were Female. Kohima and Dimapur is the capital and the commercial hub of the state with a more mixed population in urban areas more recorded cases were found and owing to the privacy situation of the victim,

the sample was collected accordingly. As shown in the table the Male percentage is very less as compared to Females which are contrasting with a national study that shows more Male victims than Females.

Age-Wise Categorization of the Victims

Table 4.29

Age-wise categorization	Victim's Age %
0-5	6
6-10	18
11-15	56
16-18	20

Fig 4.18

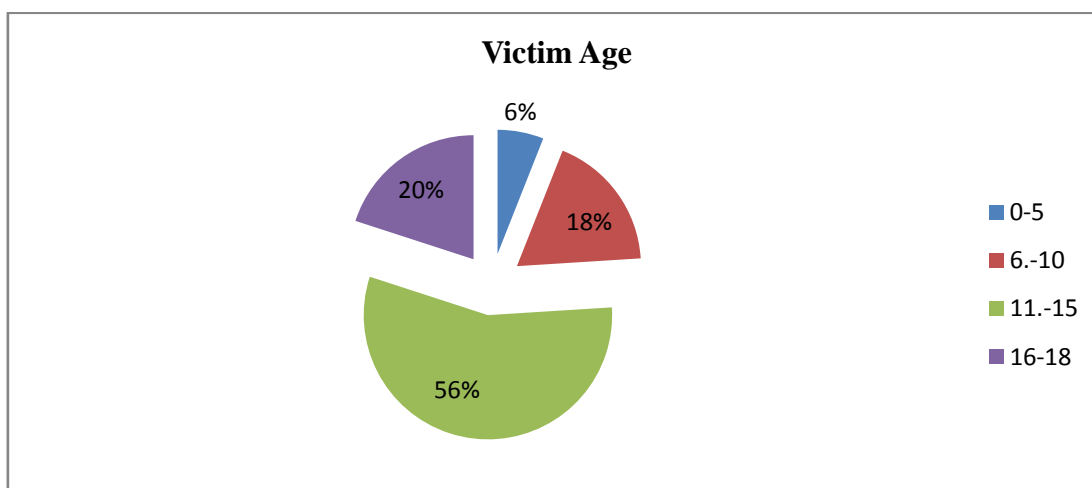


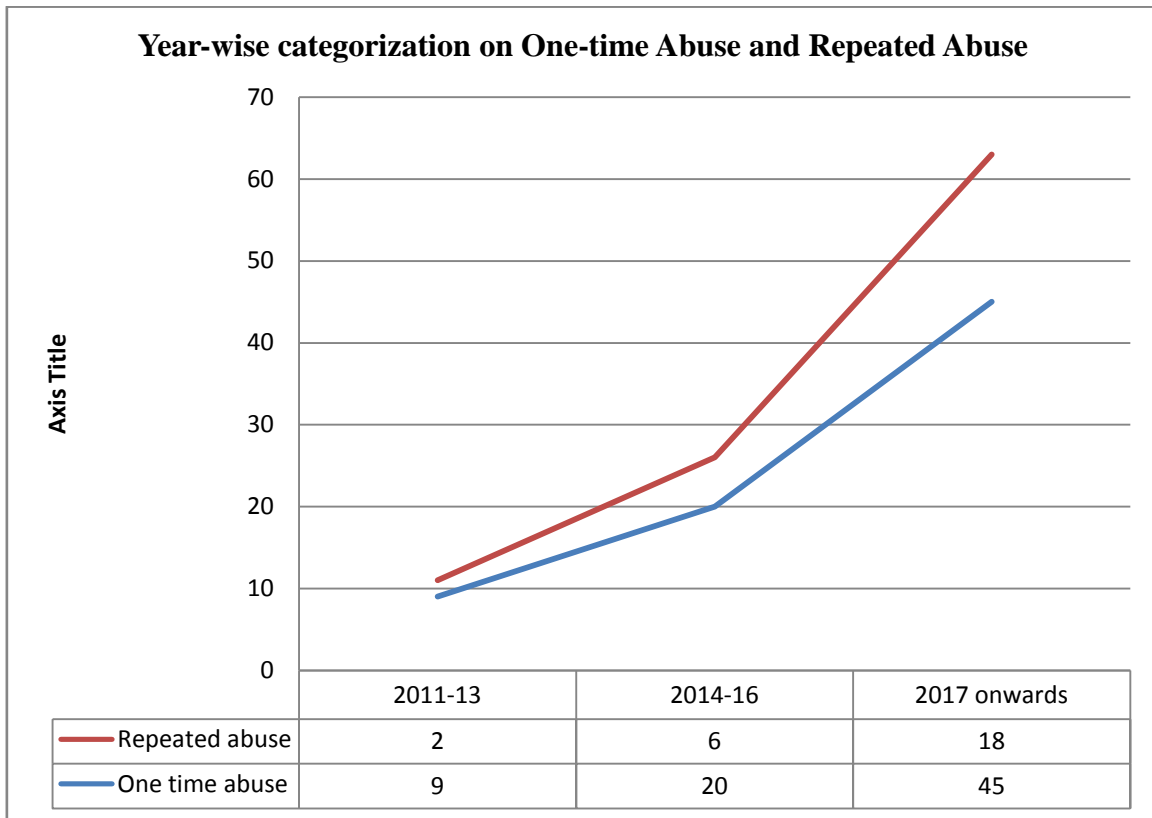
Table 4.29 and Figure 4.18 revealed age-wise categorization of victim's age, where 0-5 years age group comprised of 6%, 6-10 years age group shows 18%, 11-15 age group shows 56% and 16-18 age group shows 20% respectively. 11-15 years age group shows the highest percentage with 56%.

Year-Wise Categorization on One-Time Abuse and Repeated Abuse

Table 4.30

Types of abuse	Years 2011-13	Years 2014-16	Years 2017 onwards
One time abuse	09	20	45
Repeated abuse	02	06	18

Fig 4.19



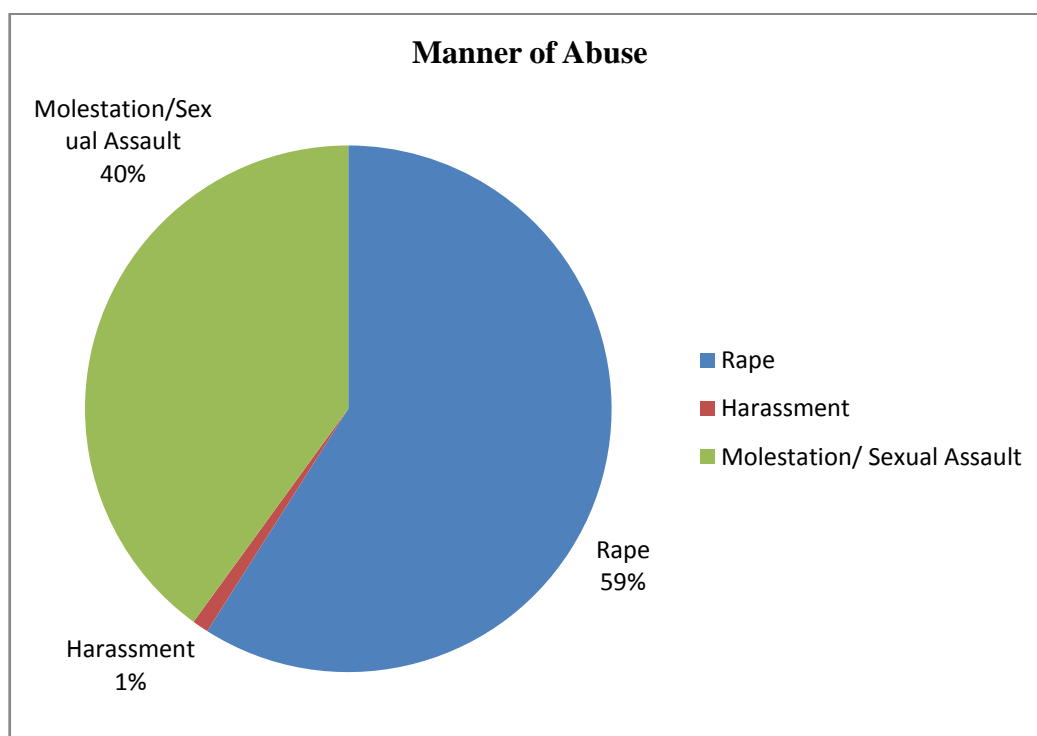
As shown in the above Table 4.30 and Figure 4.19, the year of sample collection was taken from 2011 to 2017 onwards. Out of which the types of abuse have been categorized into two aspects, those are of repeated abuse and one time abused. Where we see an increase in repeated abuse of 26% from 2011 to 2017 onwards and one time abused of 74% from 2011 to 2017 onwards respectively.

Table 4.31

Manner of Abuse

Category/ Manner of Abuse	Percentage %
Rape	59
Harassment	01
Molestation/ Sexual Assault	40

Fig 4.20

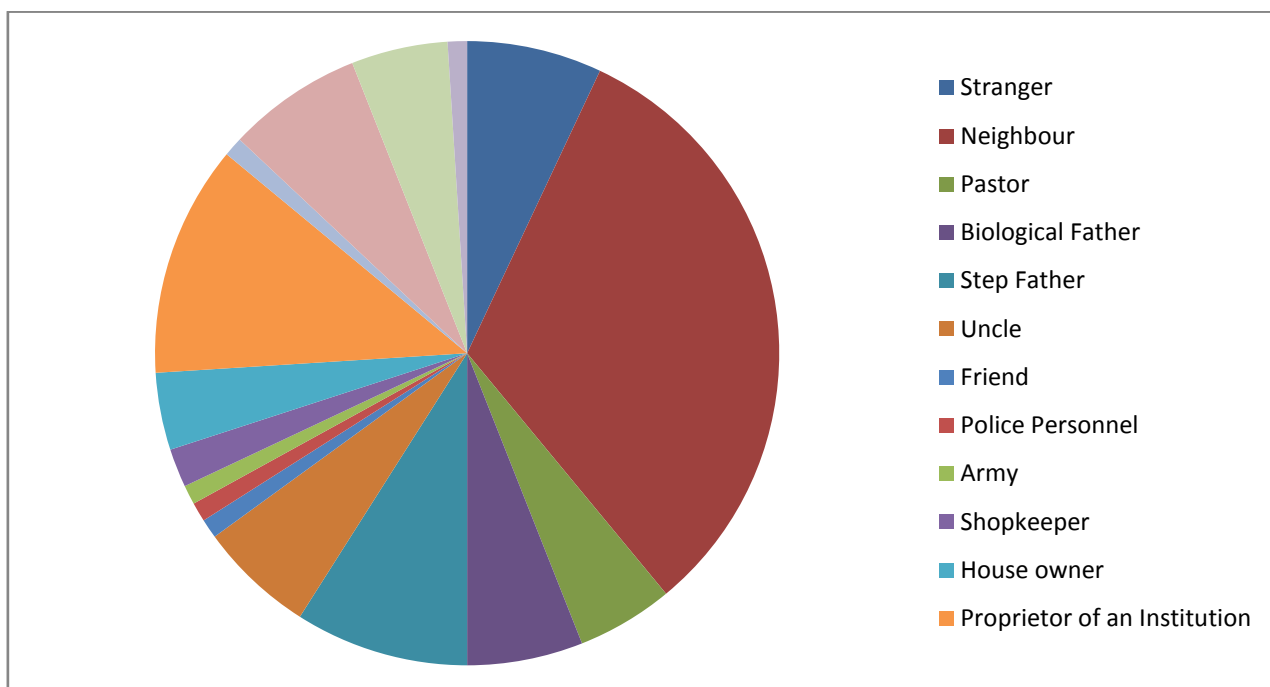


The above Table 4.31 and Figure 4.20 under the category or manner of abuse shows the highest percentage of abuse in the form of Rape with 59% followed by the least percentage of abuse i.e., Harassment with 01% and Molestation or sexual assault with 40% respectively.

Table 4.32
Profile of the Perpetrators

Profile of the Perpetrators	Percentage %
Stranger	07
Neighbour	32
Pastor	05
Biological Father	06
Step Father	09
Uncle	06
Friend	01
Police Personnel	01
Army	01
Shopkeeper	02
House owner	04
Proprietor of an Institution	12
Grandfather	01
Employer/ Guardian	07
Schoolmates	05
Self Employed	01

Fig 4.21
Profile of the Perpetrators

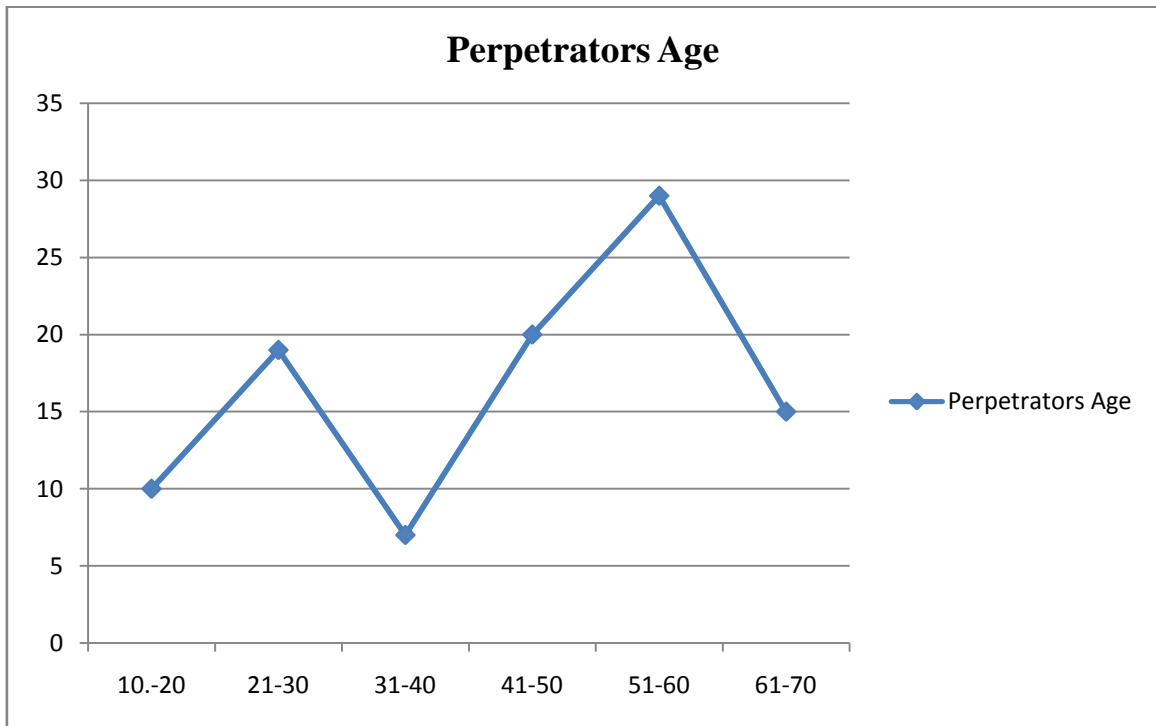


As indicated in Table 4.32 and Figure 4.21, the types of perpetrators who were involved in the interview schedule out of 100 samples were stranger with 07%, Neighbor 32%, Pastor 05%, Biological father 06%, Step Father 09%, Uncle 06%, Friend 01%, Police personnel 01%, Army 01%, Shopkeeper 02%, House owner 04%, Proprietor of an institution 12%, Grandfather 01%, Employer/Guardian 07%, Schoolmates 05%, Self Employed with 01%.

Table 4.33
Perpetrator's Age

Perpetrator's Age	Percentage %
10-20	10
21-30	19
31-40	07
41-50	20
51-60	29
61-70	15

Fig 4.22



As shown in the above table 4.33 and Figure 4.22, perpetrator's age, 10-20 years age group 10% followed by 21-30 years age group which shows 19%, 31-40 age group shows the least percentage with 07%. 40-50 age groups with 20%. The highest percentage of perpetrators age group is 51-60 age groups with 29% followed by 61-70 age groups with 15% respectively.

Table 4.34

Complain on behalf of the victim

Complain on behalf of the victim	Percentage %
Victim himself/herself	08
Concern Adult	62
Parents	28
Neighbour	02

Fig 4.23



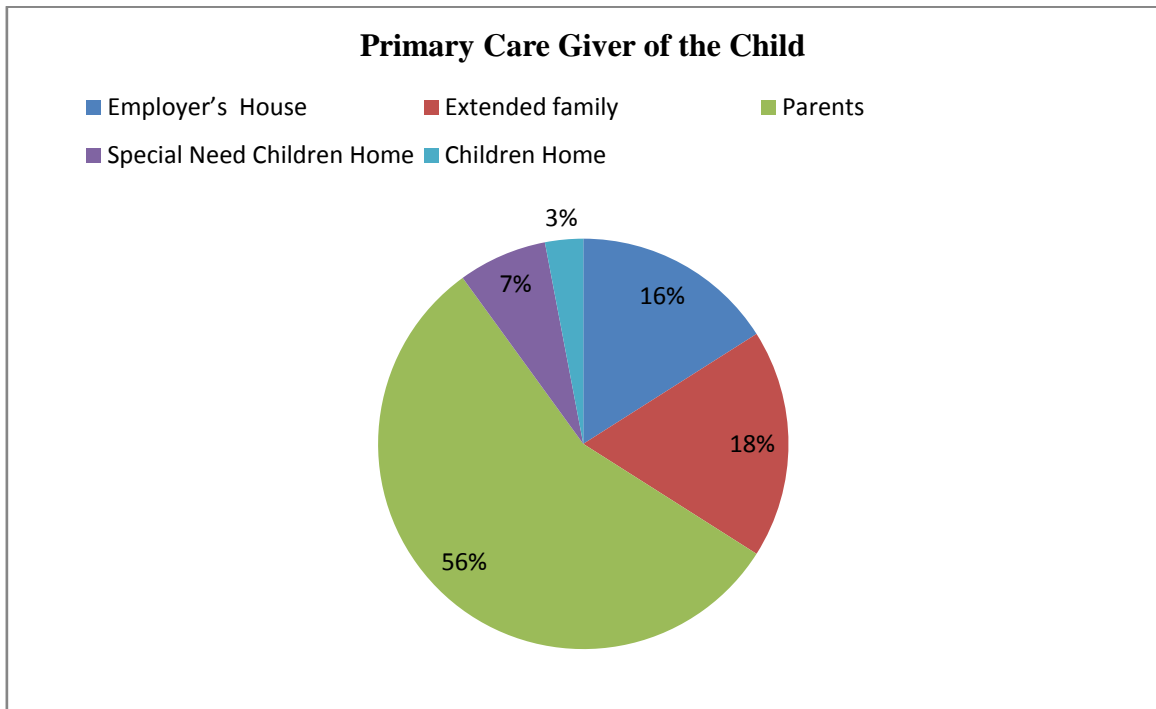
In relation to the complaint on behalf of the victim table 4.34 and Figure 4.23 revealed that the victim himself or herself have complained about 08%, followed by the highest number of a complaint filed by concerned Adult with 62% followed by parents with 28% and the least number of the complaint were filed by neighbor with 02%.

Table 4.35

Primary Care Giver of the Child

When the abuse happened the child was under the care of	Percentage %
Employer's House	16
Extended family	18
Parents	56
Special Need Children Home	7
Children Home	3

Fig 4.24



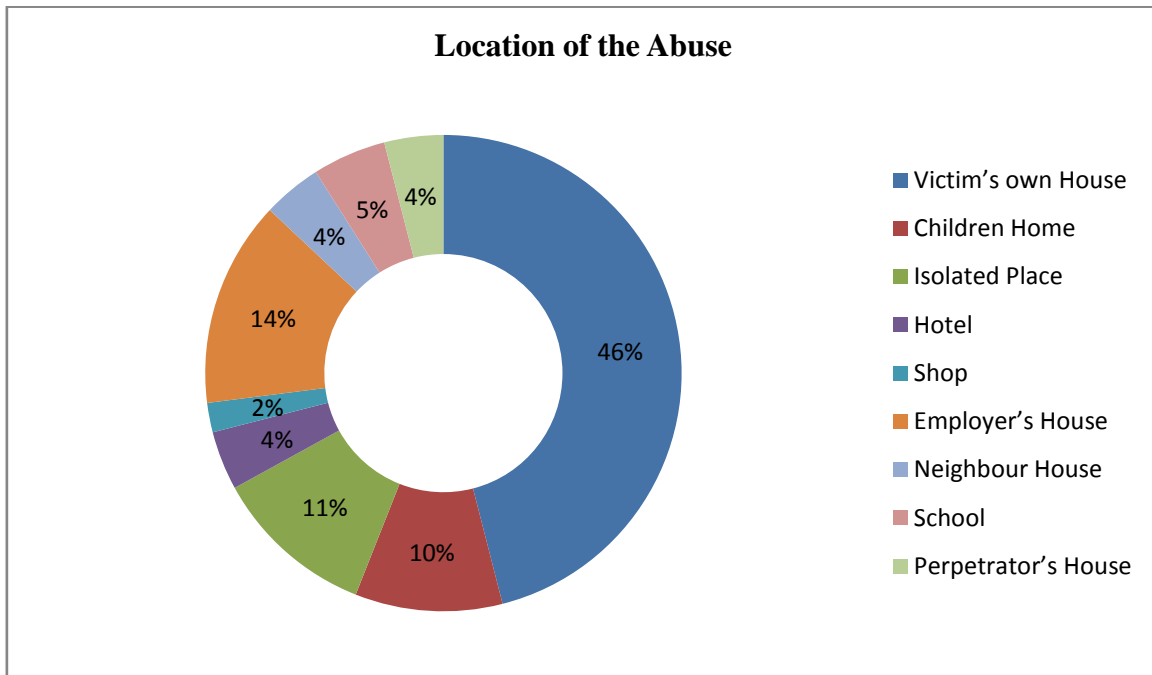
As to find out the percentage of the child residing with, as revealed in the above Table 4.35 and Figure 4.24, the level of percentage the child residing with were employers house with 16%, Aunt house 09%, Uncle's house 02%, Cousin house 01%, children home 03%, Grandmother 02%, Parents house with the highest percentage of 56%, Sister house 01%, Brother house 01%, Guardian house 02% followed by Special need children home with 07%.

Table 4.36

Location of the Abuse

Location of the abuse	Percentage %
Victim's own House	46
Children Home	10
Isolated Place	11
Hotel	4
Shop	2
Employer's House	14
Neighbour House	4
School	5
Perpetrator's House	4

Fig 4.25



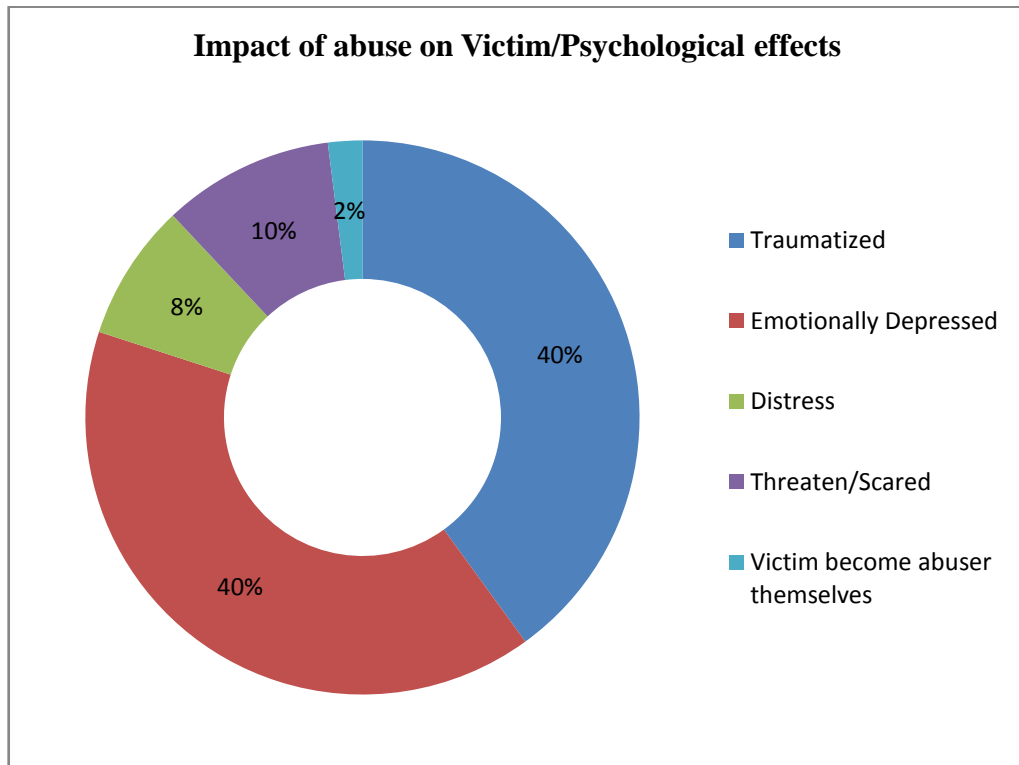
As highlighted in the above chart with regard to the location of the abuse the highest percentage is 46% in the victim's own house followed by 14% in employer's house, isolated place with 11% and children homes with 10% followed by the school with 5% and hotel, neighbor house and perpetrator's house with 4% each and the least percentage at the shop with 2%.

Table 4.37

Impact of abuse

Impact of abuse on Victim/Psychological effects	Percentage %
Traumatized	40
Emotionally Depressed	40
Distress	8
Threaten/Scared	10
Victims become an abuser themselves	2

Fig 4.26



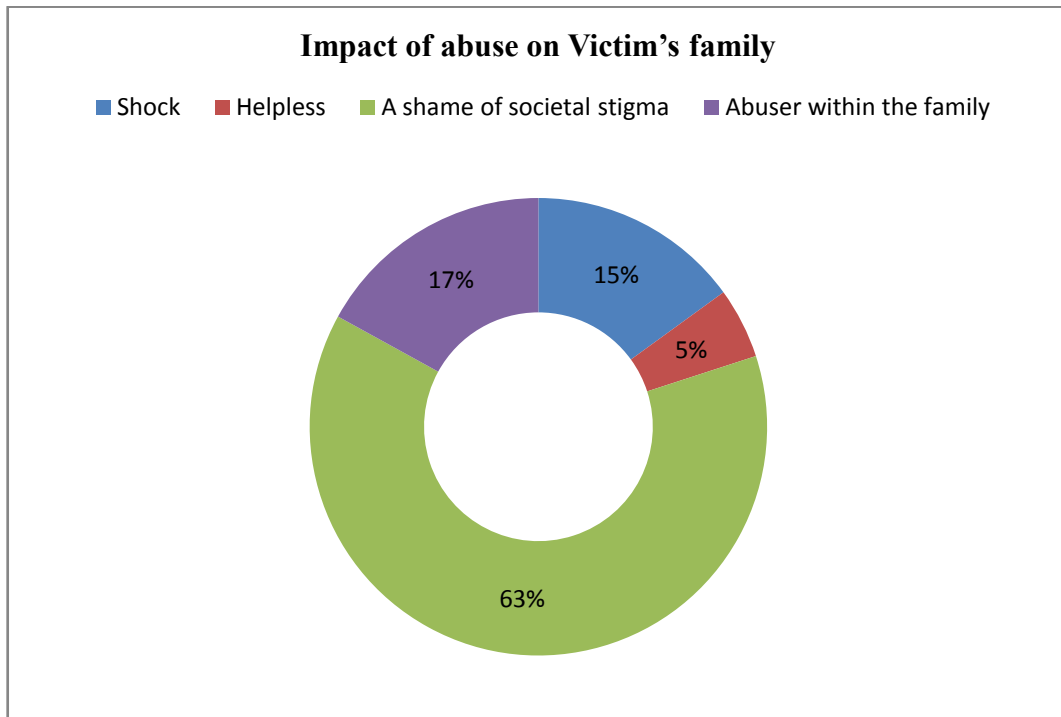
In relation to the impact of the abuse on victim/psychological effects as shown in the chart shows traumatized result with 40%, emotionally depressed with 40%, distress with 8%, threaten/scared with 10%, and victim becoming an abuser themselves with 2%.

Table 4.38

Impact of abuse on Victim's family

Impact of abuse on Victim's family	Percentage %
Shock	15
Helpless	05
A shame of societal stigma	63
Abuser within the family	17

Fig 4.27



As shown in the above chart it revealed that CSA also to a large extent affects not only the victim but also has a tremendous impact on the victim's family as well. The impact on the victim's family shows the highest impact with 63% relating to shame and societal stigma, 15% faces shock, 5% faces helpless and 17% shows abuse happening within the victim's own family which was a grief concern to all of us.

PART –C

Case Study



This doll belongs to 3 years old Survivor of Child Sexual Abuse.

A case study has been described as an intensive, systematic investigation of a single individual, group, community, or some other unit in which the researcher examines in-depth data relating to several variables. The case study tool was selected on the recommendation of one senior professor in the department of education so that more insight can be drawn from the present research though it was not mentioned in the objectives. Accordingly, the researcher has worked on 8 case studies to bring about the intensive investigation into the prevailing of CSA in Nagaland.

Case Study 1

The victim is a 12-years-old non-local studying in the 7th standard in a Government School. She lived with her parents and a brother during which she was sexually abused by her biological father, and later by her brother too. The immoral behavior of these members of her own family had started from a very tender age till she decided to confide with a concerned adult that led her to Childline. Upon receiving the case/distress call on 10 October 2018 through 1089, Childline visited the area X, rescued the child, and took her for necessary medical tests at Civil Hospital, X. The team helped the victim lodged an FIR at the local Police Station based on which the alleged perpetrators were detained in police custody. An update about concerns over the child's health status was given to CWC Kolkata, and

subsequently, proper counseling was provided to the child and her mother. On learning that the minor victim was pregnant, her mother requested full support from the team to help abort the baby due to practical reasons. As per the directive received from CWC, the child was kept in the safe environment of CCI Shelter Home till the verifications and statements were brought out to proportion. The disposition of the child seemed to be unstable, as she reacted emotionally to every little situation showing the need for proper psychological counseling and support.

Case Study 2

The victim of sexual abuse is a 2-years and 8-month old non-local who hails from a family of three siblings and parents. However, her parents' divorce made her relocate with her mother while her siblings had moved to their hometown with their father. Her mother, an employee at a stone crushing unit later married a daily wage earner with whom she has a 1-month old boy. The childline Coordinator received information about the case from Women PS. On being questioned, the mother narrated the incidents that happened on the day she had found out about the sexual abuse that was subjected to her daughter. The mother of the victim, along with the first wife of her husband and her four children, had been sent to collect provisions distributed to economically poor Muslim families while the victim was left behind on the insistence of her stepfather. Upon returning home earlier than the others have felt a pang of hunger, she was alarmed by the cries of her daughter. On walking stealthily in, she found her husband in a compromising position inflicting immoral acts on her daughter. Immediately, she raised a hue and cry that the neighborhood was alarmed. And hence, the culprit was prevented from absconding by the neighbors. The case was then registered at Women PS and the accused was detained at the police station for further investigation. Women PS had further informed Childline regarding the emotional and financial support the victim, her 1-month old brother, and mother are in need of.

Case Study 3

The child is a 13-years-old girl belonging to a family of 5 children who are presently studying in 6th standard. The sexual abuse inflicted on her was communicated to a social work trainee. Her family atmosphere was congenial till the child one day experienced the traumatic acts of her father who playfully touched her private parts. She managed to flee the situation and opened up to her younger sister. The next time her father behaved immorally with her by taking off her clothes, she turned to her mother for help who brought it to the knowledge of

the village council. The child's father then fled from home. After some time, the child and her family shifted to X where she was temporarily put under her aunt's care with her elder brother, but she had to come back home due to the distance problem she faced in attending school. In the meantime, her father resurfaced and won their confidence by his apologies and promises to change. But, a few days later, he sexually abused his daughter again, and upon learning about the incident, her mother found the solution to the problem by pairing her with a man. Hence, her mother initiated a relationship between her daughter and a man in the neighborhood as a result of which the neighbor, taking advantage of the situation, raped the child. The child's many attempts to run away from home had been futile. Finally, she met a concerned lady who gave the child her contact number in case she should be in need of it. It was this woman who took her to the police station to lodge an FIR. During the interrogation of the parents, they were grilled to confess their immoral activities. The child has been accommodated at the Prodigal's Home till all matters are settled, and as for her future plans, she is ambitious in pursuing her education.

Case Study 4

The minor victim of sexual abuse had scattered recollections of her early childhood as she left her native village as a very young child in pursuit of education. She was put under the care of an aunt in X from Class 4 to Class 5. However, she could not sit for the Class 5 Promotion examination in 2006 since the situation compelled her to leave the station. She then entered a shelter home and was demoted to Class 3 in the first academic year. The next year, however, she was enrolled in Class 6, and by the time her case was investigated, she was preparing to re-appear a subject she failed in her tenth examinations. The shelter home she stayed in was run by a male self-styled religious leader who gave much emphasis on the religious and spiritual aspects, and as such he too lived in the Girls' Home. He shifted to his present residence after his marriage in 2010. He was said to be kind towards the girls but was noticed to have given special attention to the sexually abused child. In the second year at the Home, she would wake up with the 'uncle' next to him, but he appeared to be harmless. Gradually, the man invited her over, confessed his love and intention to marry her, and convinced her to have a sexual relationship with him. On noticing the closeness of the two, one of the seniors at the Home advised her to be cautious as some older girls also fell prey to the proprietor's tactics. But the child did not have any reliable person to take into confidence, and hence, the relationship continued even as the accused blackmailed her by saying that her future would be spoiled if the relationship was exposed. It was told that the 'uncle' used protection and the

child was given medicine after every sexual activity and the child was even shown pornographic pictures. One day, he told her that he was marrying another girl whose photograph was shown to her. Even after his marriage, this man was said to have women staying at his residence for two to three days when his wife was away.

Case Study 5

The victim of a 12-years-old non-local girl was noticed by her concerned school teacher stating that the student girl is in a distress situation thereby, they contacted the childline team to interact/counsel the girl. Whereby intervention was taken place in the mentioned school and learned from the teacher that it was the first day of the school after the summer break. The teacher stated that a 12 years old girl in class 2 was behaving unusually than the other days. The teacher asked her if she is going through a problem but the girl did not say anything. The teacher also notices that her stomach looks bloated and the girl was sleeping in the class the whole time. After the interaction with the teacher, the team had a counseling session with the girl and found out that her neighbor comes to her room and sleeps on top of her. It was learned that her neighbor who happened to be her father's friend raped her. So after listening to both the statement of the teacher and the girl the team concluded that the girl could be pregnant. The parents of the girl did not know about the girl's pregnancy as stated by the girl. Therefore, the girl was brought to the childline office, made a contact with the father. Parents after knowing about their daughter's condition were shocked and they help the team in identifying the accused. Meanwhile, as per the CWC Dimapur, the girl was kept to Shelter Home for time being rehabilitation. On the other hand, the parents also reported the matter to the police since it was a matter of sexual abuse and thereby the accused was apprehended by the police. The team took the girl for a medical checkup. The case is still going on in court.

Case Study 6

The victim of 12 years old is a mentally challenged (local) girl. She has never attended school, She has one brother who is also mentally challenged. The child's parents were not allowed to get married as the girl's mother is also mentally challenged and therefore they live separately. Presently both the children stay with their father, who is unemployed, economically deprived, and drinks alcohol. The incident comes to light in 2018 when one of the child's aunts heard the child calling out for help. They rushed inside the house and saw the accused half-clothed and also noticed blood on the child's body. The aunt who has witnessed stated that the child shared the accused was touching her breast and rape her. The child was

sharing everything that had happened to her without any hesitation or shame since she is a mentally challenged girl. At first, they could not believe what the girl has shared for the same reason as she is mentally challenged. Therefore, in order to confirm the statement of the girl they took her for medical examination in the hospital accompanied by the women police and meantime informed leaders. The report confirmed from the medical examination that the girl had been raped on several occasions. The accused is a 62 years old man and is behind the bars.

Case Study 7

The victim of a 16 years old (local) girl who was studying in a special school in X, was a jolly girl. She was a smart girl who makes friends easily. In the year 2016, when she was returning from school police personnel lured her with sweets and took her to a nearby forest, and forcefully raped her. The incident came to light when the girl screams out for help, and the passerby came for help. The incident was reported to the women police station, CWC, and childline Kohima. Immediately the police apprehended the culprit and took the girl for medical examination. The child and the family were provided emotional support and guidance. The girl and family were helped to claim compensation in 2017, now the girl is doing good and in stable condition and is continuing her studies.

Case Study 8

The victim of 14 years old (local) girl was living with her parents in X. She studied in class 7 in a Government school. The girl child lives with her joint family her grandmother and step-grandfather and her younger mother. The incident came to light in the year 2016 when the mother observed the health condition of the child was weakening. On enquiring with her daughter, the child shared what has happened. The parents lodged an FIR at the police station and the accused has been apprehended. On taking the child for the medical examination it was learned that the child was pregnant for seven months. The child stated that she was initially sexually abused in the year 2015 by her grandfather but she kept quiet because he threatened to kill her if she disclosed anything to anyone. The child victim delivered a baby which was surrendered for adoption under SARA. The child was given counseling and she is continuing her studies.

Analysis and Interpretation of Case Study

4.27 Statistical Record of Case Study

Gender and Age of the Victim

Table 4.39

Gender

Gender	Age	Number of Age	Percentage %
Female	2.8	01	12.5
Female	12	03	37.5
Female	13	01	12.5
Female	14	01	12.5
Female	16	02	25

The above Table 4.39 revealed that all the victims were female out of which we see differences in age variation starting from age 2 years and 8 months with 12.5%, 12 years victim 37.5%, 13 years old victim 12.5%, 14 years old victim 12.5% and 16 years old victim with 25%. Showing age 12 and 16 at the higher percentage of the victim.

Reasons as to why the Children are Sexually Abused in the Society

Table 4.40

Caregiver Profile of the Child

Child residing with	No. of a child residing with	Percentage %
Family	05	62.5
Children Home	01	12.5
Single parent	01	12.5
Joint family	01	12.5

The above Table 4.40 shows whom the child/victim residing with, where it was found that the child residing with own family shows the highest percentage of CSA with 62.5% which shows parent's negligence towards their children followed by Shelter home with 12.5%, Single parents like broken home with 12.5% and joint family with 12.5%.

Table 4.41
Manner of Abuse

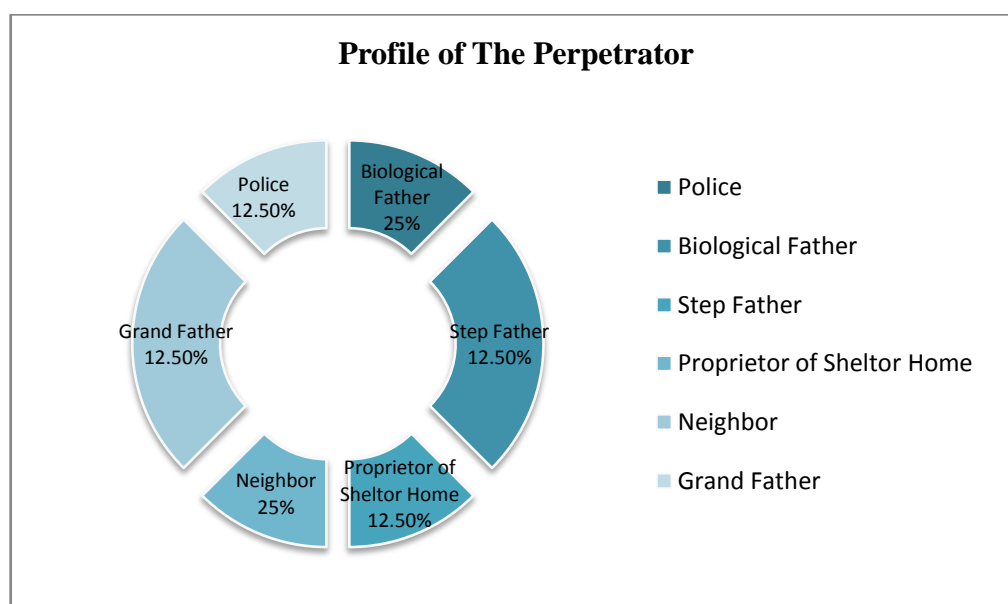
Manner of Abuse	No. of Manner of Abuse	Percentage %
Rape	07	87.5
Attempted Rape and Molestation	01	12.5

As shown in table 4.41 pertaining to the manner or category of abuse highlight that rape is the highest crime being meted to children with 87.5% and attempted rape and molestation with 12.5%.

Table 4.42
PROFILE OF THE PERPETRATORS

Identification of perpetrators	No. of perpetrators	Percentage %
Biological Father	02	25
Step Father	01	12.5
Grand Father	01	12.5
Proprietor of the shelter home	01	12.5
Neighbor	02	25
Police	01	12.5

Fig 4.28



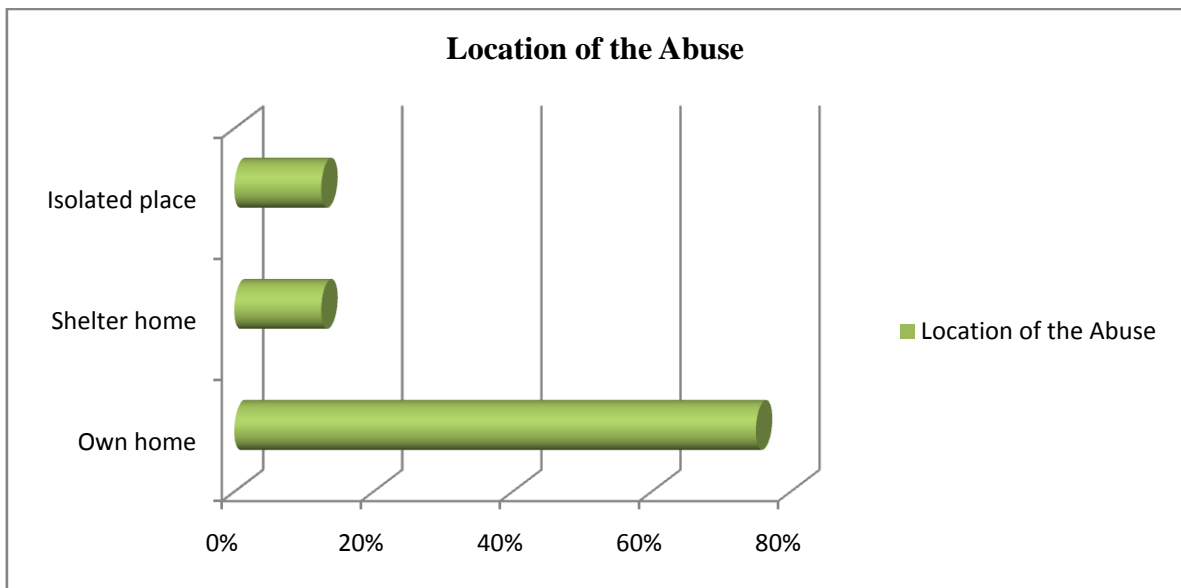
As shown in the above Table 4.42 and Figure 4.28 with regard to the identification or category of perpetrators, it was shocking to know that 25% of the perpetrators were the

biological father of the victim, stepfather with 12.5%, proprietor of shelter home 12.5%, Neighbor with 25% and police with 12.5%.

Table 4.43
An environment where the abuse took place

Environment	No. of Environment	Percentage %
Own home	06	75
Shelter home	01	12.5
Isolated place	01	12.5

Fig 4.29



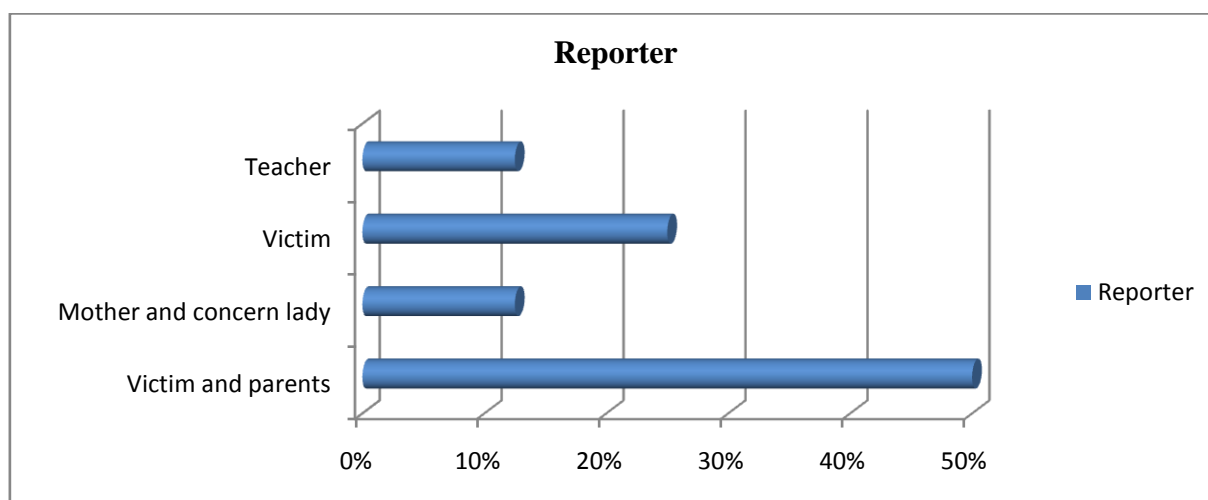
To know about the environment where the abuse took place, the above table shows that 75% of abuse has happened in the victim's own house, shelter home with 12.5%, and isolated place with 12.5%.

Table 4.44

Report

Report	No. of who report	Percentage %
Victim and parents	04	50
Mother and concern lady	01	12.5
Victim	02	25
Teacher	01	12.5

Fig 4.30



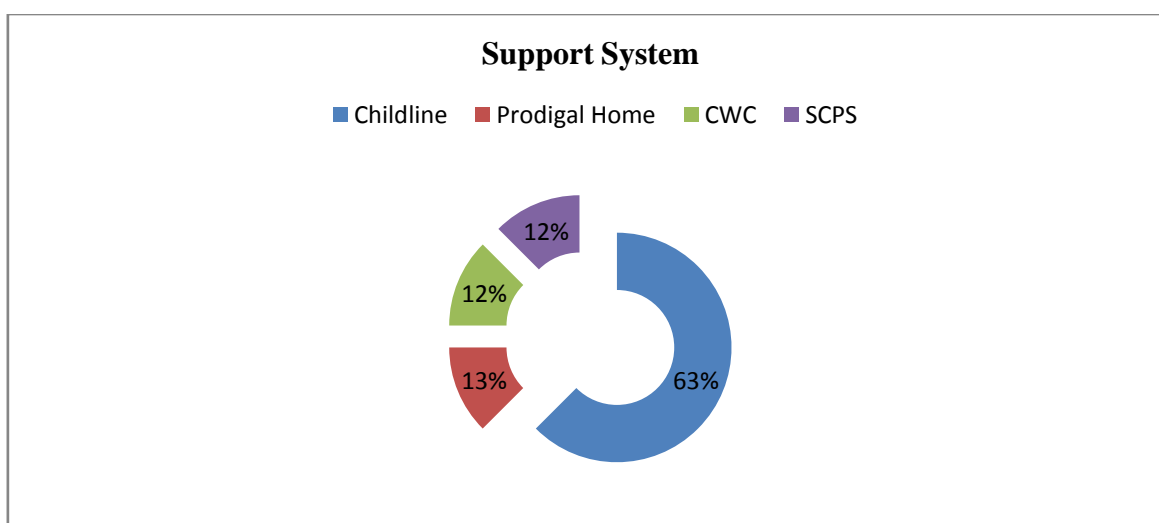
The above graph indicates the level of reporting the abuse revealed that 50% of the abuse report were done by the victim's parents along with the victim, 12.5% was reported by parents along with the concerned lady. It came to light that the parents were able to report only after the repeated persuasion of the concerned lady; stigmatization was one of the main reasons behind the hesitation of reporting. 25% were reported by the victim's family and 12.5% by the teacher.

Table 4.45

The support system the victim received

Support system	No. of support system	Percentage %
Childline	05	62.5
Prodigal Home	01	12.5
CWC	01	12.5
SCPS	01	12.5

Fig 4.31



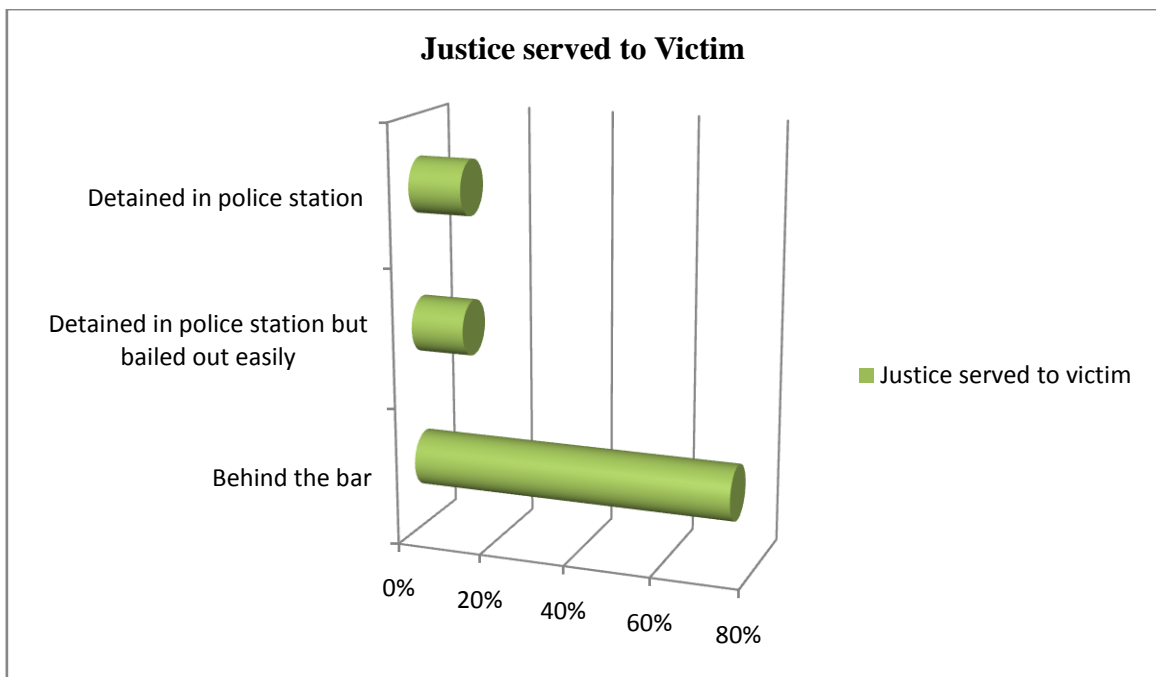
The above chart revealed the support system received by the victim. The highest support system they received was through Childline 1098 with 62.5%, prodigal home with 12.5%, CWC with 12.5%, SCPS with 12.5%. Some of the support systems the victim received were in the form of counseling, compensation under-compensation scheme, they were put in children homes with care if the victim has thread within own family like abuse by own family members, the victim receives education if they one to continue their study under children home, they were also provided with vocational training so that they can support themselves in their later future.

Table 4.46

Justice served to the Victim

Justice served to the Victim	No. of justice served to the victim	Percentage %
Behind the bar	06	75
Detained in the police station but bailed out easily	01	12.5
Detained in the police station	01	12.5

Fig 4.32



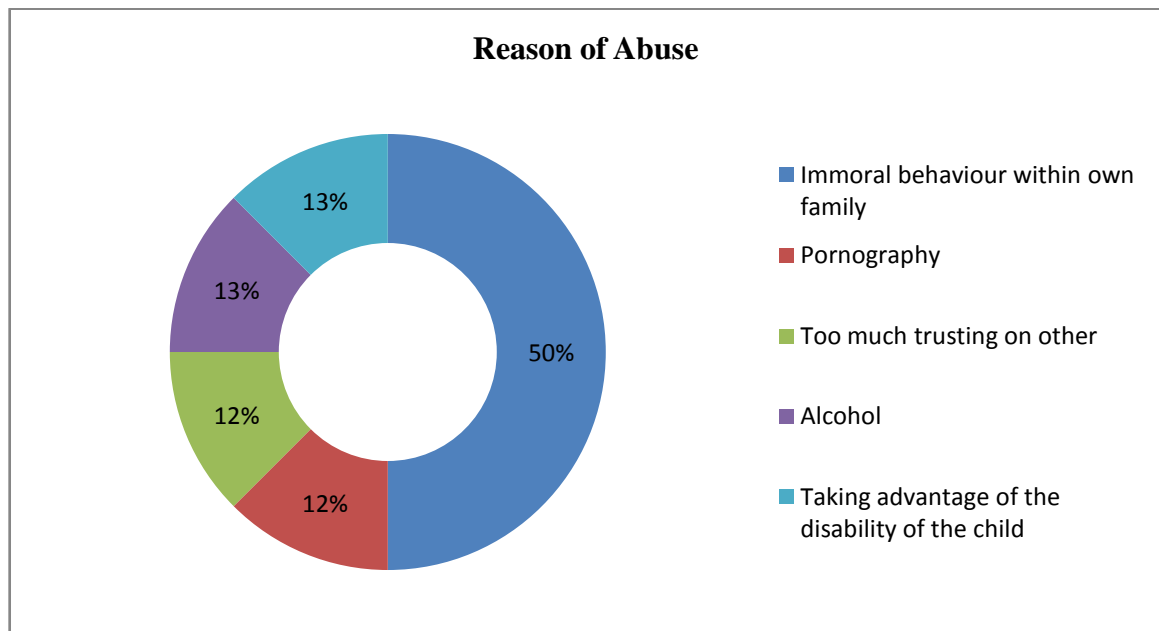
With regard to the justice served to the victim, the above chart revealed that 75% of the perpetrators were behind the bar. 12.5% of the perpetrator is detained in the police station but were bailed out easily and 12.5% of the perpetrator detained in the police station.

Table 4.47

Reason of Abuse

Reason of Abuse	No. of reasons of Abuse	Percentage %
Immoral behaviour within own family	04	50
Pornography	01	12.5
Too much trusting in other	01	12.5
Alcohol	01	12.5
Taking advantage of the disability of the child	01	12.5

Fig 4.33



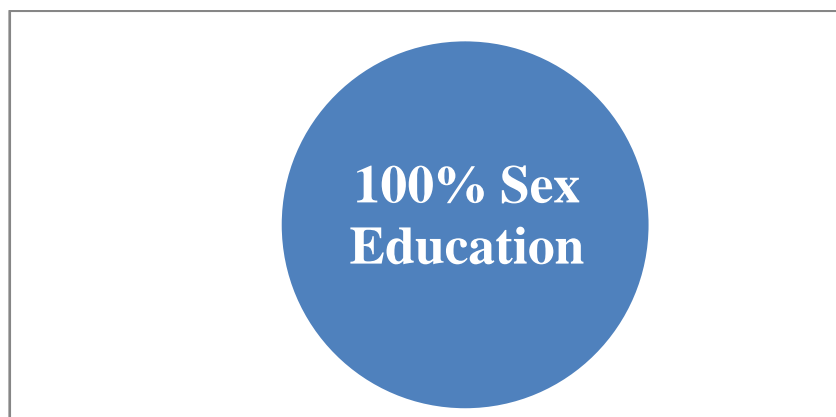
The above chart highlights that one of the main reasons for abuse happening within the victim's own family was due to the immoral behavior of the victim's family members with the highest percentage of 50% which was more happening under the influence of alcohol. 12.5% of the reason for abuse was due to pornography, too much uncensored media and easy access to it also pollute the mind of the perpetrators. 12.5% of abuse happened due to too much trusting in others, thinking that we know them, also trigger abuse. 12.5% of abuse also happened under the influence of alcohol. One of the reason of abuse also happens if a child is disabled, the perpetrator takes advantage of them. If the child is mentally retarded the perpetrator feels that she won't be able to say anything and even if she says, no one will understand or believe her.

Fig 4.34
Societal Impact



The above chart shows that all the respondents have agreed that they were afraid of the stigma that was associated with child sexual abuse with 100%.

Fig 4.35
Importance of Sex Education 100%



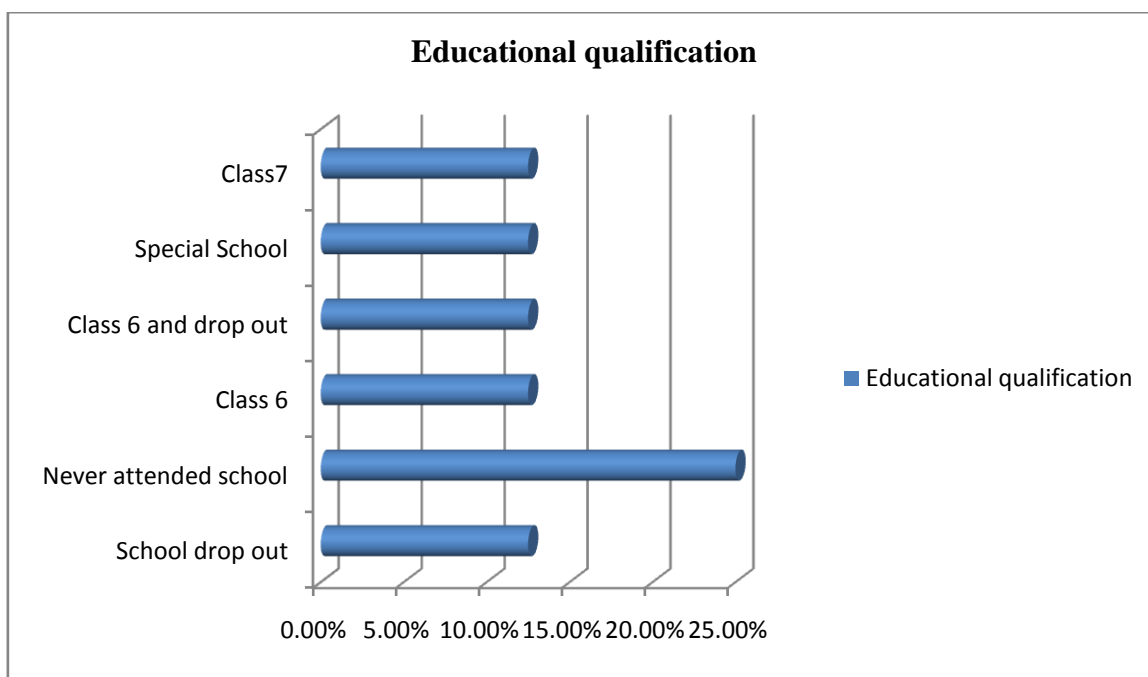
Out of 100 samples, all the respondents have agreed on the importance of sex education for children in the school curriculum.

Table 4.48

Educational qualification

Educational qualification	No. of educational qualification	Percentage %
School drop out	01	25
Never attended school	02	25
Class 6	01	12.5
Class 6 and drop out	01	12.5
Special School	01	12.5
Class7	01	12.5

Fig 4.36



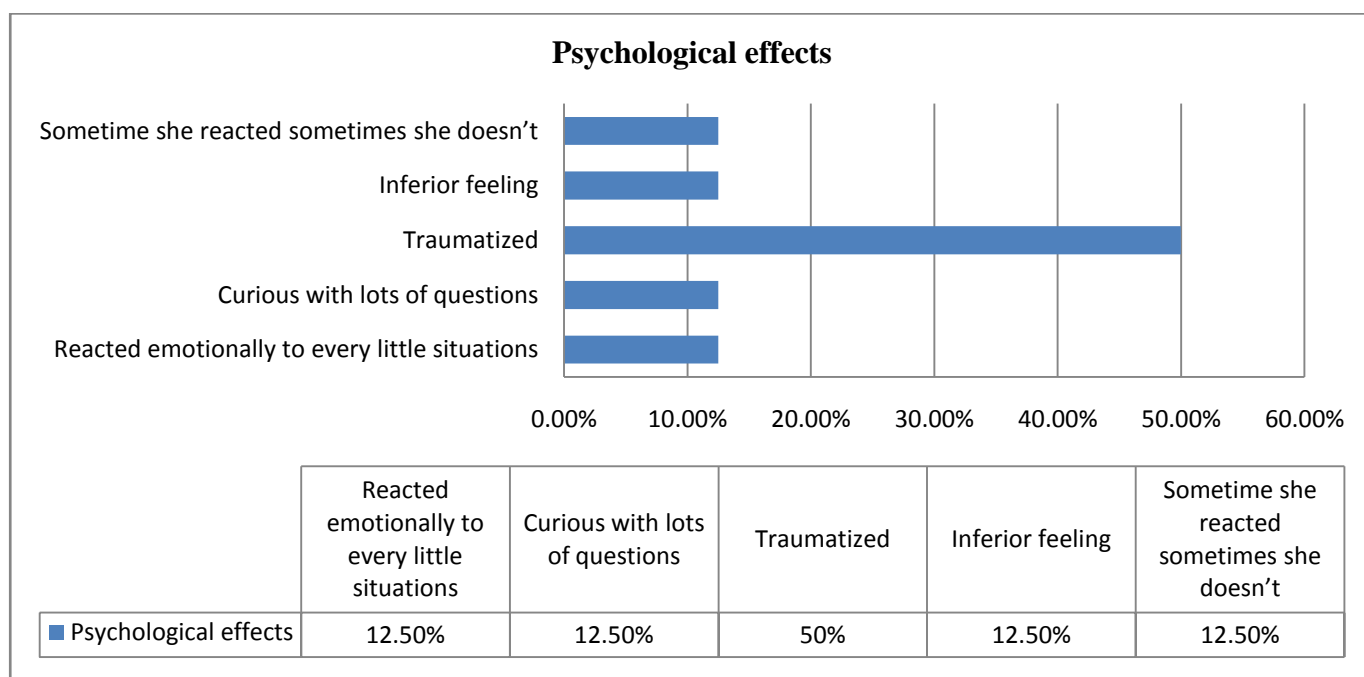
The above chart revealed the educational qualification of the victim, showing 25% of the school dropout victims, 25% of victims never attended school. 12.5% of victims studying in class 6. 12.5% studying in a special school and 12.5% of victims studying in class 7.

Table 4.49

Psychological effects

Psychological effects	No. of psychological effect	Percentage %
Reacted emotionally to every little situation	01	12.5
Curious with lots of questions	01	12.5
Traumatized	4	50
Inferior feeling	01	12.5
Sometimes she reacted sometimes she doesn't	01	12.5

Fig 4.37



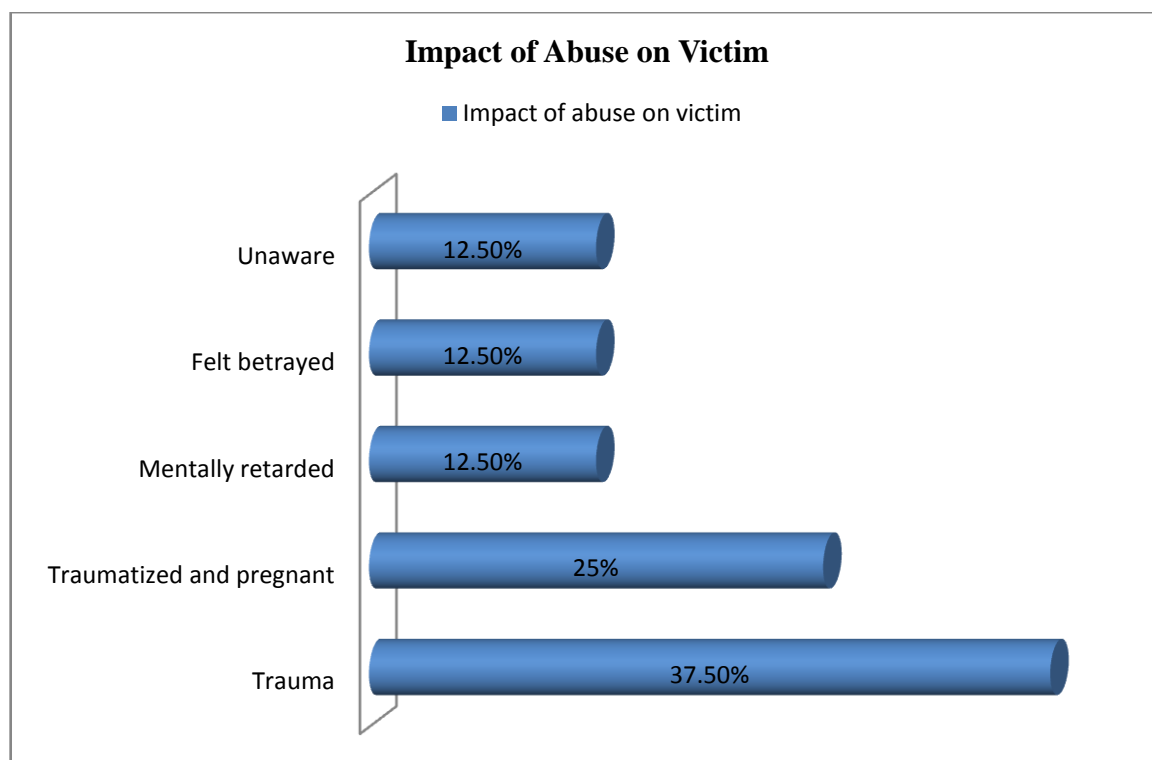
When the abuse happened, too much damage is done to the child physically and psychologically. Some of the psychological effects found in this case study which was revealed in the above chart show that 12.5% of the victim reacted emotionally to every little situation. 12.5% of the victims were curious with lots of questions. The highest percentage was traumatization with 50% followed by inferior feeling with 12.5% and lastly, 12.5% showing the psychological effect of sometimes the victim reacting to the situation and sometimes not reacting at all.

Table 4.50

Impact of Abuse on the Victim

Impact of Abuse on the Victim	No. of impact	Percentage %
Trauma	03	37.5
Traumatized and pregnant	02	25
Mentally retarded	01	12.5
Felt betrayed	01	12.5
Unaware	01	12.5

Fig 4.38



The impact of the abuse in the above chart revealed that 37.5% of victims were in trauma, 25% of the victims were traumatized and pregnant at a very early age. 12.5% are mentally retarded therefore they are taken advantage of. 12.5% felt that they were betrayed because they were being promised to marry them. 12.5% were unaware because the victim was very young to react

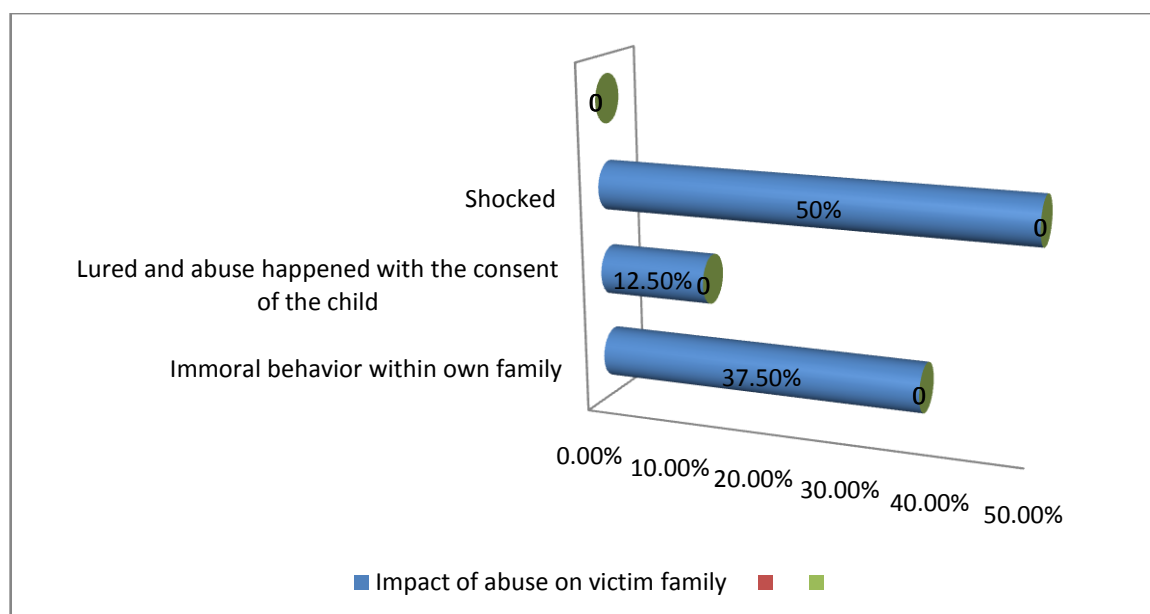
Table 4.51

Impact of abuse on victim family

Impact of abuse on victim family	No. of the impact of abuse on victim family	Percentage %
Immoral behaviour within own family	03	37.5
Lured and abuse happened with the consent of the child	01	12.5
Shocked	04	50

Fig 4.39

Impact of Abuse on Victim Family



The level of impact of abuse on the victim's family display that 37.5% of the abuse happened within the victim's family members due to their immoral behavior hence it was a disgraceful situation within their own family. 12.5% of the victim were lured with different variety of kinds in the form of sweets, cash, and anything that the child victim may be liking the most and this is how the abuse happened even with the consent of the child. But any child abuse even with the consent of the child is punishable until she crosses 18 years of age under the Law of India.

Fig 4.40
Counseling Received



The above chart shows the counseling that has been provided to all the victims of this present case study with 100%. Apart from counseling some victims were even provided financial assistance through schemes like Victim Compensation Scheme and Integrated Child Protection Scheme.

Table 4.52
Physical Impact

Physical Impact	No. of physical impact	Percentage %
Pregnant and delivered baby	03	37.5
Complain of pain	05	62.5

With regard to the physical impact of the victim. The above table shows that 37.5% of the victim were pregnant and even delivered the baby at a very young age. 62.5% of the victims have complained of pain.

5. Findings, Suggestions, Discussions and Conclusions

5.0 Introduction

After extensive detailing of the research problem, reviews and analysis and interpretation of data, this chapter highlights the findings made through questionnaires, interviews, and case studies in 3 (three) sections or parts. Discussion and conclusions to the study in relation to the finding of the study were also made. The chapter further includes suggestions for improvement of child sexual abuse in Nagaland: the importance of sex education in the school curriculum, suggestions for further research in the area of child sexual abuse in Nagaland and the importance of sex education in the school curriculum.

5.1 Finding of the Study

5.1.1 The investigator brought out the findings basing on all the five objectives and have presented the objectives section wise.

5.1.2 Section-I – Questionnaire

5.1.3 Section-II – Interview Schedule

5.1.4 Section-III – Case Study

5.1.2 Section-I

Questionnaire

Objective-1: Government or NGO's Record about Child Sexual Abuse in Nagaland

A) Findings based Government or NGOs record

Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2018

1. Results of the study found that Kohima records the highest percentage of CSA with 16 cases of female children under molestation/attempt rape and 33 cases of sexual assault/rape of minors. Followed by Dimapur with 7 cases of molestation/attempt rape and 10 cases of sexual assault/rape of minors. Peren district recorded 3 cases under molestation/attempt rape, 5 cases under sexual assault/rape of minors, and 1 case of rape and murder out of which all the victims are female with nil male victims.
2. It is worth noting that the majority of the reported cases of CSA are from Kohima district but that does not necessarily mean Kohima has a higher rate of child sexual abuse in the State in comparison to other districts. It is indicative of better reporting in the district. Kohima being the state capital comprises the population

with higher literacy status. In such a society there is a higher probability to report any crime committed. It is also observed that the documentation and record-keeping in the district by different stakeholders were more organized.

3. As per the data, reports on cases of boys sexually abused were none. Even at the national level, the reporting of Sexual abuse of a male child is very low. But this does not mean that boys cannot be sexually abused. Boy children are equally and sometimes more vulnerable than girl children to sexual abuse. However, in our society, there is a silence around male child sexual abuse.

Year-wise categorization of Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2018

1. Findings of this study highlight that, a total of 09 cases were reported during 2013-2014 with 13.04% followed by 12 cases in 2014-2015 with 17.39%, 11 cases reported in 2015-2016 with 15.94% as compared to 20 cases during 2016-17 showing an increase of 20 cases with 28.98% and 17 cases in 2017-18 with 24.63%.
2. Results of the study revealed that Penetrative sexual abuse records the highest 48 cases with 69.54% among the different types of sexual abuse. Rape and murder of 01 case with 1.44% and Molestation/Attempt Rape of 20 cases with 28.98%.
3. The outcome of the study has highlighted an increase in the number of child sexual abuse crimes in the state. As stated earlier, this may suggest that reporting of crime is improving in the state which is a positive sign. Nevertheless, we cannot completely deny the fact that the sexual abuse of children is rising. Though there has been an increase in reporting the fact remains that some/many sexual cases of abuse are/will never be disclosed. Therefore, we are not fully aware of the magnitude of the problem yet.

Age-wise categorization of Reported Cases of Child Sexual Abuse (CSA) from 1st April 2013 to 31st March 2015

1. Results of the study show that out of 75 number of children victim of CSA, 04 children belongs to the age group of 0-5 years with 5.33% followed by 11 children belong to the age group of 6-10 years with 14.66%, 41 children to the age group of 11-15 years with 54.66% and 19 children belonging to the age group of 16-18 years with 25.33% respectively.

2. It has been observed that 54.66% (41Cases) of Child Sexual Offence happen to children under the age group of 11-15 years.
3. It has been highlighted that Kohima shows the highest record with 49 cases with 65.33% followed by Dimapur with 17 cases with 22.66% and Peren with 9 cases with 12% cases.
4. The outcome of the study revealed that most of the rape cases and molestation of minors were not reported due to fear of stigmatization and shame and were often resolved within the family members and the victims were left with no assistance to deal with the trauma that they had gone through. Child sexual abuse can result in both short-term and long-term harm, including psychopathology in later life. Indicators and effects include depression, anxiety, eating disorders, poor self-esteem, sleep disturbances, and dissociative and anxiety disorders including post-traumatic stress disorder.

Objective-II: Reason behind why the children are sexually abused in the society

B) Finding based on reasons behind why the children are sexually abused

1. The findings of the study revealed that respondents working for children organizations directly, have a higher understanding on the issues of CSA compared to the general public. The general public, such as the caregivers, parents, teachers as well the children themselves have no or very little knowledge on the issue and the system that is available for the protection of the children in the State. Even among the organizations dealing with children, respondents from Police Department have a lower level of understanding on the issue which is disturbing as the police are the first point of contact whenever such issue arises; therefore, it is very important to have well informed and trained personnel. Respondents from an organization working for child rights and protection have attended some kind of seminars, workshops and training therefore their knowledge on CSA is higher whereas it is found that the caregivers such as the teachers and parents and the children themselves have very little exposure/excess to such training. Hence lack of awareness is also one of the reasons behind CSA in society.
2. The findings of this investigation also revealed that silence or non-reporting is found to be one of the chief risk factors leading to or encouraging the occurrence of CSA with 92% of the respondents agreeing to it, followed by the socio-economic status of the child (90.3%) and negligence of the caregiver (82.4%).

3. It is also to be noted that most perpetrators are not strangers but known people to the victim or the victim's family whom we overlooked as potential perpetrators (76.2%).
4. It is also seen that many perpetrators take advantage of the vulnerability of the child such as mental or physical disability.
5. Results of the study show that 82% agreed that child abuse is still a hidden occurrence in Nagaland. 82.9% agreed that most child sexual abuse crimes are not reported.
6. The investigation reveals that 26.8% agreed on the effectiveness of the existing legislation whereas 24.2% disagreed but the majority of the respondents 49% were not aware of the existing legislation.
7. In relation to media, the majority of the respondent with 50.5% states the ineffectiveness of media coverage related to child sexual abuse whereas, 25.3% agreed on its effectiveness and 24.2% of the respondent were not aware.
8. The findings of the study show that 72.2% agreed there is an increasing case of child abuse in Nagaland and is in the influence of child pornography with 87.4% agreeing to it.
9. In responding to the actions to be taken when a child confides about sexual abuse 76.8% responded that they will report to childline, 71% to report to the police, 12.4% to report to the teacher, 7.7% states that they will tackle the situation in their way and 0.6% states that they don't know.
10. Findings of this study revealed the causes of child sexual abuse where 93.3% agreed that the lack of moral education is the main cause, followed by lack of value education, broken families, and social degradation with an average of 80% and above.
11. Other causes like lack of sex education in school and society and substance abuse more than 75% of respondents agreed. 65.2% of respondents agreed that the cause of child sexual abuse is due to the reason that parents do not talk about sex education at home.
12. Half of the respondents gave a positive response that the church does not talk about sex education which could be one of the causes but 12.2% did not agree and 37.2% of respondents were not sure. Only a few agreed with 28.5% as the reason for unemployment as a cause.

13. About cases of child sexual abuse increasing in Nagaland, findings show that 90% of respondents revealed that the influence of mass media and parents not talking about sex education at home is the major reason. 85% agreed that Curiosity experiments by young people as they get exposed to other cultures without a proper sense of right or wrong.
14. 80% of respondents revealed that lack of moral and sex education in society, school, and school curriculum had increased the cases of child sexual abuse in Nagaland. 75% agreed that child sexual abuse is increasing due to no sex education in colleges and also due to the degradation of cultural values of Nagas.
15. Broken families, social change, and lack of sex education in the church come to an average of 60%. Few respondents agreed to the reason conflicts in the society with 27.3%. On problems developed in adulthood due to sexual abuse during childhood, overwhelming respondents agreed that depression and substance abuse as the main problem developed with more than 90% and less than 10% disagreed or were not sure.
16. With regard to sexual maladjustment developed in adulthood due to sexual abuse during childhood 52.2% strongly agreed, 30.5% agreed and less than 20% of the respondents disagreed or were not sure.

Objective-III: Sex Education Programme in School Curriculum can reduce children

Vulnerability against Child Sexual Abuse

- C) Finding based on the importance of sex education in the school curriculum.
1. 11% of students/young children discuss sex topics with the teachers, parents, and elders where 84% of young people do not talk about sex at all and only 5% talk about it sometimes.
 2. With related to sexually transmitted diseases 30.1% discuss with teachers, parents, and elders, 54.2% stated no and 15.7% discuss it sometimes. The result revealed that most young people do not feel comfortable talking about topics like sex and STDs with their teachers, parents, and elders.
 3. 40.7 % of teachers revealed that they expected their students to talk about sex and STDs topic with them whereas 32.2% of teachers do not have that expectation and 27.1 % stated sometimes. The opinion of the respondents towards sex education in the school curriculum was 64.7% agreed that teaching of sex education in the

school teaches abstinence from sexual activity before marriage whereas 19.9% disagreed and 18.4% could not ascertain.

4. About sex education teaching abstinence from sexual activity, 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid sexually transmitted diseases and 90.1% agreed that it will avoid HIV and AIDS.
5. About the impact that sex education teaches that sexual activity outside the context of marriage is likely to have the harmful psychological side effect, 77.4% of respondents agreed, 69% agreed to harmful physical side effects and 63.8% agreed to harmful personality side effects. An average of 8% of respondents did not agree to the harmful psychological, physical, and personality side effects whereas averages of 21% were not sure.
6. In relation to harmful consequences bearing children out of wedlock, 80.7% of respondents stated that it is the child who suffers, 71.6% agreed to the child's parents and 58.8% agreed that it will bring harmful consequences to the society.
7. With regard to sex education teaching young people how to reject sexual advances 74% agreed, 7% disagreed and 19% of respondents were not sure. 90% of respondents agreed that sex education teaches the importance of attaining self-sufficiency before engaging in sexual activity whereas 2.5% disagreed and 7.5% were not sure.
8. In finding out whether respondents are familiar with aspects of the school curriculum, 44% were familiar with the overall knowledge and skill acquired at school whereas more than 50% of respondents were somewhat or not very familiar and 3.7% were not at all familiar.
9. 31.2% were found to be familiar with the knowledge and skills acquired in health and physical education classes whereas the majority of the respondents were not sure about it.
10. In relation to the way the curriculum is developed in Nagaland, only 12.6% of respondents were familiar with it whereas, the majority of the respondents nearly 90% were not familiar with how the curriculum is developed in Nagaland.
11. Only 3% of teachers and students agreed that there is sex education in school whereas 97% responded that there is no sex education in school. Of those respondents who responded existence of sex education in their school, all (100%) stated that it is a small part of the separate subject and 100% of respondents agreed that sex education is important and should be part of the school curriculum.

12. On the benefits of having sex education in school, almost all the respondents on an average of 95% agreed that sex education in school will have many benefits for students like making healthy choices, safe choices, informed choices, learn about the risk of sexual activities and respect and take responsibility about their sexual life whereas, less than an average of 5% were not sure.
13. With related to learning about the expected change in puberty 52% agreed whereas, 48% were not sure about it.
14. With regard to the importance of sex education in the school curriculum. 100% of respondents agreed that teaching sexual health concepts to students is important. 94.2% agreed to teach good and bad touch and only 5.8% responded they cannot say.
15. 100% of respondents agreed that teaching how to say 'No' to perpetrators and reporting to an adult when bad things happening to students will protect children from the abusers.
16. Related to the role of the teacher in teaching sexual health to students, 41.4% of the respondents agreed, 2.9% of respondents disagreed whereas the majority of respondents with 55.7% stated that they cannot say if they feel confident in their knowledge about sexual topics and concept.
17. 46.4% of respondents agreed that they are confident about discussing sexual topic and concept with students whereas 5.8% disagreed and 47.8% of respondents stated can't say.
18. 5.8% of respondents strongly agree that they are a little unsure how to address sexual health topics as students have access to information. 31.8% agreed, 37.7% disagreed and 24.7% stated can't say.
19. The trust sources of health information where parents were trusted with 74.2%, doctors and nurses with 65.8%, and teachers with 60%.
20. Child's friends or peers could not be trusted on the sources of health information with more than 50% of respondents responded as not very trustworthy or not at all trustworthy.
21. With related to the internet 34.7% of respondents were likely to trust but 65.3% could not trust the sources provided on the internet.
22. With regard to social media related to disseminating health information, only 3% of respondents find it trustworthy whereas 97% stated somewhat, not very, or not at all trustworthy.

23. School-based prevention programs increasing youth empowerment 83% of respondents agreed whereas 17% were not sure.
24. According to respondents on increasing youth safety due to school-based prevention programs, the majority of the respondents with 91.4% agreed whereas 8.9% disagreed.
25. Related to school-based prevention programs helps in reducing stigmatization, 65.7% agreed, 3% disagreed whereas a good number of respondents with 31.3% could not ascertain.
26. In relation to reducing self-blame due to school-based prevention programs, 61.8% of respondents agreed, 1.4% disagreed and 36.8% were not sure.
27. The importance of sex education in the school curriculum in relation to making students a confident person the findings shows that, 78.1% of respondents strongly agreed or agreed whereas 9.5% disagreed and 12.4% stated don't know.
28. Nearly 95% agreed that sex education will make students build integrated personalities, responsible person and develop positive behavior and attitude towards sex whereas only 5% stated they don't know.
29. In relation to sex education making the students respect members of opposite sex 93.1% strongly agreed/agreed, 1.3% disagreed and 5.6% stated don't know.
30. 50% of the respondents strongly agreed in relation to girl not to be seen as a sex symbol as depicted in pornographic literature/movies that distort the meaning of sex and sexuality when sex education is provided to students. 37.5% agreed whereas 7% disagree and 5.5% stated don't know.
31. With regard the importance of sex education in school on various aspects, more than 90% of respondents agreed that;
 - Adult within the family or outsiders should not take advantage of their ignorance and vulnerability.
 - Scientific and healthy way of inculcating moral values in the younger generation and Aims at strengthening the moral values that sex means responsibility.
32. More than 80% of respondents agreed in relation to sex education as;
 - STD's and AIDS and the importance of controlling one's desire
 - Safeguard against sexual abuse and rape
 - Educating that sex is a responsibility at the senior level
 - Part of social living and part of love and marriage

- Includes all scientific, ethical, social, religious instruction and awareness about sex and influences
 - Preparation to solve the problem of sex that inevitably comes in some form into their life
 - Child sexual abuse is a problem that breathes in secrecy
 - Speaking openly and publicly about it will enhance efforts at prevention.
33. More than 70% agreed that the importance of sex education will teach;
- Introduction to contraception at the senior level will enable them to practice safer sex.
 - Misconceptions and taboos related to sex, sexuality, and sex act.
34. In relation to teaching Sexual adjustment as a compromise between biological urges and social restrictions, 64.7% agreed whereas 35.3% disagreed or were not sure.
35. Regarding barriers to effective implementation of sex education, 52.7% agreed to inadequate resources, 16.1% disagreed and 31% were not sure. 58.5% agreed to lack political commitment, few of the respondents disagreed with 7.5% and 34% were not sure. 30% agreed to community opposition as a barrier to effective implementation of sex education, 15% disagreed but the majority of the respondent was not sure with 55%. With related to reliance upon authoritarian and didactic approaches to teaching on the part of education as one of the barriers to effective implementation of sex education 43% agreed and 7% of respondents disagreed but 50% were not sure.

On queries related to the duty to educate children about sex education, 32.5% of respondents felt that it was the duty of the parents, 32.4% stated the teachers and 32.3% of respondents felt both parents and teachers and 2.8% were not sure.

Objective-IV: Problems and Psychological effects of Sexually Abused Children

D) Finding on the basis of Psychological effects of Sexually Abused Children

1. The findings of the study revealed that 22.7% of respondents strongly agreed that multiple personality disorder was developed due to sexual abuse during childhood, the majority agreed with 49% and less than 30% of respondents did not agree or were not sure.

2. 100% of the respondents agreed that sexually abused children experienced long-term psychological disorders and required counseling.
3. Psychological effects in child sexual abuse. In relation to fear, coercion was strongly agreed/agreed with 99.2%, a threat with 98.5%, and bribery with 93.1%.
4. Related to afraid, punishment with 98.6%, blame with 98.3%, abandonment with 86.9%, and not being believed with 84.2%.
5. About guilt and shame as psychological effects, 85.8% of respondents strongly agreed/agreed to self-blame. Grief related to sadness was strongly agreed/agreed with 84.4%.
6. About helplessness/powerlessness, the respondents strongly agreed/agreed with 81.2% that sexually abused children have no control over their lives, 71.6% of respondents strongly agreed/agreed that victims do not have control over their bodies and 87.7% strongly agreed/agreed that victims do not have a choice.
7. Psychological effects about anger 100% of respondents strongly agreed/agreed that anger is developed against the perpetrator and 92.4% strongly agreed/agreed that the victims felt angry against others failing to protect them.
8. Experiencing psychological effects as flashbacks, 98.1% strongly agreed/agreed that the victims re-experience sexual abuse in their memory and 97.9% strongly agreed/agreed that the victims experience the same feelings again which they felt at the time of incident through flashbacks.
9. Regarding self-esteem as a psychological effect, 91.3% of respondents strongly agreed/agreed that the victims feel unclean and unworthy to be loved.
10. Issues on development of various disorders due to sexual abuse, 95% of respondents agreed that victims developed alcohol and substance abuse. 80% agreed to a post-traumatic stress disorder, depression, extreme mood swing, and sleep disorder. 70% agreed to a panic attack and disassociation. 60% agreed to suicidal feelings, bipolar disorder, schizophrenia and homosexuality, and lesbian. 50% agreed to self-mutilation, eating disorder, and Stockholm syndrome.

5.1.3 Sections-II

Interview Schedule

Objective -I: Government or NGOs record about child sexual abuse in Nagaland

- A) Findings based on Government or NGO record

1. Out of 100 samples selected for the interview schedule, 40% samples were from Kohima district out of which 02% were Male and 38% were Female. 57% sample was collected from Dimapur district out of which 01% was Male and 56% are Female. 03% sample was collected from Peren district out of which 0% Male victim were 03% are Female. Kohima and Dimapur is the capital and the commercial hub of the state with a more mixed population in urban areas, more recorded cases were found and owing to the privacy situation of the victim, the sample was collected accordingly. The Male percentage was very less as compared to female which was contrasting with a national study which shows more Male victims than Females.
2. Age-wise categorization of victim's age, where 0-5 years age group comprised of 6%, 6-10 years age group shows 18%, 11-15 age group shows 56% and 16-18 age group shows 20% respectively. 11-15 years age group shows the highest percentage with 56%.

Objective-II: Reason behind why the children are sexually abused in the society

B) Finding based on reasons behind why the children are sexually abused

1. It is observed from the sample collected from the Study that, delay in reporting an abuse often leads to repeated abuse. Most of the cases where there was a delay of reporting for more than a year, the victims were subjected to repeated abuse by the offender. The investigator has found out that some cases were reported as late as 5-11 years after the first abuse was committed and during that whole period the abuser continued to abuse the child.
2. Under the category or manner of abuse, the highest percentage of abuse was shown in the form of Rape with 59%, followed by the least percentage of abuse i.e., Harassment with 01% and Molestation or sexual assault with 40% respectively.
3. Types of perpetrators who were involved in the interview schedule-Out of 100 samples strangers with 07%, Neighbor 32%, Pastor 05%, Biological father 06%, Step Father 09%, Uncle 06%, Friend 01%, Police personnel 01%, Army 01%, Shopkeeper 02%, House owner 04%, Proprietor of an institution 12%, Grandfather 01%, Employer/Guardian 07%, Schoolmates 05%, Self Employed with 01%.
4. Perpetrator's age-10-20 years age group shows 10% followed by 21-30 years age group which shows 19%, 31-40 age groups shows the least percentage with 07%. 40-50 age groups with 20%. The highest percentage of perpetrators age group was 51-60 age groups with 29% followed by 61-70 age groups with 15% respectively.

5. In relation to the complaint on behalf of the victim, it was revealed that the victim himself or herself have complained about 08%, followed by the highest number of a complaint filed by concern Adult with 62% followed by parents with 28% and the least number of the complaint are filed by neighbor with 02%.
6. Percentage of the child residing-Employers house with 16%, Aunt house 09%, Uncle's house 02%, Cousin house 01%, children home 03%, Grandmother 02%, Parents house with the highest percentage of 56%, sister house 01%, brother house 01%, Guardian house 02% followed by Special need children home with 07%.
7. With regard to the location of the abuse, the highest percentage was 46% in the victim's own house followed by 14% in employer's house, isolated place with 11% and children homes with 10% followed by the school with 5% and hotel, neighbor house and perpetrator's house with 4% each and the least percentage were at shops with 2%. Hence the phrase stranger danger holds no truth anymore.

Objective-III: Sex Education Programme in School Curriculum can reduce children

Vulnerability against Child Sexual Abuse

C) Finding based on the importance of sex education in the school curriculum

1. 100% of the respondent both the victim and the caretaker of the victim agreed that sex education program is important and should be included in the school curriculum.
2. 70% of the victims were school dropouts, and 5% of the victims never attended school, and the rest 25% of the victim were school-going children when the abuse happened to them.
3. Out of 25% victims of school-going children, it was found out that 90% of the students have lost interest in studies and very few 10% wanted to continue their studies and follow their dreams.

Objective-IV: Problems and Psychological effects of Sexually Abused Children

D) Findings based on psychological effects

1. In relation to the impact of the abuse on victim/psychological effects the findings show cases of being traumatized with 40%, emotionally depressed with 40%,

distress with 8%, threaten/scared with 10%, and victims becoming an abuser themselves with 2%.

2. It revealed that CSA also to a large extent affects not only the victim but also had a tremendous impact on the victim's family as well. The impact on the victim's family shows the highest impact with 63% relating to shame and societal stigma, 15% experiences shock, 5% faces helplessness and 17% shows abuse happening within the victim's own family which was a grief concern to all of us.

5.1.4 Sections-III

Case Study

Objective -1: Government or NGOs record about child sexual abuse in Nagaland

A) Findings based on Government or NGO record

1. All the victims were Female. The present study shows differences in age variation starting from age 2 years and 8 months with 12.5%, 12 years victim 37.5%, 13-year-old victim 12.5%, 14 years old victim 12.5% and 16 years old victim with 25%. Record revealed age 12 and 16 with the highest percentage as victim.
2. Pertaining to the manner or category of abuse highlight that rape is the highest crime being meted to children with 87.5% and attempted rape and molestation with 12.5%.

Objective-II: Reason behind why the children are sexually abused in the society

B) Finding based on reasons behind why the children are sexually abused in the society

1. Whom the child/victim is residing with: It was found that the child residing with own family shows the highest percentage of CSA with 62.5% which shows parent's negligence towards their children followed by Shelter home with 12.5%, Single parents like broken home with 12.5% and joint family with 12.5%. With regard to the identification or category of perpetrators, it was shocking to know that 25% of the perpetrators were the biological father of the victim, stepfather with 12.5%, proprietor of shelter home 12.5%, Neighbor with 25%, and police with 12.5%.
2. To know about the environment where the abuse took place: 75% of abuse has happened in the victim's own house, shelter home with 12.5%, and isolated place with 12.5%.

3. The level of reporting the abuse revealed that 50% of the abuse report were done by the victim's parents along with the victim, 12.5% has been reported by parents along with the concerned lady. It came to light that the parents can report only after the repeated persuasion of the concerned lady, stigmatization as one of the main reasons behind hesitation of reporting. 25% are reported by the victim's family and 12.5% by the teacher.
4. With regard to the justice served to the victim, 75% of the perpetrators were behind the bar. 12.5% of the perpetrator has been detained in the police station but were bailed out easily and 12.5% of the perpetrators were detained in the police station. Leniency or laxity in law was also one of the reasons of CSA.
5. All the respondents have agreed that they were afraid of the stigma that was associated with child sexual abuse with 100%.
6. The reason for abuse happening within the victim's own family was due to the immoral behavior of the victim's family members with the highest percentage of 50% which was more happening under the influence of alcohol. 12.5% of the reason for abuse is due to pornography; too much uncensored media and easy access to it also pollute the mind of the perpetrators. 12.5% of abuse was happening due to too much trusting in others thinking that we know them also trigger abuse. 12.5% of abuse also happened under the influence of alcohol. One of the reasons of abuse also happened when a child was disabled, the perpetrator takes advantage of them especially if the child was mentally retarded the perpetrator feels that she won't be able to say anything even if she says no one will understand or believed her.
7. The level of impact of abuse on victim family display that 37.5% of the abuse happened within victim's family members due to their immoral behavior hence it was a disgraceful situation within own family. 12.5% of the victim was lured with different variety of kinds in the form of sweets, cash and anything that the child victim may like the most and this was how the abuse happened even with the consent of the child. But any child abuse even with the consent of the child was punishable until she crosses 18 years of age under the Law of India.

Objective-III: Sex Education Programme in School Curriculum can reduce children

Vulnerability against Child Sexual Abuse

C) Finding based on the importance of Sex Education in School Curriculum

1. The findings of the study stressed on the importance of sex education with 100%.
2. Out of 08 respondents, all the respondents have agreed on the importance of sex education for children in the school curriculum.
3. Educational qualification of the victim, showed 25% of the school dropout victims, 25% of victims never attended school. 12.5% of victims studying in class 6. 12.5% studying in a special school, and 12.5% of victims studying in class 7.
4. Support system received by the victim. The highest support system they received were through childline with 62.5%, prodigal home with 12.5%, CWC with 12.5%, SCPS with 12.5%. Some of the support systems the victim received were in the form of counseling, compensation under-compensation scheme, they were put in children homes with care if the victim had threat within own family like abuse by own family members, the victim receives education if they want to continue their study under children home, they were also provided vocational training so that they can support themselves in their later future.

Objective-IV: Problems and Psychological effects of Sexually Abused Children

D) Finding based on psychological effects

1. The impact of the abuse revealed that 37.5% of the victims were in trauma, 25% of the victims were traumatized and pregnant at a very early age. 12.5% are mentally retarded therefore they were taken advantage of. 12.5% felt that they were betrayed because they were being promised to marry them. 12.5% are unaware because the victim was very young to react.
2. When the abuse happened too much damage was done to the child physically and psychologically. Some of the psychological effects found in this case study shows that 12.5% of the victim reacted emotionally to every little situation. 12.5% of the victim was curious with lots of questions. The highest percentage was traumatization with 50% followed by inferior feeling with 12.5% and lastly, 12.5% showing the psychological effect of sometimes the victim reacting to the situation and sometimes not reacting at all.

3. It was found that not only the victim but even the victim's family were affected badly mentally when their children were sexually abused. It was found out that 37.5% were in abuse happening within own family members due to their immoral behavior. 12.5% due to luring the child with sweets and money and the abuse happening with the consent of the child. 50% of the victim's family were shocked and could not come out to the term that their child had been sexually abused.
4. Counseling has been provided to all the victims of this present case study with 100%. Apart from counseling some victims were even provided financial assistance through schemes like Victim Compensation Scheme and Integrated Child Protection Scheme.
5. With regard to the physical impact of the victim 35% of the victim were pregnant and even delivered the baby at a very young age. 62.5% of the victim has complained of pain.

5.2 Suggestions for implementing Sex Education in the School curriculum in Nagaland

1. Sex Education can help the youth to gain information to make healthy decisions about sex throughout their lives.
2. Advocating strong programs on sex education throughout the district as it will help the parents as well as the adolescence to know about sex education.
3. Incorporating the subject from the Primary level of education. Let children grow up with the understanding that the subject isn't taboo to talk about.
4. Inviting open discussion from the academic level that allows elders, parents, and children to participate and broaden one's perspective on such issues.
5. Forbidden food taste much better. Hence if the topic is made all-inclusive in possible subjects, then it will enhance the knowledge of what the topics are all about. This will make an individual conscious of one's body and differentiate between abuse and love, abuse and care. Accurate knowledge can also enable one to build self confidence and stand up for oneself when the need arises.
6. Conducting sex education program drive.
7. Teaching strategies/design for student participation.
8. Incorporate sex education materials according to the age and culture of the students.

9. Guidelines for sexual health education or guide booklets providing teaching strategies to teach sex education.
10. Integrate sex education into pre-service and in-service teaching training will ensure that teachers are well equipped with relevant and up-to-date knowledge, skills, and attitudes for the delivery of sexuality education.
11. Establish a curriculum schedule for sex education with a clear indication of where the different elements of sexuality education are located to ensure students receives at least 12 hours/sessions of sex education per year, as recommended by the International Technical Guidance on Sexuality Education (UNESCO 2019).
12. Formal and informal sexuality education including NGO workers specialized in sex education in non-formal settings should take full advantage of modern technology and media to raise public awareness of the necessity and importance of comprehensive sexual education.
13. Support research and networking on sexuality education to develop the evidence base for curriculum development, improvement, and implementation.

5.3 Educational Implications of the present study

The following were the educational implications on the effectiveness of creating awareness on child sexual abuse in Nagaland; Importance of sex education in school curriculum:

1. Effective and constructive interventions need to involve facilitating policymakers, schools, and parents to take a more active part to change policy, program, and advocacy for relevant sex education curriculum.
2. Improper perception of sex education has complicated how sex education is conceptualized and measured as a health intervention. Therefore, productive intervention and awareness needs to crop up.
3. Curriculum design and content for implementation/topics as part of their regular syllabus.
4. Sex education program will reduce adolescent sexual risk behavior and promote sexual health.
5. Sex education can also help to access information regarding contraception and sexual health, as the students can freely enquire their queries from the teachers.
6. Sex education can impart awareness about Sexually Transmitted Infection (STI) as it is the world's most common disease and can be prevented through it.

7. Awareness on child sexual abuse can be created through the help of education.

5.4 Suggestions for further research

1. A study to determine the efficacy and productiveness of the role played by the NGOs for child sexual abuse in the State of Nagaland.
2. A study to determine the effectiveness of the role played by the government for child sexual abuse in the State of Nagaland.
3. To analyze the psychological effects and problems faced by sexually abused children.
4. A study on the imminence of creating cognizance of child sexual abuse through education: need of the hour.
5. A study on juxtaposition and the impact of customary law on POCSO Act 2012 on child sexual abuse in Nagaland.
6. Research on the effectiveness of training, workshop, seminars, and sensitization programs conducted by the State Child Protection Society, under Social Welfare Department, Government of Nagaland.
7. A study on effective strategies for bringing in the inter-disciplinary knowledge necessary to carry out all the diverse functions of a child welfare agency with special reference to children with sexual abuse.
8. A study on the strength of sex education will maximize a positive impact on healthy health.
9. A study on the status of child sexual abuse in the State.
10. A study on the importance of sex education.
11. Encyclopedic investigation to find out the issues and challenges faced by sexually abused children.
12. A study on the attitude of policymakers, teachers, parents, and students with regard to comprehensive sex education help battle various social issues.
13. Role of the teacher in expressing an open attitude and willingness to listen and discuss any and all related issues relating to sexual health with the help of education.
14. A study on the role of mass media in delivering sex education. Its pros and cons.
15. An investigation on sex education is more than just teaching about sexual behavior and the need to promote behavior at the cultural level.
16. A systematic investigation to obtain befitting knowledge and information about sex education and its significance.

17. In-depth comparative study on the literature review on the importance of sex education in India and Abroad. A status study.
18. In- depth case study on the perpetrators as to why most of the perpetrators happens to fall between the age group of 50 years and above in Nagaland, even though they are consider to be mature and senior citizen of the country.

5.5 Discussion and Conclusion

The present study, “*Child Sexual Abuse in Nagaland: The importance of Sex Education in School Curriculum*”, was done with an aim to know the status of CSA in Nagaland and to bring out an impact on the significance of sex education in the school curriculum. The present study has shown that the majority of the reported cases of CSA were from Kohima district but that does not necessarily mean Kohima has a higher rate of child sexual abuse in the state in comparison to other districts. It was indicative of better reporting in the district. Kohima being the state capital comprises the population with higher literacy status. In such a society there was a higher probability to report against any crime committed. It was also observed that the documentation and record-keeping in the district by different stakeholders were more organized in the State.

There has been an increase in the number of child sexual abuse crimes in the state. As stated earlier, this may suggest that reporting of crime is improving in the state which is a positive sign. Nevertheless, we cannot completely deny the fact that the sexual abuse of children is actually rising. Though there has been an increase in reporting but the fact remains that some/many sexual cases of abuse are/will never be disclosed. Therefore, we are not fully aware of the magnitude of the problem yet. M. Temjen Longkumer (2013) *Crime in Nagaland Sociological Investigation*. His findings related to rape and sexual assault reflects that, though such nature of crime virtually was not prevalent in Naga society, it has become a common occurrence in the recent past (especially since 2003). Most of his findings of rape cases constituted of minor girls (aged between 2 years and 9 months, 3 years, 4 years, 7 years, 8 years, 9 years, 10 years, 12 years, and 14 years) that come under the category of child sexual abuse. Hence it clearly shows that there is a rise of sexual abuse cases in Naga society which shows similar findings with the present study that CSA is on the rise in the state of Nagaland.

Most rape cases and molestation of minors were not reported due to fear of stigmatization and shame and are often resolved within the family members and the victims are left with no assistance to deal with the trauma that they had gone through as has highlighted in the present

investigation the year of sample collected is taken from 2011 to 2020. It is observed that most of the cases where there was a delay of reporting for more than a year, the victims were subjected to repeated abuse by the offender. The findings of this investigation also revealed that silence or non-reporting was found to be one of the chief risk factors leading to or encouraging the occurrence of CSA with 92% of the respondents agreeing to it.

Ministry of Women and Child Development Government of India (2007) Study on Child Abuse: Highlighted in its study that, 50% of abusers are persons known to the child or in the position of trust and responsibility; that most of the child do not report the matter to anyone which is complimenting the present study which also revealed that most perpetrators are not strangers but known people to the victim or the victim's family whom we overlooked as potential perpetrators (76.2%). Alok Kumar, Asha Pathak, Sandeep Kumar, Pooja Rastogi, Prateek Rastogi(2012) The Problem of child sexual abuse in India Laws, Legal Lacuna and the Bill-PCSOB-2011, the study revealed that 50% abuser was known to the child or in a position of trust and responsibilities. The above review study is relating to the present study where the majority of the perpetrators were known to the child with more than 85% falls under the category of neighbor, uncle, step father, biological father, grandfather, friend, etc. therefore, even parents don't want to report the matter due to fear of stigmatization and also due to perpetrator happens to be from own family members.

CSA is a problem that breathes in secrecy due to fear of stigmatization. Hence speaking openly and publicly about it becomes so important as it will enhance efforts at prevention. Proper and appropriate sex education is important and should be included in the educational curriculum looking into the age and stage differences of the child which will successively create awareness and acts as preventive measures because education opens the ways to awareness. The introduction of sex education as part of the school curriculum will lead to a healthy relationship between the opposite sexes. While imparting sex education morale value should be included. Importance of sex education with regard to studies done in India Alosius (1974) His study shows that both the teacher and adolescent had a favorable attitude to the introduction of sex education in school.

Importance of sex education with regard to studies done in abroad, Whaley Suzanne Amy (1994), based on the result of the study, the researcher sees the need for sex and sexuality education that includes more information than just biological functions. The literature describes some excellent ways to educate students about emotional intimacy, and the

researcher thinks this should be a component of all sex education programs. Overall, the researcher sees the need for better sex education beginning early in junior high school. By broadening the sex education curriculum, the researcher believes that students will benefit by being more informed, healthy, and responsible. Goldfarb S. Eva, Lieberman D. Lisa (2021), the authors conducted a systematic literature review of three decades of research on school-based programs to find out the evidence for the effectiveness of comprehensive sex education. The outcome of the study includes an understanding of sexual diversity, violence prevention, development of sound relationships, and prevention of CSA, improved emotional/social learning, and enhanced media literacy. Substantial evidence supports sex education beginning in elementary school, which is corresponding to the present study showing 97% of respondents favoring sex education in the school curriculum and support that sex education in school will have many healthy choices, safe choices, and informed choices. 90% of the respondents agreed that sex education aims at strengthening the moral values of the child. Hence we see that both studies done in India and abroad favoring on the importance of sex education and is corresponding with the present study as well.

In Nagaland, Dimapur recorded 938 HIV positive cases just within 9 months i.e. from April 2019 to January 2020 which was alarmingly high. Nagaland has also been placed the 2nd highest adult HIV prevalence in India and as per the official record 91% of the new HIV cases in Nagaland were through sexual route, which was a thought to ponder and should be taken very seriously. Status of HIV in Nagaland are even more severe now than before, for reasons that it is ever growing among the general population, considerably the youth for which the important of sex education is felt more now. Azibur Rahman (2004), the study revealed that sex education is a battle against sexual illiteracy. It is like a vaccination for HIV & AIDS. The venereal diseases are spreading at an alarming rate especially among those belonging to the 15 to 30 years age group. Therefore, Sex education become so essential, only through sex education programs, awareness can be created among youngsters to help them manage themselves with dignity and control it. Randhir Kumar, Anmol Goyal, Parmal Singh, Anu Bhardwaj, Anshu Mittal, Sachin Singh Yadav (2017), the findings of the study show that, majority of adolescence i.e. 93.5% favor sex education and 86.3% said sex education can prevent the occurrence of AIDS. Eko Jimmy et al. (2013), the findings of the study shows that participants share the similar opinion that sex education should cover an area such as abstinence, HIV/AIDS, sexually transmitted diseases, basis of reproduction, etc. masturbation, abortion and contraceptive were unanimously agreed not to be included in sex education

content. A substantial proportion of the respondents agreed that abstinence-plus should be the main message of sex education in school. The similarities of the above mentioned studies with the present study revealed its findings. In relation to sex education, it shows that sex education teaching abstinence from a sexual activity where it was found that 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid sexually transmitted diseases and 90.1% agreed that it will avoid HIV's and AIDS. More than 80% of respondents agreed in relation to sex education as - STD's and AIDS and the importance of controlling one's desire and Safeguard against sexual abuse and rape.

David Finkelhor, Ph. D, and Angela Browne, Ph. D (1985), their study has tried to suggest a framework for a more systematic understanding of the effects of sexual abuse. Friedrich N. William, Beilke L. Robert, Urquiza J. Anthony (1987), the results of their study concur with previous clinical impressions that indicate that sexually abused children display a significantly greater number of behavior problems and fewer social competencies than normal. Alexander C. Pamela (1993). The study shows the long-term effects attributable to the experience of childhood sexual abuse are significant and varied. Symptoms such as depression, anxiety, nightmares, and intrusive thoughts are so common among abuse survivors that many researchers and clinicians advocate a Post-Traumatic Stress Disorder (PTSD). The above reviews studies show similar findings with the present study which shows in relation to helplessness/powerlessness, the respondents strongly agreed/ agreed with 81.2% that sexually abused children have no control over their lives, 71.6% of respondents strongly agreed/agreed that victims do not have control over their own bodies and 87.7% strongly agreed/agreed that victims do not have a choice. Psychological effects in relation to anger 100% of respondents strongly agreed/agreed that anger is developed against the perpetrator and 92.4% strongly agreed/agreed that the victims felt angry against others failing to protect them. Psychological effects as flashbacks 98.1% strongly agreed/agreed that the victims re-experience sexual abuse in their memory and 97.9% strongly agreed/agreed that the victims experience the same feelings again which they felt at the time of incident through flashbacks. Self-esteem as a psychological effect, 91.3% of respondents strongly agreed/agreed that the victims feel unclean and unworthy to be loved. Various disorders developed due to sexual abuse. 95% of respondents agreed that victims developed alcohol and substance abuse. 80% agreed to a post-traumatic stress disorder, depression, extreme mood swings, and sleep disorder. 70% agreed to a panic attack and disassociation. 60% agreed to suicidal feelings.

As a consequence of all the aforementioned, a sound and reasonable conclusion were drawn that child sexual abuse, as a serious concern and has to be tackle explicitly by creating proper awareness, policies, and programs that can happen only with a sound education. Therefore, the keyword here is to be watchful. Why watchful only after why not before is a big question we need to ask ourselves. Prevention is always better than cure. Sex education can play the role of preventive program for CSA, when the child grasp the basic knowledge and concepts of sex education, they will communicate more openly about the abuse that was meted out on them. They will know that it was not their fault if they were sexually abused and will be more aware of their rights. The present study was descriptive in nature and followed the broad approach in the collection of data and information.

6. Summary of the Study

6.0 Introduction

The menace of child sexual abuse is on the rise in Nagaland. The world's largest number of sexually abused children is in India. One in every two children in India has been subjected to some form of sexual abuse. Educational institutions like school are the frontline of child protection since they have the potential to teach protective behaviors effectively and to a greater number of children than any other system, including parental instruction. This is because a large part of the "awake" time of a child's day is spent at school, training and opportunity to observe children's behavior and physical conditions over a period of time. Dealing with the issue of child sexual abuse may seem challenging and overwhelming, but the possible consequences of inaction are even worse-that children may be sexually abused and not know where to turn for help. Experts believe that many cases of child sexual abuse go undisclosed. When a child does disclose that they are experiencing sexual abuse, society's discomfort with sexuality can lead to an inadequate or ineffective response from adult. However, education and training can help prevent sexual abuse and aid recovery. Though child sexual abuse is a grave violation of a young person's rights and brings the risk of many adverse health conditions, recovery and healthy adult life are possible only with proper awareness of this issue with the help of education.

6.1 Statement of the Problem

The present study undertaken is stated as, a study on, "Child Sexual Abuse in Nagaland: The Importance of Sex Education in School Curriculum". It is an effort to investigate the status of child sexual abuse in Nagaland, reasons of the CSA, psychological effects due to CSA and how sex education can aid as preventive measures to this menace.

6.2 Need and significance of the study

India is home to the largest child population in the world, with almost 42% of total population under 18 (eighteen) years of age. Needless to say, the health and the security of the country's children are integral to any vision for its progress and development. Yet one of the issues marring this vision for the country's future generation is the evil of child sexual abuse. Statistic released by the national crime record bureau reveals that there has been a steady

increase in sexual crimes against children. According to a study conducted by the ministry of Women and Child Development in 2007, over half of the children surveyed reported having faced some form of sexual abuse.

6.3 Justification of the study

The present study, a study on “*Child Sexual Abuse in Nagaland: The Importance of Sex Education in School Curriculum*” aims to study the damaging effects of child sexual abuse which not only effects the children who suffers from it, but it also effects the communities that must address the aftermath of abuse. Studies have indicated that about one-third of people who are abused in childhood will become abusers themselves. This poses a major social challenge for all. The same study has confirmed that abuse in childhood increases the livelihood in adulthood of problems ranging from depression and alcoholism to sexual maladjustment and multiple personality disorder. The prevalence of child sexual abuse in Nagaland, or anywhere else for that matter, is difficult to determine because it often goes unreported. The incidence is known to be far greater than what is reported to authorities. Incidentally, the National Crime Record Bureau for the year 2014, reported that Nagaland has only 110 reported cases of crimes against women and 93 against children; these numbers, it said, indicated that women and children in Nagaland seem to be the safest in India. However, in reality, unreported cases are higher due to the stigma attached to such experiences; hence, many victims and their families choose not to disclose their cases. Therefore, such offences against children need to be defined explicitly and countered through adequate penalties as an effective deterrence. So also education, training and research in this area can help prevent sexual abuse and aid recovery.

6.4 Objectives of the Study

1. To find out the status of Child sexual Abuse (CSA) from the official records of the government or NGOs in Nagaland.
2. To find out the reasons behind why children are sexually abused in society.
3. To find out the status and importance of sex education programs in school curriculum.
4. To study the problems and psychological effects of sexually abused children.

5. To suggest measures for the implementation of sex education.

6.5 Research questions

Q1. How many sexually abused children have been recorded officially under the concerned Departments such as government or NGO's records?

Q2. What according to you are the reasons behind why the children are sexually abused in the society?

Q3. Do you think that sex education programs in the school curriculum can reduce child's vulnerability against child sexual abuse? What could be some of the measures that can be adopted?

Q4. What are the problems faced by the sexually abused child? Do you think that sexually abused children are affected psychologically?

Q5. What could be some of the measures for the implementation of sex education?

6.6 Operational Definition of the Term Used

In order to have a better understanding of the concept, the following key words used in this study are explained as:

1. SEX EDUCATION:- Instruction or issues relating to human sexuality, including emotional relation and responsibility, human sexual anatomy, sexual activity, sexual reproduction, reproductive health, reproductive rights, safe sex, birth controls and sexual abstinence.

2. SCHOOL CURRICULUM: - Set of courses, course work and their content offered at a school. It embodies all the experiences which are utilized by the school to attain the aim of education.

3. CHILD: - Means any person below the age of eighteen years.

4. SEXUAL ABUSE: - Any sexual activity that is undesired by one participant but forced on them nonetheless, especially when considered to be more sustained or frequent than an incident of sexual assault.

6.7 Delimitation of the study

The study was delimited in the following areas:

- Kohima, Peren and Dimapur districts.
- School teachers, children ministries of some few churches, Head of Institution and policy makers-(officials from Directorate of School Education, State Council of Educational Research and Training (SCERT), Police authority, Integrated Child Protection Scheme (ICPS), State Child Protection Society (SCPS) and District Child Protection Society (DCPS) under Social Welfare Department.

6.8 Review of Related Literature

In the review of related literature, an attempt has been made to review the works that has been done in the area of child sexual abuse: importance of sex education in school curriculum. Reviews were made on researches done (both published and unpublished), Surveys, Journals and Books, etc. The reviews were categorized into two parts namely; - Studies done in India and Studied done in Abroad.

6.8.1 Studies Done in India

V.C. Pandey (2004) Child Counseling and Education

This two-volume study on “Child Counseling and Education” deals with various facets of child’s problems and psychology. In the first volume objectives centralize on subjects like child and sexual counseling, counseling of adolescents, outcomes of counseling. In the second volume it focuses on the inclusions of innovative practices in the field of education, challenges and benefits of girl education, improvement in school facilities and problems of drop-out etc. and in this light examine the relevances of changes in policies and parent’s role in child education is also delineated. The study highlighted that if a child is sexually abused then they are confront with grievous psychological damage like fear, shame, guilt, grief, anger, helplessness and depression.

Tilottama Senapati and Rashmirekha Satapathy (2007) Sex Education and Counselling on Sex related Problems

The objectives of the study were: (1) To study the sex information available in the syllabus of class 9 and class 10. (2) To identify the sex problem of the participants at the lower secondary level. (3) To assess their opinion for the introduction of sex education in school curriculum. (4) To study the adequacy of sex information present in the curriculum in solving the sex problems. The finding of the study shows that: (1) Due to the physical growth of the student at this stage particularly development of secondary sexual character they face a number of sex problems. (2) The students at this stage of their life faced a lot of cognitive, emotional, social problems. Due to physiological change number of habits develops in them. The development of different habits creates problems for them to adjust with various situations. (3) 88% of the students opine that it is the right time to introduce sex education in the school curriculum. (4) The sex information communicated in the text books at secondary level was not adequate. (5) Sex information provided at the secondary level was not sufficient to solve sex problem of the student at this stage.

Randhir Kumar, Anmol Goyal, Parmal Singh, Anu Bhardwaj, Anshu Mittal, Sachin Singh Yadav (2017) Knowledge Attitude and perception of Sex Education among school going Adolescents in Ambala District, India: A cross- Sectional study

This study was carried out to identify the knowledge and attitude of imparting sex education in school going adolescents in rural and urban area of Ambala district. The findings of the study shows that, majority of adolescence i.e., 93.5% favor sex education, 86.3% said sex education can prevent the occurrence of AIDS and 91.5% of adolescents prefer doctors should give them sex education followed by 83.8% school/teacher. The least preference were parents with 37.3%. Study shows that students felt that sex education is necessary and should be introduced in school curriculum.

6.8.2 Studies Done in Abroad

Cynthia Crosson – Tower (2003). The Role of Education in Preventing and Responding to child Abuse and Neglect

This study the role of education in preventing and responding to child abuse and neglect provides to basis for the involvement of educators in combating the problem of child abuse

and neglect. It is also used as a manual by other professionals involved in child abuse and neglect interventions, such as child protective services, mental health, law enforcement, healthcare and early childhood professionals, to gain a better understanding of the role of educators in child abuse protection. The findings shows that child abuse prevention programme was very effective, the child not only grasp the basic concepts but also communicated more openly about abuse, both in the classroom and with their parents. This study evaluated 542 schools based preventions programs at the elementary school level and found the children have benefited from this prevention programs.

David Finkelhor, Ph.D. (2007) A study on Prevention of Sexual Abuse through Education programs directed towards children

The objectives of the study were; the promotion of disclosure by victims; the prevention of negative outcomes subsequent to victimization such as guilt feelings, self-blame, and shame; and the creation of a more-sensitive environment among adult, other children and organizations in general to respond to and help child victims. The findings indicated that, it is very difficult for any evaluation study of this issue to assess subsequent victimization accurately. These exposed children may tell about more even when they experience less. This can give the misleading impression of no effect or even greater victimization among children who have been exposed to prevention programmes. There were, nonetheless, positive findings in our 1995 study that are often overlooked. Exposure to prevention education was associated with an increase likelihood that children would disclose victimizations, an increase disclose victimizations, an increase likelihood that they would see their action as having successfully protected themselves. Another non-experimental study had stronger finding consistent with the possibility that exposure to prevention programmes did help to prevent sexual abuse family and being female were factors independently associated with prompt disclosure.

6.9 Methodology and Design of the Study

The present study is descriptive in nature using three methods viz. Questionnaire, Interview Schedule and some few Case Studies were used:

I. Questionnaire:

The questionnaire tool for the present study was selected with the purpose to administer the mass variety of respondents i.e., teacher, parent, Sunday school teacher, students and policy

makers like heads of department (HOD), SCERT, social welfare department, police authority and NGOs.

II. Interview schedule:

The purpose for selecting interview tool was to record the detailed information and data about CSA in Nagaland. The sample allotted in the sample study of the present research is 100 (Hundred).

III. Case Study:

The case study tool was conducted on the recommendation of some senior experts in the department of education so that more insight can be drawn to strengthen the present study, though it was not mentioned in the objectives. Accordingly the researcher has worked on 8(Eight) case studies to bring about intensive investigation into the prevailing of CSA in Nagaland.

6.10 Population

The population of the present study includes victims of Child Sexual Abuse (CSA), Headmaster/Principal/Teacher and parents of Government and Private schools, churches and policy makers (Officials from Directorate of School Education, SCERT, Police authority, Administration and ICPS, SCPS and DCPS under Social Welfare Department).

6.10.1 Sample

The sample in the present study is constituted of 400 (Four Hundred) samples, out of which tentative 100(Hundred) random samples are victims of CSA comprising both boys and girls. It also included Adults who had experienced such kind of CSA in their childhood. 300 (Three Hundred) purposive samples comprised of parents, students, teachers, Sunday school teachers, and policymakers. 8 (Eight) case studies were applied in the present study. The investigator followed Purposive Sampling Method in the 8 (Eight) case studies where variety of cases were brought out in which the child sexual survivors go through diverse challenges.

6.11 Sources of Data

6.11.1 Primary Sources

The primary data for the present study was collected using the Questionnaire, Interview and Case Study methods.

6.11.2 Secondary sources

For the present study, the secondary data was collected from a variety of books, journals, newspapers, magazines, official records, statistical data and internet.

6.12 Collection of Data

Data collection was done through both primary and secondary sources, the Primary data were collected by the researcher afresh through questionnaire, interview and case study methods for the first time, and therefore, it is original in nature. In the present study, primary sources of data collected by the researcher were through questionnaire. The investigator personally visited and met the respondents personally which allowed the investigator to literally interact with the sample concerned. The respondent were found to be more than willing to help which ultimately gave more insight to the research work. For the present study the secondary data were collected from a variety of books, journals, newspapers, magazines, official records, statistical data and internet sources.

6.13 Analysis and interpretation Procedure

In order to draw out sound conclusion and valid generalization, the following steps were taken in the analysis and interpretation procedure:

6.13.1 Analysis Procedure

Raw data gathered with the help of the questionnaires were tabulated and analyzed in tune with the outline laid down for the purpose at the time of bringing about the research plan. Each individual questionnaire were checked for accuracy and completeness and then were classified into different categories as per the similarity of area to be analyzed and interpreted.

Firstly, the raw data collected through the questionnaires and official records were processed by applying frequency counts and then tabulated. After which, the average was found out and converted into percentage with the help of electronic calculators and computer for accurate mathematical calculations. Data was then placed in tables and charts in the form of histograms, pie-charts, and bar-charts for illustration of data. After analyzing the data, the researcher proceeded to the stage of interpreting the results, and then formulated conclusions and generalizations on the basis of the results drawn.

6.13.2 Interpretation procedures

Interpretation of the recorded data was made independently according to the category and tables, charts and histograms wise. Data collected through interview and case studies were composed and presented independently in a descriptive manner like that of the questionnaires so that a clear cut conclusion is drawn from all the different tools of the present study which were presented under the same objectives. Keeping in view the limitation of the sample chosen, the tools selected and used in the study, the researcher did a careful, logical and critical examination of the results obtained and analyzed. All the data were analyzed and interpreted using descriptive method research.

6.14 Major findings

Following are the major findings of the study:

6.14.1 Findings from the Questionnaires

It is worth noting that the majority of the reported cases of CSA are from Kohima district but that does not necessarily mean Kohima has a higher rate of child sexual abuse in the State compared to other districts. It might be indicative of better reporting in the district. Kohima being the state capital comprises the population with higher literacy status. In such a society there is a higher probability to report any crime committed. It is also observed that the documentation and record-keeping in the district by different stakeholders were more organized. As per the data report on cases of boys sexually abused was none. Even at the national level, the reporting of Sexual abuse of a male child is very low. But this does not mean that boys cannot be sexually abused. Boy children are equally and sometimes more vulnerable than girl children to sexual abuse. However, in our society, there is a silence

around male child sexual abuse. The outcome of the study has highlighted an increase in the number of child sexual abuse crimes in the state. As stated earlier, this may suggest that reporting of crime is improving in the state which is a positive sign. Nevertheless, we cannot completely deny the fact that the sexual abuse of children is rising. Though there has been an increase in reporting the fact remains that some/many sexual cases of abuse are/will never be disclosed. Therefore, we are not fully aware of the magnitude of the problem yet. It has been highlighted that Kohima shows the highest record with 49 cases (65.33%) followed by Dimapur with 17 cases (22.66%) and Peren with 9 cases (12%) cases.

The outcome of the study revealed that most of the rape cases and molestation of minors are not reported due to fear of stigmatization and shame and are often resolved within the family members and the victims are left with no assistance to deal with the trauma that they had gone through. Child sexual abuse can result in both short-term and long-term harm, including psychopathology in later life. Indicators and effects include depression, anxiety, eating disorders, poor self-esteem, sleep disturbances, and dissociative and anxiety disorders including Post-Traumatic Stress Disorder.

The findings of the study revealed that respondents working for children organizations directly, have a higher understanding on the issues of CSA compared to the general public. The general public, such as the caregivers, parents, teachers as well the children themselves have no or very little knowledge on the issue and the system that is available for the protection of the children in the State. Even among the organizations dealing with children, respondents from Police Department have a lower level of understanding on the issue which is disturbing as the police are the first point of contact whenever such issue arises; therefore, it is very important to have well informed and trained personnel. Respondents from an organization working for child rights and protection have attended some kind of seminars workshops and training therefore their knowledge on CSA is higher whereas it is found that the caregivers such as the teachers and parents and the children themselves have very little exposure/excess to such training. Hence lack of awareness is also one of the reasons behind CSA in society. The findings of this investigation also revealed that silence or non-reporting is found to be one of the chief risk factors leading to or encouraging the occurrence of CSA. It is also to be noted that most perpetrators are not strangers but known people to the victim or the victim's family whom we overlooked as potential perpetrators.

About sex education teaching and abstinence from sexual activity, 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid sexually transmitted diseases and 90.1% agreed that it will avoid HIV and AIDS.

About the impact that sex education teaches that sexual activity outside the context of marriage is likely to have the harmful psychological side effect, 77.4% of respondents agreed, 69% agreed to harmful physical side effects and 63.8% agreed to harmful personality side effects. An average of 8% of respondents did not agree to the harmful psychological, physical, and personality side effects whereas averages of 21% were not sure.

With regard to sex education teaching young people how to reject sexual advances 74% agreed, 7% disagreed and 19% of respondents were not sure.

90% of respondents agreed that sex education teaches the importance of attaining self-sufficiency before engaging in sexual activity whereas 2.5% disagreed and 7.5% were not sure.

Only 3% of teachers and students agreed that there is sex education in school whereas 97% responded that there is no sex education in school.

Of those respondents who responded existence of sex education in their school, all (100%) stated that it is a small part of the separate subject and 100% of respondents agreed that sex education is important and should be part of the school curriculum.

On the benefits of having sex education in school, almost all the respondents on an average of 95% agreed that sex education in school will have many benefits for students like making healthy choices, safe choices, informed choices, learn about the risk of sexual activities and respect and take responsibility about their sexual life whereas, less than an average of 5% were not sure.

100% of respondents agreed that teaching how to say 'No' to perpetrators and reporting to an adult when bad things happening to students will protect children from the abusers.

Related to the role of the teacher in teaching sexual health to students, 41.4% of the respondents agreed, 2.9% of respondents disagreed whereas the majority of respondents with 55.7% stated that they cannot say if they feel confident in their knowledge about sexual topics and concept.

46.4% of respondents agreed that they are confident about discussing sexual topic and concept with students whereas 5.8% disagreed and 47.8% of respondents stated can't say.

The importance of sex education in the school curriculum in relation to making students a confident person the findings shows that, 78.1% of respondents strongly agreed or agreed whereas 9.5% disagreed and 12.4% stated don't know.

Nearly 95% agreed that sex education will make students build integrated personalities, responsible person and develop positive behavior and attitude towards sex whereas only 5% stated they don't know.

Psychological effects in child sexual abused. In relation to fear, coercion was strongly agreed with 99.2%, a threat with 98.5%, and bribery with 93.1%. Related to afraid, punishment with 98.6%, blame with 98.3%, abandonment with 86.9%, and not being believed with 84.2%. About guilt and shame as psychological effects, 85.8% of respondents strongly agreed/agreed to self-blame. Grief related to sadness was strongly agreed/ agreed with 84.4%.

About helplessness/powerlessness, the respondents strongly agreed/agreed with 81.2% that sexually abused children have no control over their lives, 71.6% of respondents strongly agreed/agreed that victims do not have control over their bodies and 87.7% strongly agreed/agreed that victims do not have a choice. Psychological effects about anger 100% of respondents strongly agreed/agreed that anger is developed against the perpetrator and 92.4% strongly agreed/ agreed that the victims felt angry against others failing to protect them. Psychological effects as flashbacks 98.1% strongly agreed/agreed that the victims re-experience sexual abuse in their memory and 97.9% strongly agreed/agreed that the victims experience the same feelings again which they felt at the time of incident through flashbacks. Self-esteem is a psychological effect, 91.3% of respondents strongly agreed/agreed that the victims feel unclean and unworthy to be loved. Various disorders developed due to sexual abuse. 95% of respondents agreed that victims developed alcohol and substance abuse. 80% agreed to a post-traumatic stress disorder, depression, extreme mood swing, and sleep disorder. 70% agreed to a panic attack and disassociation. 60% agreed to suicidal feelings, bipolar disorder, schizophrenia and homosexuality, and lesbian. 50% agreed to self-mutilation, eating disorder, and Stockholm syndrome.

6.14.2 Findings from the interview schedule

Out of 100 samples selected for the interview schedule, 40% samples were from Kohima district out of which 02% are Male and 38% are Female. 57% samples were collected from Dimapur district out of which 01% is male and 56% are female. 03% sample is collected from Peren district out of which 0% Male victim and 03% are Female. Kohima the capital and Dimapur the commercial hub of the state have more mixed population. Therefore, more recorded cases were found and owing to the privacy situation of the victim, the sample was collected accordingly. The male percentage was found very less as compared to female which is contrasting with a national study which shows more male victims than females.

Age-wise categorization of victim's age, where 0-5 years age group comprised of 6%, 6-10 years age group shows 18%, 11-15 age group shows 56% and 16-18 age group shows 20% respectively.

Under the category or manner of abuse shows the highest percentage of abuse in the form of Rape with 59% followed by the least percentage of abuse i.e., Harassment with 01% and Molestation or sexual assault with 40% respectively.

Types of perpetrators who were involved in the interview schedule out of 100 samples are stranger with 07%, Neighbor 32%, Pastor 05%, Biological father 06%, Step Father 09%, Uncle 06%, Friend 01%, Police personnel 01%, Army 01%, Shopkeeper 02%, House owner 04%, Proprietor of an institution 12%, Grandfather 01%, Employer/Guardian 07%, Schoolmates 05%, Self Employed with 01%.

With regard to perpetrator's age, 10-20 years age group shows 10% followed by 21-30 years age group which shows 19%, 31-40 age groups shows the least percentage with 07%. 40-50 age groups with 20%. The highest percentage of perpetrators age group is 51-60 age groups with 29% followed by 61-70 age groups with 15% respectively.

In relation to the complaint on behalf of the victim, it was revealed that the victim himself or herself have complained was about 08%, followed by the highest number of a complaint filed by concern adult with 62% followed by parents with 28% and the least number of the complaint are filed by neighbor with 02%.

Percentage of the child's residing nature were- employers house with 16%, Aunt's house 09%, Uncle's house 02%, Cousin's house 01%, children's home 03%, Grandmother 02%, Parents house with the highest percentage of 56%, sister's house 01%, brother's house 01%, Guardian's house 02% followed by Special need children home with 07%.

With regard to the location of the abuse, the highest percentage was 46% in the victim's own house followed by 14% in the employer's house, isolated place with 11% and children homes with 10% followed by the school with 5% and hotel, neighbor house and perpetrator's house with 4% each and the least percentage at the shop with 2%. Hence the phrase stranger danger holds no truth anymore.

100% of the respondents both the victim and the caretaker of the victim has agreed that sex education program is important and should be included in the school curriculum.

70% of the victims are school dropouts, and 5% of the victims never attended school, and the rest 25% of the victim were school-going children when the abuse happened to them. Out of 25% victims of school-going children, it was found out that 90% of the students have lost interest in studies and very few 10% wanted to continue their studies and follow their dreams.

Findings based on psychological effects. In relation to the impact of the abuse on victim/psychological effects the findings show traumatized with 40%, emotionally depressed with 40%, distress with 8%, threaten/scared with 10%, and victims becoming an abuser themselves with 2%. It revealed that CSA also to a large extent affects not only the victim but also has a tremendous impact on the victim's family as well. The impact on the victim's family shows the highest impact with 63% relating to shame and societal stigma, 15% experiences shock, 5% faces helplessness and 17% shows abuse happening within the victim's own family which is a grief concern to all of us.

6.14.3 Findings from the 8 (Eight) Case Studies

All the victims were female out of which the present study shows differences in age variation starting from age 2 years and 8 months with 12.5%, 12 years victim 37.5%, 13-year-old victim 12.5%, 14 years old victim 12.5% and 16 years old victim with 25%. Showing age 12 and 16 at the higher percentage of the victim.

Pertaining to the manner or category of abuse the study revealed that rape is the highest crime being meted to children with 87.5% and attempted rape and molestation with 12.5%.

Finding based on reasons behind why the children are sexually abused in the society and with whom the child/victim resides with, it found out that the child residing with own family shows the highest percentage of CSA with 62.5% which shows parent's negligence towards their children followed by Shelter home with 12.5%, Single parents like broken home with 12.5% and joint family with 12.5%.

With regard to the identification or category of perpetrators, it is shocking to know that 25% of the perpetrators were the biological father of the victim, stepfather with 12.5%, proprietor of shelter home 12.5%, neighbor with 25%, and police with 12.5%. To know about the environment where the sexual abuse took place, 75% of abuse has happened in victim's own house, shelter home with 12.5%, and isolated place with 12.5%.

The level of reporting the abuse revealed that 50% of the abuse report were done by the victim's parents along with the victim, 12.5% was reported by parents along with the concerned lady. It came to light that the parents can report only after the repeated persuasion of the concerned lady. Stigmatization is one of the main reasons behind hesitation of reporting. 25% are reported by the victim's family and 12.5% by the teacher.

With regard to the justice served to the victim, 75% of the perpetrators are already behind the bar. 12.5% of the perpetrator is detained in the police station but were bailed out easily and 12.5% of the perpetrators were detained in the police station Leniency or laxity in law was also one of the reasons of CSA.

All the respondents have agreed that they are afraid of the stigma that is associated with child sexual abuse with 100%.

The reason for abuse happening within the victim's own family was due to the immoral behavior of the victim's family members with the highest percentage of 50% which happened under the influence of alcohol. 12.5% of the reason for abuse was due to pornography; too much uncensored media and easy access to it also pollute the mind of the perpetrators. 12.5% of abuse happened due to too much trust in others thinking that we know them also triggered the abuse. 12.5% of abuse also happened under the influence of alcohol. One of the many reasons for such abuse also occurred when a victim happens to be physically and mentally

challenged and the perpetrator took advantage of the situations. The perpetrator felt that the victim won't be able to say anything and that no one will understand or believe what happened.

The level of impact of abuse on victim family display that 37.5% of the abuse happened within victim's family members due to their immoral behavior hence it was a disgraceful situation within own family. 12.5% of the victim were lured with different variety of kinds in the form of sweets, cash or anything that the child victim may like the most and this was how the abuse happened even with the consent of the child. But any child abuse even with the consent of the child is punishable until she crosses 18 years of age under the POCSO Act.

The findings of the study stress the importance of sex education with 100%. Out of 08 respondents, all the respondents have agreed on the importance of sex education for children in the school curriculum.

Educational qualification of the victim shows that 25% were school dropout victims, 25% of victims never attended school, 12.5% of victims in class 6. 12.5% in a special school and 12.5% of victims in class 7.

With regard to the support system received by the victim. The highest support system they received was through Childline with 62.5%, Prodigal Home with 12.5%, CWC with 12.5% and SCPS with 12.5%. Some of the support systems the victim received were in the form of counseling, compensation under-compensation scheme, they are put in children home with care if the victim has threat within own family. The victim also received education for those who want to continue their study under children home. Vocational training was also provided so that they can support themselves in their later future.

The impact of the abuse revealed that 37.5% of the victim were in the state trauma, 25% of the victim were traumatized and got pregnant at an early age, 12.5% were mentally retarded therefore they were taken advantage of, 12.5% felt that they were betrayed because they were being promised of marriage and a bright future, 12.5% were unaware because the victim were very young to react.

When the abuse happened too much damage was done to the child physically and psychologically. Some of the psychological effects found in this case study show that 12.5% of the victim reacted emotionally to every little situation and 12.5% of the victims were

curious with lots of questions. All the highest percentage was traumatization with 50% followed by inferior feeling with 12.5%. 12.5% revealed that sometimes the victim reacted strongly to the situation and sometimes no reaction was shown. It was found out that not only the victim but even the victim's family were badly affected mentally when their children were sexually abused. It was found out that 37.5% were in abuse happening within own family members due to their immoral behavior. 12.5% due to luring the child with sweets and money and the abuse happened with the consent of the child and 50% of the victim's family were in the state of shocked and could not come out to the term that their child had been sexually abused.

Counseling has been provided to all the victims of this present case study with 100%. Apart from counseling some victims were even provided financial assistance through schemes like Victim Compensation Scheme and Integrated Child Protection Scheme. With regard to the physical impact of the victim 37.5% of the victim were impregnated and even delivered the baby at a very young age, 62.5% of the victim has complained of pain.

6.15 Suggestion for implementing Sex Education in School Curriculums in Nagaland

1. Sex Education can help the youth to gain the information to make healthy decisions about sex throughout their lives.
2. Advocating strong programs on sex education throughout the district as it will help the parents as well as the adolescence to know about sex education.
3. Incorporating the subject from the Primary level of education. Let children grow up with the understanding that the subject isn't a taboo to talk about.
4. Inviting open discussion from the academic level that allows elders, parents, and children to participate and broaden one's perspective on such issues.
5. Forbidden food taste much better. Hence if the topic is made all-inclusive in possible subjects, then it will enhance the knowledge of what the topics are all about. This will make an individual conscious of one's body, and enable the child to differentiate between abuse and love, abuse and care. Accurate knowledge can also enable one to build self confidence and stand up for oneself when the need arises.

6.16 Educational Implications of the present study

1. Effective and constructive interventions need to involve facilitating policymakers, schools, and parents to take a more active part to change policy, program, and advocacy for relevant sex education curriculum.
2. Improper perception of sex education has complicated how sex education is conceptualized and measured as a health intervention. Therefore, productive intervention and awareness needs to crop up.
3. Curriculum design and content for implementation/topics as part of their regular syllabus.
4. Sex education program will reduce adolescent sexual risk behavior and promoting sexual health.
5. Sex education can also help to access information regarding contraception and sexual health, as the students can freely enquire their queries from their teachers.
6. Sex education can impart awareness about Sexually Transmitted Infection (STI) as it is the world's most common disease and can be prevented through it.
7. Awareness on child sexual abuse can be created through the help of education.

6.17 Suggestion for further Research

1. A study to determine the efficacy and productiveness of the role played by the NGOs for child sexual abuse in the State of Nagaland.
2. A study to determine the effectiveness of the role played by the government for child sexual abuse in the State of Nagaland.
3. To analyze the psychological effects and problems faced by sexually abused children.
4. A study on the imminence of creating cognizance of child sexual abuse through education: need of the hour.
5. A study on juxtaposition and the impact of customary law on POCSO Act 2012 on child sexual abuse in Nagaland.

6.18 Discussion and Conclusion

The present study revealed that the respondents working for organizations and those directly working for children have a higher understanding of the issue of CSA compared to the general public. The general public, such as the caregivers, parents, teachers as well the children

themselves have no or very little knowledge on the issue and the support system that is available for the protection of the children in the State. Even among the organizations dealing with children, respondents from Police Department have a lower level of understanding on the issue which is disturbing as the police are the first point of contact whenever such issue arises; therefore, it is very important to have well informed and trained personnel. Respondents from an organization working for child rights and protection have attended some kind of seminars workshops and training therefore their knowledge on CSA is higher whereas it is found that the caregivers such as the teachers and parents and the children themselves have very little exposure/excess to such training which highlights a major concern here considering the fact that most of the child life is spent with the caregivers. There has been an increase in the number of child sexual abuse crimes in the state. Therefore as stated earlier, this may suggest that reporting of crime is improving in the state which is a positive sign. Nevertheless, we cannot completely deny the fact that the sexual abuse of children is actually rising. The review of the study highlights the rise of cases of child sexual abuse which is in tune with the present study which showed an increase in the number of child sexual abuse crimes in the state.

Alok Kumar, Asha Pathak, Sandeep Kumar, Pooja Rastogi, Prateek Rastogi(2012) The Problem of child sexual abuse in India Laws, Legal Lacuna and the Bill-PCSOB-2011, study also revealed that 50% abuser was known to the child or in a position of trust and responsibilities. Most children did not report the matter to anyone. More than 53% of children report facing one or more forms of sexual abuse and boys were equally at risk as girls. The above review study is relating to the present study where the majority of the perpetrators were known to the child with more than 85% falls under the category of neighbor, uncle, step father, biological father, grandfather, friend, etc.

Goldfarb S. Eva, Lieberman D. Lisa (2021) Three Decades of Research: The Case for Comprehensive Sex Education. The authors conducted a systematic literature review of three decades of research on school-based programs to find out the evidence for the effectiveness of comprehensive sex education. The outcome of the study includes an appreciation of sexual diversity, dating and intimate partner's violence prevention, development of healthy relationships, prevention of CSA, improved social/emotional learning, and increased media literacy. Substantial evidence supports sex education beginning in elementary school. Corresponding to the findings, the present study shows 97% of the respondents favoring sex

education in the school curriculum and support that sex education in school will have many healthy choices, safe choices, and informed choices. 90% of the respondents strongly agreed that sex education aims at strengthening the moral values of the child. Hence we see that both studies done in India and abroad favors on the importance of sex education as revealed in the present study as well.

Azibur Rahman (2004) in his book, *Fundamental of Sex Education* talk about sex education as a battle against sexual illiteracy. It is like a vaccination for HIV & AIDS. The venereal diseases are spreading at an alarming rate especially among those belonging to the 15 to 30 years age group. Sex education programs help youngsters to manage themselves with dignity and restrain it. Adolescence is a period of maximum sexual drive. By the age of 12, adolescence must know simple facts of their sexual knowledge. The present study too revealed its findings showing sex education teaching aids and create awareness about abstinence from a sexual activity. Study found out that 80.1% agreed that it will avoid unwanted pregnancy before marriage, 93.1% agreed that it will avoid Sexually Transmitted Diseases and 90.1% agreed that it will avoid HIV's and AIDS. More than 80% of respondents agreed in relation to sex education and its importance of controlling one's desire and to safeguard against sexual abuse and rape.

Shanta R. Dube, Robert F. Anda, Charles L. Whitfield, David W. Brown, Vincent J. Felitti, Maxia Dong, Wayne H. Giles. The study highlighted that, members, experiencing CSA were common among both men and women. The long-term impact of CSA on multiple health and social problems was similar for both men and women. These findings strongly indicate that boys and girls are vulnerable to this form of childhood maltreatment. The similarity in the likelihood for multiple behaviors, mental and social outcomes among men and women suggests the need to identify and treat all adults affected by CSA. The above review study is also related to the present study. Finding shows 100% of the respondents agreeing upon the reality that sexually abused children experienced long term psychological disorders. Various disorders developed due to sexual abuse. 95% of respondents hold similar opinion that victims developed alcohol and substance abuse. 80% also agreed to Post-Traumatic Stress Disorder, depression, extreme mood swings, and sleep disorders, 70% on panic attacks and disassociation, 60% upon suicidal feelings, bipolar disorder, schizophrenia and homosexuality, and lesbian and 50% admitted to self-mutilation, eating disorder, and Stockholm syndrome.

As a consequence of all the aforementioned, a sound and reasonable conclusions are been drawn that child sexual abuse is a serious concern and has to be tackle explicitly by creating proper awareness, policies, and programs that can happen only with a sound education. It is to be noted that in Nagaland, Dimapur recorded 938 HIV positive cases just within 9 months i.e. from April 2019 to January 2020 which was alarmingly high and also has been placed the 2nd highest adult HIV prevalence in India and as per the official record 91% of the new HIV cases in Nagaland are through sexual route. Status of HIV in Nagaland are even more severe now than before, for reasons that it is ever growing among the general population, considerably the youth for which the important of sex education is felt more now. Therefore, the keyword here is watchful. Why watchful only after why not before is a big question we need to ask ourselves. Prevention is always better than cure. Sex education can play the role of preventive program for CSA, when the child grasp the basic knowledge and concepts of sex education, they will communicate more openly about the abuse that is meted out on them. They will know that it is not their fault if they are sexually abused and will be more aware of their rights. The present study is descriptive in nature and followed the broad approach in the collection of data and information.

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Questionnaire to the Parents

Name: _____

Are you a **Single Mother / Single Father / Married**?

Educational Qualification: _____

Are you **employed / unemployed**?

Designation: _____

Are you the major bread earner in your family? **Yes / No**

Name the school of your child: _____

Do you have any substitute care taker? **Yes / No**

If **Yes**, Specify

- Grandparent
- Family Members
- Helpers
- Drivers
- Others _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state?

Yes / No.

If **Yes**, kindly mention.

3. Reason behind why the children are sexually abused in the society:

(Kindly tick the appropriate response)

Reasons of Child Sexual Abuse	Agree	Disagree	Not sure
Lack of parenting skills may result in abusive behavior of a child.			
In many cases perpetrators of abuse are trusted people.			
Sexual abusers are usually people, who are known to the child / victim.			
Sexually abused kids are often vulnerable children (eg. Kids with learning disabilities or isolated kids).			
Many abused children do not tell anyone because they think the abuser is known to the family.			
Poor and needy children can also fall victim to adult abusers who pretend to help them but take advantage of them (This is more true with teenagers from poor or broken home).			
The silence of the abused and the people who knows about it is the main reason that sexual abuse continues.			

4. Child abuse in Nagaland is often a hidden occurrences. **Agree / Disagree / Not sure**

Kindly give reason for your answer. _____

5. Cases of child abuse in the home is hard to find out because most of these crimes go unreported. **Yes / No / Don't know**

If **Yes**, why?

6. According to you, which age group is the most common of sexual abuse in children?

Kindly give reasons for your answer.

7. What are the reasons why the children keep quiet about child sexual abuse?

8. Should we protest against all forms of child sexual abuse? **Yes / No / Not sure**

Kindly give reasons for your answer.

9. In case a child is abused and does not report, how can the parents / teachers / relatives / neighbours find out? **Please identify and tick the appropriate answer given below:-**

- a. Through a change in the social behavior of the child. ()
- b. Self harming (cutting self, unexplained over eating, starving). ()
- c. Depression. ()
- d. Extreme mood swing. ()
- e. Panic attacks. ()
- f. Will never be aware. ()
- g. Don't know. ()
- h. If any other kindly

specify. _____

10. In case a child is sexually abused, do you know whom to report? **Yes / No / Not sure**

If **Yes**. To whom are you suppose to report?

11. How does one respond if a child confides about the abuse? **Tick the appropriate**

- a. I will tackle the situation in my own way. ()
- b. Report to the police. ()
- c. Report to child line. ()
- d. Report to the teacher. ()
- e. Don't know. ()
- f. If **Any** other, kindly

specify. _____

12. Do you think that the existing legislation in the country is able to deal with the challenge of child sexual abuse? **Tick the appropriate.**

- a. Yes () b. No () c. Don't know () d. Can't say ()**

e. Give reasons for your answer._____

13. Do you think that media raises the issue of child sexual abuse in a manner that is proportional to its seriousness?

- a. Yes () b. No () c. Don't know () d. Can't say ()**

e. If any other, kindly specify.

14. Do you think that the cases of sexual abuse are increasing in Nagaland? **Yes / No /Not sure.**

If Yes, Please mention the reasons.

15. (Tick the appropriate response).

Child sexual abuse could be due to the following reasons	Yes	No	Not sure
No sex education in school.			
No sex education in church.			
No sex education in society.			
Parents do not talk about sex education at home.			
Due to broken families.			
Due to substance abuse (drugs, alcohol).			
Due to unemployment.			
Due to lack of value education.			
Due to social degradation.			
Due to lack of moral education.			

If any other kindly specify.

16. Do you think viewing child pornography has an influence on abuser?

Yes / No / Not sure. Kindly give reasons to your answer.

17. Are you aware of any organization / programme you can contact for information about child sexual abuse? **Yes / No**

If yes, Kindly specify.

18. Barriers to effective implementation of sex education which give rise to sexual abuse in the society may be because of the following reasons:

Barriers	Agree	Disagree	Not sure
Inadequate resources.			
Lack of political commitment.			
Community opposition.			
Reliance upon authoritarian and didactic approaches to teaching on the part of education.			

19. Do you and your child discuss the following topics: **(Tick the appropriate answer)**

Topics	Yes	No	Never	Sometimes
Sex				
Sexually Transmitted Disease (STD)				
Your expectation as parent to your children				

20. Studies has indicated that about one third of people who are abused in their childhood will become an abuser themselves.

Do you agree with the above statement? **Strongly Agree / Agree / Disagree / Not sure**

21. Studies has confirmed that abuse in childhood increases the likelihood in adulthood of the following problems ranging from **(Tick the appropriate)**.

Problems	Strongly Agree	Agree	Disagree	Not sure
Depression.				
Substances abuses (alcohol, drug...etc).				
Sexual mal-adjustment.				
Multiple personality disorder.				

22. Do you agree that social ostracism based on customary laws works better and faster than the legal recourse? **Yes / No / Not sure.**

Give reasons for your answer.

23. Do you think sex education is important or not? **Yes / No**

Kindly give reasons for your answer:

24. At what grade do you think schools should start teaching student about sex education?

a. Grade. _____

b. Reason why? _____

c. Sex education should never be taught in schools. **Yes / No**

25. How familiar are you with the following aspects of school curriculum. Tick the appropriate

Aspects of school curriculum	Familiar	Somewhat familiar	Not very familiar	Not at all familiar
The overall knowledge and skill acquired at school.				
The knowledge and skills acquired in health and physical education classes.				
The way curriculum is developed in Nagaland.				

26. What steps does the government take in creating awareness about child abuse in your state Nagaland?

27. What could be the reasons why sex education is not fully implemented by the Government in the school curriculum?

28. Do you think it is important to explain about personal safety to the student / child?

Yes / No / Not sure

29. The child is a victim, blameless and innocent and will heal faster from the trauma if he / she perceive that justice has been done. **Agree / Disagree / Not sure**

30. How should we respond if a child confides about abuse?

Please suggest. _____

31. What possible strategies can be used to deal with the abusers?

Please Suggest. _____

32. Kindly share your opinion on the following statements. **(Tick all the appropriates)**

a. Sex education teaches abstinence from sexual activity before marriage.

Agree / Disagree / Not sure

b. Sex education teaches that abstinence from sexual activity is the only certain way to:

- Avoid out of wedlock unwanted pregnancy. **Agree / Disagree / Not sure**
- Avoid sexually transmitted diseases (STD's) **Agree / Disagree / Not sure**
- Avoid HIV's and AIDS **Agree / Disagree / Not sure**

c. Sex education teaches that sexual activity outside the context of marriage is likely to have:

- Harmful psychological side effect. **Agree / Disagree / Not sure**
- Harmful physical side effect. **Agree / Disagree / Not sure**
- Harmful personality side effect. **Agree / Disagree / Not sure**

d. Sex education teaches that bearing children out of wedlock is likely to have harmful consequences for the following:

- The child. **Agree / Disagree / Not sure**
- The child's parents. **Agree / Disagree / Not sure**
- The society. **Agree / Disagree / Not sure**

e. Sex education teaches young people how to reject sexual advances.

Agree / Disagree / Not sure

f. Sex education teaches the importance of attaining self sufficiency before engaging in sexual activity.

Agree / Disagree / Not sure

33. Sex education should include information about contraception and condoms which is a basic human right of youth. **Strongly Agree / Agree / Disagree / Strongly**

Disagree

34. Sex education helps youth to enhance the quality of the relationship.

Agree / Disagree / Not sure

35. Sex education develop decision making skills that will prove valuable over life.

Agree / Disagree / Not sure

36. Whose duty is it to educate our children / students about sex education?

i. Teachers.

Agree / Disagree / Not

sure

ii. Parents.

Agree / Disagree / Not

sure

iii. Both.

Agree / Disagree / Not

sure

iv. **iv.** Any other please specify

37. The case of sexual abuse is increasing in Nagaland. What could be the reason?

(Tick all the appropriates):-

a. Due to mass media.

()

b. No sex education in school.

()

c. No sex education in college.

()

d. No sex education in the church.

()

e. No sex education in the society.

()

f. Parents do not talk about sex education at home.

()

g. No sex education curriculum.

()

h. Due to broken families. ()

i. Lack of moral education. ()

j. Due to conflict in society. ()

k. Due to social change. ()

l. Losing good cultural values of the Nagas that is degradation of values. ()

m. Experimentation by young curious people exposed to different culture without having a proper sense of right and wrong. ()

n. Any other, please specify _____

38. Comment on the following statement with regard to the importance of sex education in the school curriculum.

a. I believe that it is important for my child / student to learn about sexual health concepts before they face a situation where they may need the information.

Strongly Agree / Agree / Disagree / Can't say

b. It is important that my children / student learn about expected change during puberty before their bodies begin to change .

Strongly Agree / Agree / Disagree / Can't say

c. I believe that the school should teach my child / student about ways to make safe and healthy choices regarding their sexual health.

Strongly Agree / Agree / Disagree / Can't say

d. It is important to teach children even toddlers about the difference between

- Good and bad touch. **Strongly Agree / Agree / Disagree / Can't say**
- Saying 'no' to perpetrators. **Strongly Agree / Agree / Disagree / Can't say**
- Report to adult in case of anything 'bad' happening to them.

Strongly Agree / Agree / Disagree / Can't say

39. In teaching learning process as a parent/teacher, what role can you play in learning and

teaching about sexual health? **(To be answer by the parent and teacher only)**

Please indicate how much you agree with the following statement:

a. I feel confident in my own knowledge about sexual health topic and concept.

Strongly Agree / Agree / Disagree / Can't say

b. I feel confident discussing with my children about sexual health topic and concept.

Strongly Agree / Agree / Disagree / Can't say

c. My children face challenges today, such as access to information through the internet, social media and cyber bullying that I didn't , so I 'am little unsure how to address this topic.

Strongly Agree / Agree / Disagree / Can't say

40. How much would you say that you trust each of the following sources of health information, in terms of providing **reliable** and **accurate** information on **sexual health** to your children / students?

Trust the following sources of health information	Trust worthy	Somewhat trust worthy	Not very trust worthy	Not at all trust worthy
Doctor / Nurse -				
Parents -				
Child's friends / peers -				
Internet –				
Social media (eg.Facebook, Movies, Music, Magazines...etc)				
School curriculum / Teachers				

41. Do you agree that school based prevention programme that teaches Avoidance Skill to youth can show:

- Positive impact towards the increase of youth empowerment.
Agree / Disagree / Not sure
- Positive impact towards the increase of youth safety.
Agree / Disagree / Not sure
- It helps in reducing stigma.
Agree / Disagree / Not sure
- It helps in reducing self blamed for those children who are sexual abused.
Agree / Disagree / Not sure

If you **Agree**, what measures should the school employ?

If already providing such facilities, what measures are being employed?

42. Do you think that parents, schools and communities need to understand why sex education matters as it provides young people with the understanding, awareness and skills that will be needed to navigate adult sexual life. **Yes / No**

If **No**. why?

43. Read the following statement regarding the importance of sex education in school curriculum. Kindly indicate how much would you agree to the following statement:

a. Sex education will make the student

- A confident person.

Strongly Agree / Agree / Disagree / Don't know

- Help in building well integrated personality.

Strongly Agree / Agree / Disagree / Don't know

- A responsible person.

Strongly Agree / Agree / Disagree / Don't know

- Positive behaviour and attitude towards sex.

Strongly Agree / Agree / Disagree / Don't know

b. Do you agree that if sex education is given at home and in school from the

beginning then the child will form the following character:

- A well informed child will learn to respect the members belonging to the opposite sex.

Strongly Agree / Agree / Disagree / Don't know

- For a teenage boy, a girl won't be a sex symbol as depicted in pornographic literature or cheap movies that distort the meaning of sex and sexuality.

Strongly Agree / Agree / Disagree / Don't know

Importance of sex education in school	Strongly Agree	Agree	Disagree	Don't know
c. Sex education warns a person against STD's, AIDS, and makes him realise the importance of controlling the uncontrollable desires.				
d. Small children are ignorant and do not understand when adult within the family or outsiders take advantage of their ignorance and vulnerability.				
e. Sex education serves as a safe guard against sexual abuse, rape ...etc which normally take place because small children are ignorant.				
f. Sex education at senior school and college level take different dimensions. Its aim is to educate the adult, that sex is a responsibility and two individual should indulge in the sex act only when they are sure that they are matured enough to handle this responsibility.				

Importance of sex education in school	Strongly Agree	Agree	Disagree	Don't know.
g. Introduction of the methods of contraception if introduced in a sex education programme at senior school and college level then the students will be able to safeguard themselves against STD's by practicing safer sex.				
h. Sex education removes all misconceptions and taboos related to sex, sexuality, sex act and make the youngsters accept it as a natural phenomena that plays a very important role in his or her future life.				
i. Sex education is a scientific and healthy way of inculcating moral values in the younger generation.				
j. Sex education aims at strengthening the moral values of the youngsters by making them realize that sex means responsibility.				
k. Sexual adjustment is a compromise between biological urges and social restrictions.				
l. Sex education is part of social living and part of love and marriage.				

Importance of sex education in school	Strongly Agree	Agree	Disagree	Don't know
n. Sex education help young people to prepare and solve for themselves the problems of sex that inevitably come in some form into the life.				
o. Child sexual abuse is a problem that breathes in secrecy.				
p. Speaking openly and publicly about it will enhance efforts at prevention.				

44. What are the problems faced by the sexually abused child? Kindly share your opinion.

45. Do you think that sexually abused children are affected psychologically? **Yes / No**

If **Yes**, kindly specify about it. _____

If **No**, why?

46. The sexually abused child experience long term psychological disorder.

Strongly Agree / Agree / Strongly Disagree / Disagree

Kindly specify the reasons with regard to your opinion above.

47. Do sexually abuse children / student require counseling?

Strongly Agree / Agree / Strongly Disagree / Disagree

48. Psychological effects (seen / observed) in child sexual abuse are given below.

(Kindly tick all the appropriate)

Psychological effects		Strongly Agree	Agree	Strongly Disagree	Disagree
a) Fear- Sexual abuse is usually accompanied by:	Coercion				
	Bribery				
	Threat				
b) Afraid- The child is afraid to disclose about the abuse because of what the consequences might be. Example;	Punishment				
	Blame				
	Abandonment				
	Not being believed				
c) Guilt and Shame	The child knows something is wrong and blames himself or herself not other.				

d) Sadness-	Children may feel grief due to a sense of loss especially if the perpetrator was loved and trusted by the child.				
e) Helplessness / Powerlessness-	They have no control over their own lives.				
	No control over their own bodies.				
	They feel that they have no choice available to them.				
f) Anger- It is one of the strongest feelings which many children have about their sexual abuse. Children may feel:	Angry against the perpetrator.				
	Angry against others who they feel failed to protect them.				

Psychological effects		Strongly Agree	Agree	Strongly Disagree	Disagree
g) Flashbacks- This can be like nightmares which happen while the child is awake:	They are a re-experience of the sexual abuse (in the child's memory)				
	They may experience all the feelings again which they feel at that time.				
h) Self esteem-	The child / young adult may feel that he / she is unclean and worthy to be loved by other people as they have been sexually abused and used.				

i) Psychological effects of child sexual abuse can also lead to:

Psychological effects	Tick all the appropriates
Alcohol and substance abuse	
Homosexuality and Lesbian	
Post traumatic stress disorder (result of injury or psychological shock involving sleep disturbance, constant vivid recall of the experience etc.)	
Panic attack	
Depression	
Disassociation	
Eating disorder	
Suicidal feeling	
Self mutilation (self harming to release some form of pain)	
Extreme mood swing	
Sleep disorder	
Bipolar disorder (effect sleep, energy, judgment and ability to think clearly etc.)	
Schizophrenia (breakdown in the relationship between thought, emotion and behavior leading to faulty perception, feelings etc.)	
Stockholm syndrome (an emotional attachment to a captor formed by a hostage as a result of continuous stress, dependence and a need to cooperate for survival)	

If **any** other, kindly specify:

**Questionnaire to the Department of Social Welfare, Government of
Nagaland**

Name of the Branch: _____

Place: _____

Name of the Respondent: _____

Sex: Male / Female

Designation: _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Appendix III

Year-wise reported cases of Child Sexual Abuse

from January 2012 – December 2020

from

Department of Social Welfare, Government of Nagaland

Sl. No	Gender-Male /Female	Age of the victim	Year of abuse	Year of the case registered	Manner of abuse	District

**Questionnaire to the Department of Police,
Government of Nagaland**

Name of the Branch: _____

Place: _____

Name of the Respondent: _____

Sex: Male / Female

Designation: _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Appendix V

Year-wise reported cases of Child Sexual Abuse from

January 2012 – December 2020

from

the Department of Police, Government of Nagaland

Sl. No	Gender - Male /Female	Age of the victim	Year of abuse	Year of the case registered	Manner of abuse	District

Questionnaire to the Non-Governmental Organisation (NGO) Nagaland

Name of the NGO: _____

Place: _____

Objective of the Organization: _____

Name of the Respondent: _____

Sex: Male / Female

Designation: _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Year-wise reported cases of Child Sexual Abuse from

January 2012 – December 2020

from

The Non- Governmental Organisation (NGO's), Nagaland

Name of the NGO _____

Place _____

Name of the respondent _____

Sex _____

Designation _____

Sl. No	Gender- Male/Female	Age of the victim	Year of abuse	Year of the case registered	Manner of abuse	District

Questionnaire to the Teachers

Name: _____

Place: _____

Sex: **Male / Female**

Educational Qualification: _____

Name of the School: _____

Nature of the School Management – (**Private / Government**)

Years of Experience: _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Questionnaire to the Students

Name – _____

Sex – _____ Age – _____ Class – _____

Name of the school – _____

Place – _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness about child abuse in the state? **Yes / No**

If **Yes**, kindly mention.

Questionnaire to the Head of Department / Institution

Name of the Department / Institution _____

Place _____

Name of the Respondent _____

Sex: **Male / Female**

Designation _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Questionnaire to the Department of SCERT, Kohima, Nagaland

Name of the Branch: _____

Place: _____

Name of the Respondent: _____

Sex: **Male / Female**

Designation: _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness

about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

Questionnaire to the Sunday School Teachers

Name – _____

Sex – (**Male / Female**)

Name of the church – _____

Place – _____

Which class do you teach? _____

1. What according to you could be the reasons why the children are sexually abused in the society? Kindly specify.

2. Are you aware of any steps or programmes taken up by the department for creating awareness about child abuse in the state? **Yes / No.**

If **Yes**, kindly mention.

If **YES**, mention the nature of the School:

1. Government school ()
2. Private School ()
3. Others: _____

Name of the School: _____

Class: _____ Place: _____

If **No**, what do you do? _____

1. Statistical record of 100 children sexually abused survivors interview schedule through:

- District wise categorization
- Gender wise categorization
- Age wise categorization
- Year wise categorization

2. What was/were the manner / category of Abuse?

3. Who was the perpetrator?

4. What was the perpetrator's age?

5. Who have taken the initiative to complain on behalf of the victim?

6. Who was the primary care giver of the child when the abuse happened?

7. Where was the location of the abused when the abused happened?

8. What was/were the impact / psychological effects of the abused on the victim?

9. What was/were the impact / psychological effects of the abused on the victim's family?

10. Was any counseling provided to you by the Government or NGO'S?

11. Did you receive any support system from the Government or NGO'S organization? If yes, what kind of support system did you receive?

Interviewee

Medotsino Nakhro

Department of Education

Nagaland University, Kohima Campus,

Meriema.

9. What could be some of the reasons as to why the children are sexually abused?
10. What are/were the societal impact faced by the sexually abused survivors and their family member.
11. Is sex education important in school curriculum?
12. What was/were the psychological effects of the abused on the victim?
13. What was/were the impact of the abused on the child sexual survivor?
14. What was/were the impact of the abused on the child sexual survivor's family?
15. Did the child sexual survivor receive any counseling?
16. What are/were the physical impact of the child sexual survivor?



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