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Research Article

Incidents of Sexual Violence against Adolescents in Kolkata, India, And Its Effect on Mental Health

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Abstract

Most of the sexual violence against children and adolescents are not reported to the police because of social stigma, perceived harassment, and/or further victimization in India across socio - economic strata. The broad objective of the study is to locate the incidence and nature of sexual violence experienced by the children and adolescents of Kolkata, India, and its effect on anxiety, adjustment, self - concept, and self - confidence. This cross - sectional study covered a group of 370 adolescents (182 boys and 188 girls) from six higher secondary private schools in Kolkata. Data were collected by a Semi - structured Questionnaire and three standardized psychological tests. Findings disclosed that 12.7% (47/370) children and adolescents experienced sexual violence in the past one year. Older adolescents (aged 17-18 years) reported of undergoing sexual violence on a large scale than those aged 15-16 years ($p < 0.05$). No significant difference was exhibited in the incidence of sexual violence across gender and other demographics. About 29.8% (14/47) details of experiencing sexual violence on a regular basis. The most common form of sexual violence found was "touched or looked at private parts" (53.2%, 25/47) of the victims, followed by "made adolescents feel bad/uncomfortable by speaking or showing them adult pictures" (38.3%, 18/47), "asked or forced adolescents to touch or look at their private parts" (17.0%, 8/47), and "forced adolescents to have sexual intercourse" (10.6%, 5/47). Perpetrators for sexual violence were stranger in case of more than half of the incidents. Sexual violence had an immense negative effect on self - concept. Findings of the study speak in favour of sensitization of the adolescent students for violence prevention and enhancement of their psychological competence to deal with any adverse situation in life in addition to extending individual counselling services to sexual violence experienced adolescents.

INTRODUCTION

Sexual violence toward children is defined as a crime involving a child in the sexual activity with an adult or older person (generally five or more years older). It may involve contact or noncontact sexual acts. Contact acts include unwanted touching, masturbation, oral - genital contact, digital penetration, and vaginal and anal rape. Noncontact acts include voyeurism, exposure, making sexual comments, and showing pornography to children [1-3]. In this study, sexual violence specifically includes touching of private body parts, fondling, oral - genital contact, penile -vaginal and penile - anal contact, penetration of the vagina and anus, and rape. Sexual violence against children and adolescents is a global public health problem that requires significant attention from the local administrators and policy makers [4].

In a recent study of high school students in Goa, India, [5] found that one - third of the children surveyed had experienced some form of sexual abuse, and these individuals had significantly poorer academic performance, poorer mental and physical health, greater substance abuse, poorer parental relationships, and higher rates of consensual sexual behaviors than their non - abused counterparts. Furthermore, in a study conducted in Kolkata, India, [6] found that 69.2% of sexually abused girls suffered from moderate or severe depression compared with 27.5% of non - sexually abused girls. The study also found that 20.8% and 60.1% of sexually abused girls had poor levels of social

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and emotional adjustment, respectively, compared with 4.17% and 32.5% of non - sexually abused girls. In general, reporting of sexual violence in India is very low in comparison with reporting rates in other Asian regions [6-8].

So far as the demographic and socio - economic background of the victims of sexual violence is concerned, evidence indicates that female adolescents [9,10] from lower socio - economic background [11], especially older adolescents, experience more sexual violence [12]. Another study on sexual violence among young married women in Southern India indicates certain characteristics of perpetrators. These characteristics include husbands' primary education, employment as drivers, alcohol consumption, and having multiple sex partners. Women's contribution to household income also increases their odds of experiencing sexual violence by almost twofold; however, if they are solely responsible for "all" household income, the relationship is found to be protective [13]. Concerning the incident of sexual violence in terms of place of living, one study reported that females from rural areas are more vulnerable to sexual violence than that of females living in the urban areas [14]. A multi - country study conducted by WHO also reports that rural females undergo more sexual violence [15].

Child sexual abuse is the most researched of all the maltreatment subtypes. In addition to the physical consequences such as sexually transmitted infections, bedwetting, and soiling [16], children who have been sexually abused report higher rates of emotional and behavioral problems than their non - abused peers. In particular, they may display inappropriate sexual behavior [2,17]. In middle childhood, sexually abused children face problems with social withdrawal, isolation, and dissociation (see for example, [18]). Sexually abused adolescents remain at greater risk for deliberate self - harm and attempted suicide [16]. In the long term, there are consequences for adult adjustment, including risky sexual behaviors, sexual revictimization [19-21], and substance abuse [22]. The research has identified debilitating mental health squeal, including higher risk for major depression [23], suicidal behaviors, anxiety and phobias, post - traumatic stress disorder, dissociation, and problematic cognitions (see for example [17]).

Present Study and Prediction

There remains a paucity of empirical data on the pervasiveness and associated features of sexual violence against children in particular parts of India. The present study attempts to address this knowledge gap. The study is modest in that it attempts to determine the association between sexual violence and mental health variables like anxiety, adjustment, self - concept, and self - confidence. This is an essential precursor to more complex studies, which may be able to isolate and consider multiple variables simultaneously. The following three hypotheses have been formulated for testing:

1. Prediction One: Female adolescents will report more incidents of sexual violence than males.
2. Prediction Two: Adolescents from poor socio - economic background will report more incidents of sexual violence than adolescents from wealthier families.
3. Prediction Three: There will be an association between occurrence and frequency of sexual violence and mental health variables viz., anxiety, adjustment, self - concept, and self - confidence.

METHODS

Site

This cross - sectional study is confined to six higher secondary schools in Kolkata. The city of Kolkata, formerly known as Calcutta, forms the capital city of the state of West Bengal, located on the western banks of the famous Hooghly River, is in the Eastern part of India with a hinterland of over 220 million residents. It is one of the four metropolitan cities in India. As of 2011, the Kolkata city had 4.5 million residents and was considered India's third largest metropolitan area after Mumbai and Delhi [24]. People from various states moves here for vocational, educational and employment, and other purposes. The state government or private including religious and philanthropic organizations administer Kolkata schools. The medium of instruction in schools is predominantly Bengali or English and, to a lesser extent, Hindi and Urdu.

Participants

The present study covered Grade 11 and 12 male and female children and adolescents. Six schools, three male and three female, were selected purposely keeping geographic spread into account. From five schools' 60 students, 30 each from Grade 11 and 12, were covered while in one school 70 adolescent students came forward to act as subjects. All the adolescent students were selected on the basis of their voluntary participation. Thus, altogether 370 adolescent (182 males and 188 females from six schools were covered in the study).

Tools

In order to achieve the objective of the present study, the following study tools were used after ascertaining the socio - cultural admissibility. First, all the questionnaires were translated into the local Bengali language and checked by three experienced bilingual researchers. Second, the Bengali versions of the questionnaires were back - translated into English and were reviewed by two experts to confirm its equivalence with the original.

Specially designed "semi-structured questionnaire for children/students"

Developed by the authors (2008) was used for collection of the information for achieving the objectives of the study. The Semi - structured Questionnaire for children/student was originally developed in English by the authors to gather information about socio - economic and familial background of the children. In addition, the schedule was designed to gather information regarding the nature of violence experienced by the children, at home and about reporting. This questionnaire has three broad sections like:

Background Information: This section focuses on the demographic and socio - economic profile of the participants, for example, age, number of siblings, type of family, academic

performance of the children, educational background of parents, occupation of parents, monthly income and living environment (rural or urban area), the child's perception about family environment, and parents' personality and parents' dependence behavior on substances, if any. For understanding the self - confidence of the adolescent students, a question was asked, that is, "*Do you feel confident in achieving your academic goal in life?"* and the answer was captured in the form of "yes" or "no".

Nature of Violence Experienced by Children: This section consists of fifteen items and is designed to gather data from children about the psychological, physical, and sexual violence experienced by them, the nature and frequency of violence, and the profile of the perpetrators. In order to ascertain whether the child has experienced sexual violence, a question was asked, that is, "*Have there been incidents in your life in the past one year when you have been touched or done something to or shown something that made you feel uncomfortable or scared or ashamed?".*The mode of response was dichotomous, that is, "Yes" or "No".

The questions related to psychological and physical violence was not considered in the present article. In order to get a clear idea about the profile of the perpetrators, a list was provided, which includes parents, relatives, teachers, siblings, and others. Under others category, children were asked to specify the category if applicable in case of them.

Reporting: This part comprises of five items wherein emphasis is given on the reporting of the incident to suitable authorities like law enforcement officials or local nongovernmental organizations, and the reasons for not reporting the incident to them.

The choice for giving responses in the questionnaire is of two broad categories like dichotomous response and multiple choice responses. Some of the variables are followed by three to six alternative responses. The subject is instructed to put a tick mark against the answer, which is best suited for him/her. In case of dichotomous response, the subject gets a score of 1 if the answer is "yes" and a score of 2 for answering "no". For example, in case of age, the subject is asked to put a tick mark against appropriate category of response (1 if belongs to "14-16 years"; 2 if belongs to "16-17 years," and 3 if belongs to "18 years and above") while in case of the type of family, the subject is supposed to put a tick mark against the suitable category of response; 1 if the answer is "joint family" and a score of 2 for answering "nuclear family".

Self-concept scale [25]

The scale consists of 51 items covering 10 constructs of self - concept. The constructs are health and sex appropriateness, abilities, self - confidence, self - acceptance, worthiness, present, past and future, beliefs and convictions, feeling of shame and guilt, sociability, emotional. An example of few items:

In general, I believe, I am a fairly worthwhile person.

I like and feel pretty good towards myself.

I worry over humiliating situations more than most persons.

I think I have an attractive personality.

It is a self - administering scale where the statements are to be ticked against the five categories of responses Strongly Agree, Agree, Undecided, Disagree, and Strongly Disagree. The respondents are to read each statement carefully and check which applied to them. There is no right and wrong response. The Split Half method following Spearman - Brown Prophecy formula was used to compute the reliability of the scale and was found to be 0.87. The scale is scored 5, 4, 3, 2, 1 for positive items and 1, 2, 3, 4, and 5 for negative items. The rationale is that the higher the score of an individual, the higher is his self-concept. The lower the score of the individual, the lower is his self -concept.

Beck anxiety inventory [26]

It is a 21 - question multiple - choice self - report inventory that is used for measuring the severity of an individual's anxiety. It is about how the subject has been feeling in the last week, expressed as common symptoms of anxiety (such as numbness, hot and cold sweats, or feelings of dread). Each question has the same set of four possible answer choices, which are arranged in columns and are answered by marking the appropriate one with a cross. These are: Not At All; Mildly: It did not bother me much; moderately: It was very unpleasant, but I could stand it; and severely: I could barely stand it.

The rationale of the score is that the total scores from 0-7 points reflect a minimal level of anxiety; scores of 8-15 indicate mild anxiety; scores of 16-25 reflect moderate anxiety; and scores of 26-63 indicate severe anxiety. The test - retest reliability of this scale has been calculated by administering the test twice on a sample of 83 subjects. The reliability coefficient was 0.75.

Social Adjustment Inventory [27]

The inventory has 60 items, which measures both emotional and social adjustment of an individual. This instrument was originally based upon the *Bell's Adjustment Inventory* [28,29], which follows a long tradition of adaptation in psychological research in India. Bell's original Adjustment Inventory measured a person's degree of adjustment in the four realms of life: health, social, emotional, and occupational. It has been widely used in therapeutic practice as it assists clinicians to identify the relevant areas of adjustment and maladjustment. In this study, the [27] version of the *Social Adjustment Inventory* (1985) was used after local adaptation in the Bengali language [6]. It was employed as a means of determining the degree of social adjustment held by each child. The advantage of using this instrument lies in its wide use as it provides profiles of social adjustment in children with a range of comparative childhood issues, for example, chronic illness or disability. In this version, there were 60 items, each with response categories of '*yes*' or '*no*'. For example items included: "I don't have any problem in mixing with people"; "It has become my habit to take an active part in social functions"; and "In my view, it is better to work in a group rather than individually". Scoring was straight forward as recommended by Bell with *yes* responses allocated a score of 2 and *no* responses allocated a score of 1; generating a maximum score of 120 and a minimum score of 60. The rationale of the score is that, for emotional adjustment - related 30 items, high score indicates low emotional adjustment while for social adjustment - related items high score indicates high social adjustment. The socio - cultural admissibility of the test was ascertained by translating the items from English into

the local Bengali language. This was undertaken independently by three experienced researchers. The Bengali version of the test was then back - translated into English to ensure stability of the test items [30].

Internal consistency of the psychological study tools

Internal consistency of the psychological tests was ascertained by Cronbach's alpha, which indicates high internal consistency of most of the tests ranging from 0.77 to 0.91. Therefore, it might be stated that all the tests are highly reliable in the Indian sample.

PROCEDURE

A prior appointment was made with the school authorities to appraise them about the objectives of the study and to obtain their permission for data collection. After getting permission from the school authorities, a tentative schedule was developed in discussion with the school authorities for data collection. Following the time schedule, the researchers went to different class and explained the objective of the study to the students and asked for their voluntary participation. Based on voluntary participation, data were collected in a classroom situation following self-administration method. Data collected from the adolescents was edited and checked so that any gap or confusion identified can be clarified. Again all the filled in data sheets were subjected to in - house thorough editing and scrutiny. Thereafter, data were fed into the computer for statistical analysis.

STATISTICAL ANALYSIS

Differences in the prevalence of physical violence across each demographic and socio - economic variable were tested using Chi - square test. Post Hoc (LSD) test was done for ascertaining the impact of physical violence on mental health variables. All analysis was conducted using SPSS for Windows 17.0 (SPSS Inc, Chicago, IL).

ETHICAL ISSUES CONSIDERED

First, clearance was obtained from the institutional ethics committee for conducting the study after submitting the study protocols.

Second, in order to ensure the quality data and also for protection of rights of the study subjects, certain ethical issues were followed like informed consent from all the study subjects were obtained after explaining the objectives of the study, subjects were ensured about the confidentiality of information, date and time of the interview were decided as per conveniences of the school authorities and study subjects. Subjects were also asked that they could withdraw themselves from the study at any point of time if they wished so.

RESULTS

Nature of sexual violence experienced by children

Forty - seven (12.7%) adolescents reported that they had been touched or done something to or shown something that made them feel uncomfortable or scared or ashamed. Older adolescent students (aged 17-18 years old) reported significantly of experiencing more sexual violence than those aged 15-16 years ($p < 0.05$, (Table 1)). There was no significant difference in the incidence of sexual violence across gender and other demographics (Table 1). Therefore, prediction one and two do not stand.

The frequency of sexual violence was considered as "rarely", "occasionally," and "almost regularly" by 44.7% (21/47), 25.5% (12/47), and 29.8% (14/47) of the victimized adolescent students (N = 47).

The most common form of sexual violence was "touched or looked at private parts" reported by more than half (53.2%, 25/47) of the victims, followed by "made adolescents feel bad/uncomfortable by speaking or showing them adult pictures" (38.3%, 18/47), "asked or forced adolescents to touch or look at their private parts" (17.0%, 8/47), and "forced adolescents to have sexual intercourse" (10.6%, 5/47). Three (6.4%) also reported other forms of sexual violence.

More than half (53.2%, 25/47) reported that the perpetrator of the sexual violence was somebody other than the persons listed (parents, relatives, siblings and teachers). Mothers (19.1%, 9/47) and relatives (14.9%, 7/47) were the commonly reported perpetrators among the victims while teachers (6.4%, 3/47), fathers (4.3%, 2/47), and elderly siblings (2.1%, 1/47) were less common.

Risk factors

Data provided in Table (1) clearly indicate that children and adolescents across the demographic and socio -economic variables were equally vulnerable to sexual violence except elderly adolescents ($P < 0.05$). Therefore, it might be stated that sexual violence across demographic and socio - economic variables does not differ significantly except age.

Association of Sexual Violence with Adolescent Adjustment, Anxiety, Self-concept, and Self-confidence

Sexual abuse had only a significant effect on self - concept (Table 2). There were no significant associations of sexual violence with anxiety, social adjustment, and self - confidence (Table 2). Hence, the third prediction, that is, "there will be an association between occurrence and frequency of sexual violence and mental health variables viz., anxiety, adjustment, self - concept and self - confidence" has been accepted only in case of self - concept.

DISCUSSION

Forty - seven (12.7%) adolescents of the present study carried out in Kolkata reported that they had been touched or done something to or shown something that made them feel uncomfortable or scared or ashamed. It would be interesting to look at the rate of incidence of sexual violence in other regional studies. In a study carried out in Agartala, Tripura, 18.1% reported to have experienced sexual violence [8]. Another study among high school students in Goa carried out by [5] reported that one-third of the children were victims of sexual abuse. One of the latest studies carried out in Puducherry, India, during 2013-2014 and funded by the [31], confirmed the escalation of all types of child abuse. In that study about 38.5% adolescents confirmed experiencing sexual assault (sexual violence) [32]. Compared to all the studies, the rate of incidence of sexual violence against

Table 1: Prevalence (%) of Sexual Violence in the Past Year and Its Association with Demographic and Socio -economic Variables (N = 370).

Variables	Sexual Violence	Variables	Sexual Violence
Total	47 (12.7)	Total	47 (12.7)
Gender		Mother education	
Male	25 (13.7)	Lower than secondary	10 (10.1)
Female	22 (11.7)	Secondary and above	17 (13.1)
Age		Graduate or post	20 (14.2)
15-16	15 (8.9)*	Father occupation	
17-18	32 (15.9)	Service	12 (8.8)
Grade		Business	33 (15.9)
XI	18 (9.7)	Others	2 (7.7)
XII	29 (15.8)	Mother occupation	
Family type		Service	2 (6.3)
Joint	16 (13.4)	Business	1 (5.9)
Single	31 (12.4)	Housewife	42 (13.8)
Sibling		Others	2 (11.8)
1	13 (10.3)	Family Monthly Income	
2	18 (12.6)	20,000 and lower	15 (10.9)
3-4	16 (15.8)	21,001-40,000	12 (11.5)
Father education		40,001 and higher	20 (15.5)
Lower than secondary	9 (12.2)	Place living	
Secondary -high	10 (11.4)	Urban	41 (12.7)
Graduate or post	28 (13.5)	Semi-urban	6 (12.5)

Note: Integer numbers out of brackets are frequencies, and figures in brackets are percentages. Differences in the prevalence across each demographic variable were tested using Chi-square test. *$p < 0.05$; **$p < 0.01$

Table 2: Means and Standard Deviations (SDs) of Anxiety, Emotional Adjustment, Social Adjustment, Self -concept, and Self-confidence and Associations with Sexual Violence (N = 370).

	Anxiety	Emotional adjustment	Social adjustment	Self-concept	Self-confidence
Total	13.4 (8.4)	43.8 (5.3)	52.4 (3.8)	164.7 (17.1)	3.6 (0.8)
Sexual abuse					
Non-abused	13.4 (8.5)	43.6 (5.3)	52.4 (3.8)	164.6 (16.9)^{a}	3.6 (0.8)
Rare	14.2 (6.1)	46.5 (5.1)	50.8 (4.5)	156.8 (19.2)^{b}	3.6 (0.8)
Occasionally	10.3 (7.4)	43.8 (6.4)	52.9 (3.3)	169.7 (16.9)^{a,c}	4.0 (0.0)
Regularly	16.2 (10.5)	43.5 (5.5)	53.1 (3.3)	176.1 (11.7)^{c}	3.6 (0.6)

Note: Figures out of the brackets are means and those in brackets are standard deviations (SDs). Means with the same letter in their superscripts do not differ significantly from one another according to a Post Hoc (LSD) test at a significance level of $p < 0.05$.

adolescent children in Kolkata is much less. High awareness about legislative measures for prevention of sexual violence might worked as preventive measures and thus less incidents of sexual violence among adolescent students of Kolkata city compared to other cities in India.

Surprisingly in the present study, male adolescents (13.7%) in a greater number reported their experience of sexual violence as compared to females (11.7%), which is contradictory to some of the previous Indian studies [9,10]. It might be because of different approaches of the researchers and limitations in data collection methods. However, one international study supported the findings of the present study with respect to one type of sexual abuse, that is, unwanted touching of sexual parts (17.4%) was significantly higher among the boys [33].

Female adolescents from rural and urban areas are equally vulnerable to sexual violence as indicated by the findings of the present study. However, previous studies including WHO multi -country study do not support the same findings and reported that adolescents from rural areas experience more sexual violence [14,15].

The study proposed to verify three predictions. The present study disclosed that the most common form of sexual abuse was touching or looking of private parts of the adolescent students (53.2%, 25/47), followed by made adolescents feel

bad/uncomfortable by speaking or showing them adult pictures (38.3%, 18/47), asking or forcing them to touch or look at the perpetrators' private body parts (17.0%, 8/47) and forcing them to have sexual intercourse (10.6%, 5/47). Older adolescent students (aged 17-18 years old) reported significantly more sexual abuse than those aged 15-16 years. More than one - fourth adolescents experienced sexual violence almost regularly (29.8%, 14/47). This issue requires special attention of psychologists for intervention. In a national level study in India on violence against children [32], it was found that one out of two children experienced sexual violence. In a study of high school students in Goa, India, [5] found that one - third of the children surveyed had experienced some form of sexual abuse.

First and second predictions are not tenable, that is, adolescents across gender and socio - economic backgrounds are equally vulnerable to sexual violence in Kolkata. Older adolescents (17-18 years) are more vulnerable to sexual violence compared to the younger group of children (15-16 years). Findings of another international study corroborate with the present findings, that is, older adolescents experience more sexual violence than that of younger adolescents [12].

So far as the third prediction is concerned, that is, "there is an association between occurrence and frequency of sexual violence and mental health variables viz., anxiety, adjustment, self - concept and self - confidence," it is found to be acceptable in case of one mental health variable, that is, self - concept. In other words, it might be stated that the self - concept of the children and adolescents who experience sexual violence goes down. Self - concept has a significant role during adolescence since this is a transition phase. Positive self - concept is linked to positive social and emotional development. In simple term, self - concept reflects how an adolescent evaluates himself or herself in domains (or areas) in which he or she considers success important. Adverse childhood experiences can lower self - concept. Further, low self-concept can also cause problems. Having a negative self - concept during adolescence has been associated with maladaptive behaviors and emotions. Therefore, it is really important to put every possible effort at the school level to enhance the positive self - concept of adolescent students especially those who experience any form of violence.

Another study disclosed that sexually abused adolescents are at greater risk for deliberate self - harm and attempted suicide [34]. In a study conducted in Kolkata, India, [6] found that 69.2% of sexually abused girls suffered from moderate or severe depression compared to 27.5% of non - sexually abused girls. The study also found that 20.8% and 60.1% of sexually abused girls had poor levels of social and emotional adjustment capacity, respectively, compared to 4.17% and 32.5% of non - sexually abused girls.

CONCLUSIONS

In fine, it may be stated that 12.7% adolescents experienced sexual violence in the past one year, which affected their self - concept. It is clear from the findings of the present study that adolescent across the demographic and socio - economic background proves to be equally vulnerable to sexual violence. Older adolescents experienced more sexual violence than younger ones. Findings of the study speak in favour of sensitization for the children and adolescent students for violence prevention and enhancement of their psychological competence to deal with any adverse situation in life.

RECOMMENDATIONS

There is an urgent need to create awareness among school students across Kolkata about their safety and different types of abuses experienced by adolescents and children so that they can take protective measures and report the same to appropriate authority [35-37].

In general, awareness about child safety and abuse is very low across the country [35]. Therefore, community - based awareness program about child safety and protection should be created for inculcating safe community concept and in this regard the Directorate of Women and Child Welfare should closely work with NGOs [38]. Appropriate legislation or revision of the existing legislation for prevention of sexual abuse is in need of the hour [39].

Psychological support services like individual counseling and group therapy should be made available for school children for addressing the psychological trauma of the adolescents who become victim of sexual violence.

In addition, multiple strategies are to be adopted at the school level for improving the level of self - concept of adolescents in general and victim adolescents in particular. First, telling the adolescents who experienced sexual violence that they should not feel guilty for the incident and encourage them to resume their daily activities. Second, it is important to ensure socio - legal support services for them in addition to safety. Third, praising the adolescent's accomplishments in specific domains. Fourth, working with the adolescent to improve skills in domains in which he or she feels deficient [40].

Limitations

This study has plenty of limitations. First, the sample comprised school adolescents, mostly from urban areas only, thus limiting the diversity of the sample by ethnic background, socio - economic and educational status. Thus, the findings may not be generalized to broader community samples. Second, the findings of the study were based on adolescents' self - report. Third, it is very difficult to comment whether all the adolescent students could provide correct information about family monthly income. However, it gives some idea about economic background of the adolescents. Although privacy, confidentiality, and anonymity was assured, it may be that some adolescents did not reveal the true extent of the violence they experienced because of their feeling of embarrassment, shame or guilt or, moreover, because of their emotional attachment to their parents and their desires for loyalty. So far as data analysis is concerned, the authors tried to find out the frequency of sexual violence across demographic and socio - economic backgrounds and its impact on mental health. However, authors have a plan to write another article based on advance analysis of data for presenting multivariable models.

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