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Relationship between childhood sexual abuse and suicidal behaviour in South Asian countries: A scoping review☆

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ABSTRACT

Background: Sexual abuse is a global issue and happens in every culture and country. It is a risk factor for developing several mental disorders and suicide. While there are many studies on the relationship between childhood sexual abuse (CSA) and suicide, there are no reviews on this association from South Asia.
Aims: A scoping review to explore the association between CSA and suicidal behaviour in South Asian countries.
Method: A literature search was conducted with Databases PubMed/Medline, Google Scholar, and Scopus from January 1, 2001 to December 31, 2020 for articles related to child sexual abuse and suicidal behaviour. Studies from Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka were included in the search.
Results: Among 356 articles found, 45 publications were further evaluated based on exclusion and inclusion criteria, and 12 papers that reported quantitative outcomes of the association between CSA and suicidal experiences were included in the review. There were no eligible studies from Afghanistan, Pakistan, Nepal, and the Maldives. Due to the limited number of publications and the heterogeneity of the studies, a meta-analysis was not conducted. Most studies indicated that CSA is a risk factor for suicidal behaviour or suicide later in life. Further, cultural barriers prevent the disclosure of CSA in Asian communities.
Conclusions: There is an association between CSA and suicidal behaviour in South Asian countries. Future studies should target socio-cultural aspects to develop preventive programs for CSA and later suicide.

1. Introduction

Sexual abuse is pervasive and is found in every culture throughout the world. Sexual assault occurs in various contexts and affects individuals of all genders and ages. Childhood sexual abuse (CSA) is frequently underreported and significantly influences health with catastrophic long-term consequences (Hailes et al., 2019). The World Health Organisation defined CSA as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society (WHO, 1999).

India, Pakistan, Sri Lanka, Afghanistan, Maldives, Nepal, Bhutan, and

☆ The propensity to report instances of CSA may also be influenced by other factors, including culture and gender. Fontes and Plummer analysed the numerous ways the social and cultural context affects decisions to disclose CSA (Fontes and Plummer, 2010). They noted that while no value is unique to any particular culture, issues and values may weigh differently in various cultures and affect one's disclosure ability. Mentioned barriers to disclosure include social roles of modesty, cultural taboos, potential shame, sexual scripts that normalise CSA, emphasis on virginity, girls' lower status within a community, fear of further violence, respect for elders, filial piety, religious beliefs, language barriers and immigration status (Fontes and Plummer, 2010).

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Bangladesh are the eight countries that comprise South Asia. About 627 million below 18 years living in South Asia, accounting for 36% of the total population of 1.82 billion (UNICEF Maldives Office, 2020). In studies done in India, primarily among girls below 18 years, the frequency of CSA ranged from 4% to 41% (Choudhry et al., 2018). A recent report by the Human-Rights Watch mentioned that despite strict law, India's official crime accounts have revealed that 100 or more children were sexually assaulted every day in 2018 (Shah, 2020). According to a survey by the Jang Group and Geo Television Network, the rate of child sexual abuse in Pakistan in 2019 was seven per day (Shah, 2020). A school-based poll revealed that 20% of the children evaluated had been sexually abused (Slugget et al., 2003).

The Bangladesh Shishu Adhikar Forum (BSAF) is a nationwide network of non-governmental organisations (NGOs) engaged in rights for children. They have reported that between January 1st and June 30th, 2021, more than one thousand children in Bangladesh were victims of violence and exploitation. Moreover, there were 365 reports of rape and sexual harassment. Afghan children are vulnerable to continuing poverty and violence due to armed conflicts. Their position is dire and child mortality, starvation, forced marriages, and sexual assault are all present (Children of Afghanistan - humanium, 2011). According to the National Child Protection Authority (NCPA) of Sri Lanka, over 12,000 incidents of child abuse were recorded in 2015, a slight rise from the year before. Over 735 incidents of sexual harassment and 433 occurrences of rape were mentioned.

Sexual abuse affects 13–18% of Nepalese young people, and according to reports, 33–45% of school children have been sexually assaulted (Basnet et al., 2020). According to a nationwide study conducted in Bhutan in 2016, 12.8% of young people had suffered at least one episode of sexual assault in their lives (Research on violence against children in Bhutan a report, 2016). In 2019, the Maldives Police Service received over 1200 reports of child abuse and assault (UNICEF Maldives Office, 2020). Reports from Maldives state that the incidence of child sexual abuse among girls is 12.2%, with the capital Male reporting the highest rate at 16.3% (Hettiarachichi, 2020). Studies across Asia have shown that childhood sexual abuse ranges from 3.3% to 58% and is reported more in prepubescent children and children in late adolescence. Relatives of victims were found to be the most identified perpetrators of CSA in Asia (Selengia et al., 2020).

Comprehensive sexual education is taboo in certain conservative countries, and South Asia's culture plays a significant role in the context of CSA. As risk factors and protective factors vary across cultures, it is essential to discuss the long-term consequences of CSA in the South Asian region (Sanjeevi et al., 2018). CSA is related to a higher threat of suicidal attempts and self-injurious behaviour (Daray et al., 2016).

Suicide is one of the world's top causes of death, and many variables contribute to suicidal ideation and attempts. According to a study, people who had suicidal ideation and attempts had a higher rate of child abuse than those who did not (61.2%), and sexual abuse had a stronger association than physical abuse or witnessing violence (Martin et al., 2016). Individuals who had suicidal thoughts in the previous year reported significant rates of child maltreatment and various adverse health and social consequences (Martin et al., 2016). In a meta-analysis containing 337185 young individuals with an average age of 15.67 years, the authors found that suicide attempts were related to sexual abuse at a 3.5-fold greater risk than in persons without abuse (Angelakis et al., 2020).

Experiences shape human brains and leave a lasting impact on our personality development. Maltreatment is a chisel that moulds a mind to deal with conflict, but it does not come without the cost of severe, long-lasting consequences. Adverse experiences such as abuse as a child are not something someone easily overcome. Depression is three-fold more common in people who were sexually assaulted as children, according to a combined analysis of 68 studies (Angelakis et al., 2020). Childhood abuse's psychological consequences are melancholy, guiltiness, embarrassment, self-blame, eating disorders, somatic issues, apprehension, dissociative symptoms, repression, denial, sexual issues, and interpersonal issues (Hall and Hall, 2011). CSA influences physical and mental health and subsequent sexual adjustment significantly. There could be far-reaching and long-lasting consequences depending on the intensity and number of traumas suffered. While there are many studies on the relationship between CSA and suicide, there are no reviews on this association from South Asia, which has its unique socio-cultural context.

2. Methods

Databases PubMed/Medline, Google Scholar, and Scopus were searched from January 1, 2001 to December 31, 2020. Two psychiatrists screened the publications separately, and a third investigator excluded duplications. The relevant articles were then included in the analysis. The search was done in March 2021 for articles related to CSA. The names of individual countries (Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka) were included in the search. The search terms and strategies used were suicide: (suicide* or self* harm or self* injury* or self* destructive behaviour) (1), child and adolescents: (child* or adolesc* or teenager) (2), sexual abuse: (sex* abuse or rape or molestation) (3), and 1, 2, 3 and the name of the country.

The eligibility criteria were that the participants were less than 18 years when they experienced sexual abuse, used a quantitative research design, investigated the link between sexual abuse and suicidal behaviour/suicidal ideation/attempts, published in a peer-reviewed English-language journal, and participants were living in a South Asian Country. Qualitative research, case series, case studies, position papers, reviews, dissertations, theses, book chapters, and articles about other types of abuse besides CSA were omitted. All the papers in the review were evaluated, and data were recorded into an excel sheet tailored to meet the study's goals. The country of study, study methodology, targeted domains, respondents' age reported in mean (range), and prevalence were all examined. For precision and accuracy, three authors independently checked all information in the spreadsheets. The PRISMA chart in Fig. 1 shows the shortlisting process.

3. Results

Among 356 articles found, 45 full texts were evaluated based on exclusion and inclusion criteria, and 12 papers were included. Of 12 articles, 6, 3, 2 and 1 were published in India, Sri Lanka, Bangladesh, and Bhutan, respectively. There were no eligible studies from Afghanistan, Pakistan, Nepal, and the Maldives. The studies involved in the review had a total population of 14745, which included 3388 females and 2022 males for those studies that mentioned the numbers. The participants in the included studies had 11 years as the youngest and 24 years as the oldest. The studies are summarised in Table 1.

A study in Bangladesh among young individuals reported that CSA was a potent risk factor for suicide attempts. (Islam et al., 2020). Also, ever having sexual intercourse was associated with suicide attempts in adolescents (Khan et al., 2020). Secondary analysis in Bhutan from the Global School-Based Student Health Survey data showed that suicide attempts were associated with prior sexual violence (Dema et al., 2019). A study conducted on 1191 low caste girls in Karnataka, India, in 2019 found that among the participants, 1.6% reported sexual abuse and suicidal ideation was independently associated with sexual abuse. Another study in India by Menon et al., in 2016 found that CSA was significantly associated with suicidal behaviour in patients with borderline personality disorder (Menon et al., 2016). A cross-sectional study of 3662 youth from India reported that suicidal behaviour was associated with a lifetime experience of sexual abuse (Pillai et al., 2009).

In a cross-sectional study of runaway boys in India aged 10–16 years, it was found that 3.2% had attempted suicide, and 14.6% reported sexual abuse (Khurana et al., 2004). However, suicidal behaviour was reported more in the non-abused group than among teens with a CSA history. In India, a previous study has shown that boys are more likely to suffer more

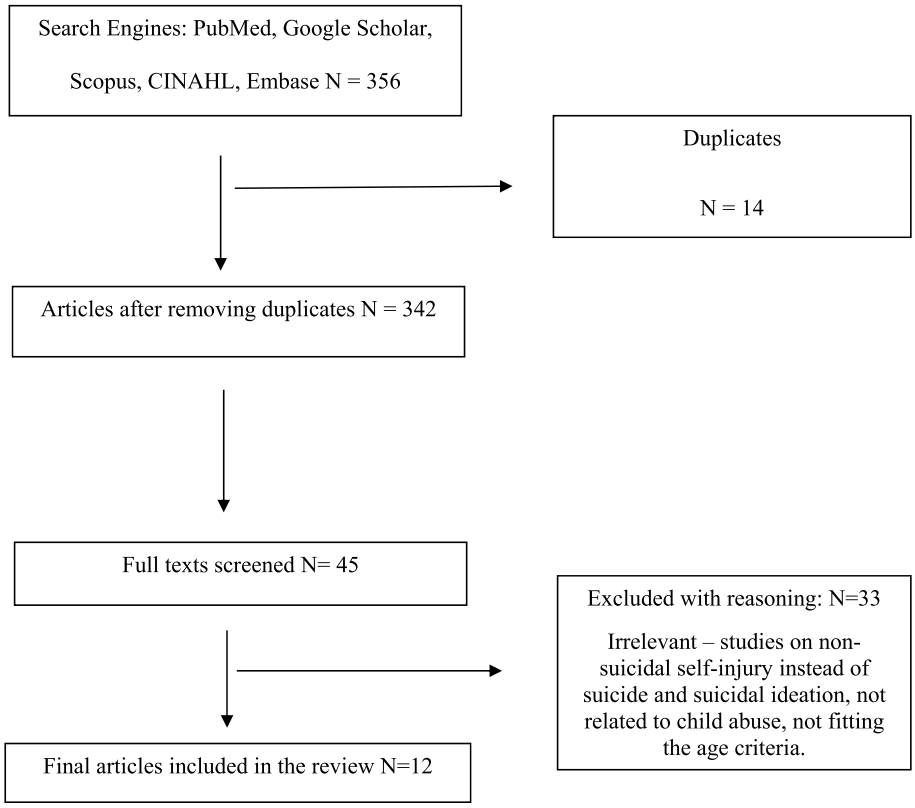

Fig. 1. PRISMA flow diagram of the review.

physical harassment and emotional neglect while girls suffer more from sexual and emotional abuse and educational neglect (Beattie et al., 2019).

In a sample of 181 young people arrested in Sri Lanka's juvenile justice system, 43% reported a lifespan of self-harm, with 25% of them reporting suicidal intent. Prior sexual abuse victimisation was connected to self-harm (Hettiarachchi et al., 2018). Perera and Ostbye reported findings from a study in Sri Lanka involving 2389 late adolescents, and the odds of CSA among females were significantly higher among those who had suicidal ideation (Perera and Østbye, 2009). Also, Rajapakse et al. studied Sri Lankan adults admitted to a tertiary care hospital for medical management of poisoning and compared them with age and sex-matched controls (Rajapakse et al., 2020). They found no statistically significant link between CSA and self-poisoning in their study subjects.

4. Discussion

CSA is seen and reported in all South Asian nations (Frederick, 2010). Due to the limited number of publications from the South Asian region and the heterogeneity of the studies, it was impossible to conduct a meaningful meta-analysis. During our scoping review, many studies indicated that CSA is a risk factor for suicidal behaviour or suicide later in life.

CSA is a complex psychosocial impediment that involves emotional and behavioural interplays between individuals, family, and community via social variables. Conflicts within the family, poverty, poor educational attainment, early of age employment, abandonment, domestic violence, and psychiatric disturbance have been associated with CSA in the South Asian region (Ahad et al., 2021). Identified precipitating and perpetuating factors for CSA in the South Asian region include secrecy of domestic sexual abuse, blaming the victim, social stigma, adults not believing the child, and gender discrimination, which leads to a lack of assessment and treatment (Hettiarachichi, 2020). One of the most significant issues in South Asia is the commercial sexual exploitation of youngsters (Joffres et al., 2008).

In families with inadequate family support and/or high-stress factors, such as extreme poverty, low parental education, absent or single parenting, parental substance misuse, domestic violence, or low caregiver warmth, childhood sexual abuse frequently coexists with other kinds of abuse or neglect (Murray et al., 2014). Children who exhibit impulsivity, emotional dependency, physical or learning difficulties, mental health issues, or substance abuse may be more vulnerable. Adolescence also seems to be a time of increased CSA risk (Slugget et al., 2003).

Most eligible studies showed an association between CSA and suicidal behaviour in South Asian countries. Research from other parts of the world has shown that there is evidence that CSA is significantly associated with suicide and non-suicidal self-injury (Maniglio, 2011). Theories for this association include serotonin hypoactivity, family dysfunction, some personality characteristic, and mental disorders (Maniglio, 2011). Also, CSA may indirectly increase the risk of later suicidal behaviour by predisposing the individual to depressive disorder, panic disorders, post-traumatic stress disorder (PTSD), substance use disorders, conduct disorders, eating disorders, and borderline personality disorder (O'Brien and Sher, 2013).

Sathiadas et al. (2017) reported that female gender was more impacted than males with suicide attempts more related to female gender (Dema et al., 2019). Self -harm was linked more with girls, sexual abuse and history of self-harm ideation (Hettiarachchi et al., 2018). However, after adjusting for present levels of melancholy, hopelessness, and family dysfunction in boys, self-report sexual abuse is strongly and independently linked with suicidal thoughts, plans, threats, deliberate self-injury, and suicide attempts (Martin et al., 2004). Depression, hopelessness, and family dysfunction totally mitigate the link between sexual abuse and suicidality in females. Even though female gender was found to screen positively for depression with suicidal thoughts reported among the same

Table 1
Studies included in the review.

Author, Year	Sample	Male	Female	Mean Age (Years)	Findings
Afghanistan					
None					
Bangladesh					
Islam, M. S et al. (2020).	120	27	93	–	In younger individuals, CSA was a risk factor for suicide attempts. Physical and sexual abuse in childhood were risk factors for developing and maintaining suicidal behaviour, particularly in adolescence.
Khan M.M.A et al. (2020)	2989			11–18 year	The age-adjusted prevalence of suicidal behaviour among adolescents was 11.7%. Health-risk behaviours such as ever having sexual intercourse, alcohol/drug abuse, rare parental homework checks, and lack of peer support were positively associated with adolescents' suicidal behaviour.
Bhutan					
Dema, T et al. (2019).	5809	–	–	–	Suicide attempts were linked to the female gender, food insecurity, physical and sexual assault, bullying, loneliness, poor parental engagement, lack of sleep, drug/alcohol use, smokeless tobacco use, and parental smoking.
India					
Beattie, T. S et al. (2019).	1191	0	1191	13–14-year-old	Up to 1.6% of participants reported sexual abuse. Suicidal ideation was related to sexual abuse and a lack of parental emotional support.
Menon, P et al. (2016).	36 BPD Patients	5	31	–	Up to 44.44% of participants reported a history of definite CSA. Identity conflicts, recurring suicidal/self-harm behaviour, and stress-related paranoid/dissociative symptoms were significantly related to CSA.
Pillai et al. (2009)	3662	1780	1882	16-24-years	The risk factors were the female sex, not attending school/college, independent judgement, premarital sex, physical abuse, lifetime experience of sexual abuse, and common mental disorders.
Khurana, S et al. (2004)	150 runway boys	150	0	10-16-years	Up to 38% had a history of physical abuse, 14.6% of sexual abuse and a considerable number reported substance abuse. Suicidal behaviour was 14.0% in the non-abused group and 7.0% in the abused group, without a statistically significant difference.
Halli et al. (2021)	110	0	110	11-18-years	Up to 17% of females screened positively for depression (PHQ), and 40% reported suicidal thoughts. On the SDQ, 52% needed a referral for mental health treatment.
Pallavi Bharti 2004	60	30	30	13–15 years	Physical abuse and emotional neglect were more common in boys, while sexual abuse, emotional abuse, physical neglect and educational neglect were more common in girls. Government school students suffer more physical and emotional abuse, while private school students suffer more sexual abuse.
Nepal					
None					
Pakistan					
None					
Sri Lanka					
Rajapakse, T et al. (2020).	235	–	–	–	Physical abuse and emotional abuse or neglect during childhood, witnessing household violence, having a mentally ill or suicidal household member and experiencing parental death/separation/divorce as a child were the risk factors for suicide attempts in adulthood.
Hettiarachchi, L.V et al. (2018)	181	130	51	15.0 years, SD = 2.3	Up to 43% reported self-harm, and 25% reported suicidal intent. Up to 65% reported self-harm impulsively. Self-harm was linked to the female gender, sexual assault, past exposure to self-harm by friends, and a history of self-harm ideation.
Sathiadas et al. (2017)	352	–	–	14.5	Females were more impacted than males. In 15% of cases, there is penetrative damage. In 70% of the cases, the culprit was identified. Suicide attempts were common in the early post-war period, while subsequent years saw a rise in school dropouts and delinquent behaviour.

CSA: Childhood Sexual Abuse; BPD: Borderline Personality Disorder.

gender (Halli et al., 2021). However, compared to girls who have not experienced sexual assault, girls who report present severe distress about it have a threefold greater chance of having suicide thoughts and plans. Compared to boys who have not experienced sexual abuse, boys who report current severe distress about it have a 10-fold increased risk of suicidal plans and threats, and 15-fold increased risk for suicide attempts, compared to non-abused boys (Martin et al., 2004).

Due to the breakdown of regular protective systems or the use of CSA as a weapon of war, children living in conflict- and post-conflict affected situations are also at a higher risk for CSA, such as the Afghan children (Saleem et al., 2021; Shoib et al., 2022). Unaccompanied children taken away from their families, minors without adequate protection, children in detention, children with disabilities, child workers, adolescent mothers, and infants born to teens are particularly at risk of CSA (Slugget et al., 2003).

CSA is frequently unreported and unacknowledged, with numerous barriers to disclosure (Murray et al., 2014). In addition to being in a sensitive developmental stage, children are frequently made to feel guilty or accountable for the abuse. These children could worry that their revelation will not be taken seriously or that it will harm their families and their well-being. Additionally, they could worry about the perpetrator's repercussions because it is common for abusers to be well-known individuals who form complicated, contradictory, and ambivalent relationships with kids (Bragg, 2003). Values-based practice in mental health emphasises that when not sufficiently guided by ethical regulations, clinical decision-making could depend on learnable management skills to consider a broader range of diverse values. To increase recognition and reporting of CSA, the values-based practice could shift clinicians from ‘right outcomes’ to ‘good process’ (Stoyanov et al., 2021).

Limitations of the review are the limited number of studies and the unavailability of eligible publications from four South Asian nations. There were no eligible studies from Afghanistan, Pakistan, Nepal, and the Maldives. There are cultural barriers that prevent the disclosure of CSA in Asian communities. These include beliefs about honour, respect, modesty, shame, and embarrassment, influencing how they seek help and support (Gilligan and Akhtar, 2006).

Preventing CSA necessitates a concerted effort that understands the origins and solutions to the problem. Primary prevention entails universal instructional programs for future victims, often in schools. In most situations, these universal programs also act in the individual preventative realm, with family and social interventions occurring less frequently (Collin-Vézina et al., 2013). CSA is reported and prevalent in the South

Asian region, and limited studies show it is associated with later suicidal behaviour. Socio-culturally relevant and pragmatic awareness campaigns and preventive strategies must safeguard current and future potential victims' immediate and delayed mental well-being.

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Declaration of competing interest

The authors declare no potential conflicts of interest.

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References

Ahad, M.A., Parry, Y.K., Willis, E., 2021. The prevalence and impact of maltreatment of child labourers in the context of four South Asian countries: a scoping review. Child Abuse Negl. 117, 105052. https://doi.org/10.1016/j.chiabu.2021.105052.

Angelakis, I., Austin, J.L., Gooding, P., 2020. Association of childhood maltreatment with suicide behaviours among young people: a systematic review and meta-analysis. JAMA Netw. Open 3 e2012563–e2012563.

Basnet, R., Gautam, S., Maharjan, S., 2020. Awareness of child sexual abuse among secondary school students in Kathmandu district. Soc. Inq. J. Soc. Sci. Res. 2, 104–127.

Beattie, T.S., Prakash, R., Mazzuca, A., Kelly, L., Javalkar, P., Raghavendra, T., Ramanaik, S., Collumbien, M., Moses, S., Heise, L., 2019. Prevalence and correlates of psychological distress among 13–14-year-old adolescent girls in North Karnataka, South India: a cross-sectional study. BMC Publ. Health 19, 1–12.

Bragg, H.L., 2003. Child Protection in Families Experiencing Domestic Violence. US Department of Health and Human Services, Administration for Children and Families, Administration on Children (Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect).

[WWW Document]. Children of Afghanistan - Humanium, 2011. Humanium. URL. https://www.humanium.org/en/afghanistan/, 6.24.21.

Choudhry, V., Dayal, R., Pillai, D., Kalokhe, A.S., Beier, K., Patel, V., 2018. Child sexual abuse in India: a systematic review. PLoS One 13, e0205086.

Collin-Vézina, D., Daigneault, I., Hébert, M., 2013. Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. Child Adolesc. Psychiatr. Ment. Health 7, 22. https://doi.org/10.1186/1753-2000-7-22.

Daray, F.M., Rojas, S.M., Bridges, A.J., Badour, C.L., Grendas, L., Rodante, D., Puppo, S., Rebok, F., 2016. The independent effects of child sexual abuse and impulsivity on lifetime suicide attempts among female patients. Child Abuse Negl. 58, 91–98.

Dema, T., Tripathy, J.P., Thinley, S., Rani, M., Dhendup, T., Laxmeshwar, C., Tenzin, K., Gurung, M.S., Tshering, T., Subba, D.K., 2019. Suicidal ideation and attempt among school-going adolescents in Bhutan–a secondary analysis of a global school-based student health survey in Bhutan 2016. BMC Publ. Health 19, 1–12.

Fontes, L.A., Plummer, C., 2010. Cultural issues in disclosures of child sexual abuse. J. Child Sex. Abuse 19 (5), 491–518.

Frederick, J., 2010. Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses.

Gilligan, P., Akhtar, S., 2006. Cultural barriers to the disclosure of child sexual abuse in Asian communities: listening to what women say. Br. J. Soc. Work 36, 1361–1377. https://doi.org/10.1093/bjsw/bch309.

Hailes, H.P., Yu, R., Danese, A., Fazel, S., 2019. Long-term outcomes of childhood sexual abuse: an umbrella review. Lancet Psychiatr. 6, 830–839.

Hall, M., Hall, J., 2011. The long-term effects of childhood sexual abuse: counseling implications [WWW Document]. URL. http://counselingoutfitters.com/vistas/vistas11/Article_19.pdf.

Halli, P., Khandeparkar, P., Kanougiya, S., Pereira, B., 2021. An exploratory study of the prevalence of mental health symptoms among girls living in 5 childcare institutions in Goa and Mumbai. Clin. Epidemiol. Global Health 9, 179–183.

Hettiarachchi, L.V., Kinner, S.A., Tibble, H., Borschmann, R., 2018. Self-harm among young people detained in the youth justice system in Sri Lanka. Int. J. Environ. Res. Publ. Health 15, 209.

Hettiarachichi, D., 2020. Prevalence and risk factors of child sexual abuse and commercial sexual exploitation of children in South Asian countries A literature review. Glob. Sci. J. 8, 1280.

Islam, M.S., Rashid, M.H., Islam, M.K., Rahman, M.M., Bashar, M.A., Alam, M.M., Abedin, M.F., Uddin, M.N., 2020. Childhood adversities as risk factors and persistence of suicidal behavior: a descriptive cross-sectional study. Mymensingh Med. J. MMJ 29, 392–398.

Joffres, C., Mills, E., Joffres, M., Khanna, T., Walia, H., Grund, D., 2008. Sexual slavery without borders: trafficking for commercial sexual exploitation in India. Int. J. Equity Health 7, 1–11.

Khan, M.M.A., Rahman, M.M., Islam, M.R., Karim, M., Hasan, M., Jesmin, S.S., 2020. Suicidal behaviour among school-going adolescents in Bangladesh: findings of the global school-based student health survey. Soc. Psychiatr. Psychiatr. Epidemiol. 55, 1491–1502.

Khurana, S., Sharma, N., Jena, S., Saha, R., Ingle, G.K., 2004. Mental health status of runaway adolescents. Indian J. Pediatr. 71, 405–409.

Maniglio, R., 2011. The role of child sexual abuse in the aetiology of suicide and non-suicidal self-injury. Acta Psychiatr. Scand. 124, 30–41.

Martin, G., Bergen, H.A., Richardson, A.S., Roeger, L., Allison, S., 2004 May. Sexual abuse and suicidality: gender differences in a large community sample of adolescents. Child Abuse Negl. 28 (5), 491–503. https://doi.org/10.1016/j.chiabu.2003.08.006. PMID: 15159067.

Martin, M.S., Dykxhoorn, J., Afifi, T.O., Colman, I., 2016. Child abuse and the prevalence of suicide attempts among those reporting suicide ideation. Soc. Psychiatr. Psychiatr. Epidemiol. 51, 1477–1484.

Menon, P., Chaudhari, B., Saldanha, D., Devabhaktuni, S., Bhattacharya, L., 2016. Childhood sexual abuse in adult patients with borderline personality disorder. Ind. Psychiatr. J. 25, 101.

Murray, L.K., Nguyen, A., Cohen, J.A., 2014. Child sexual abuse. Child Adolesc. Psychiatr. Clin. N. Am. 23 (2), 321–337. https://doi.org/10.1016/j.chc.2014.01.003.

O'Brien, B.S., Sher, L., 2013. Child sexual abuse and the pathophysiology of suicide in adolescents and adults. Int. J. Adolesc. Med. Health 25, 201–205.

Perera, B., Østbye, T., 2009. Prevalence and correlates of sexual abuse reported by late adolescent school children in Sri Lanka. Int. J. Adolesc. Med. Health 21, 203–212.

Pillai, A., Andrews, T., Patel, V., 2009. Violence, psychological distress and the risk of suicidal behaviour in young people in India. Int. J. Epidemiol. 38, 459–469.

Rajapakse, T., Russell, A.E., Kidger, J., Bandara, P., López-López, J.A., Senarathna, L., Metcalfe, C., Gunnell, D., Knipe, D., 2020. Childhood adversity and self-poisoning: a hospital case-control study in Sri Lanka. PLoS One 15, e0242437.

[WWW Document] Research on Violence against Children in Bhutan a Report, 2016. UNICEF. URL. https://www.unicef.org/bhutan/media/341/file, 6.24.21.

Saleem, S.M., Shoib, S., Dazhamyar, A.R., Chandradasa, M., 2021. Afghanistan: decades of collective trauma, ongoing humanitarian crises, Taliban rulers, and mental health of the displaced population. Asian J. Psychiatr. 65, 102854.

Sanjeevi, J., Houlihan, D., Bergstrom, K.A., Langley, M.M., Judkins, J., 2018. A review of child sexual abuse: impact, risk, and resilience in the context of culture. J. Child Sex. Abuse 27, 622–641.

Sathiadas, M.G., Mayoorathy, S., Varuni, K., et al., 2017. Child abuse in northern Sri Lanka. Indian J. Pediatr. 84, 128–133.

Selengia, V., Thuy, H.N.T., Mushi, D., 2020. Prevalence and patterns of child sexual abuse in selected countries of Asia and Africa: a review of literature. Open J. Soc. Sci. 8, 146–160.

Shah, S., 2020. Pakistan's Child Sexual Abuse Numbers Better than India's [WWW Document]. News Int. URL. https://www.thenews.com.pk/print/658051-pakistan-s-child-sexual-abuse-numbers-better-than-india-s, 5.13.20.

Shoib, S., Essar, M.Y., Saleem, S.M., Legris, Z., Chandradasa, M., 2022. The children of Afghanistan need urgent mental health support. Lancet 399 (10329), 1045–1046.

Slugget, C., Frederick, J., 2003. Mapping of psychosocial support for girls and boys affected by child sexual abuse in four countries in South and Central Asia: Afghanistan, Bangladesh, Nepal and Pakistan. Dhaka: Children. Retrieved from. http://resourcecentre.savethechildren.se/sites/default/files/documents/2973.pdf.

Stoyanov, D., Fulford, B., Stanghellini, G., Van Staden, W., Wong, M.T., 2021. International Perspectives in Values-Based Mental Health Practice: Case Studies and Commentaries. Springer Nature, p. 436.

[WWW Document] UNICEF Maldives Office Press Statement on the Case of a 2-Year-Old Child Being Sexually Abused and the Many Similar Cases that Have Come to the Public's Attention in the Days since, 2020. UNICEF. URL. https://www.unicef.org/maldives/press-releases/unicef-maldives-office-press-statement-case-2-year-old-child-being-sexually-abused, 6.24.21.

World Health Organization, 1999. Report of the Consultation on Child Abuse Prevention. Geneva, 29–31 March.