A questionnaire-based Study of Knowledge and Attitude in Healthcare Professionals about Child Sexual Abuse related to POCSO (Protection of Children from Sexual Offences) Act: A Cross-sectional Study

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Abstract

Introduction: The Government of India has passed special law, The Protection of Children from Sexual Offences (POCSO) Act, 2012 which provides strong shield for protection of children from heinous crimes of sexual assault, sexual harassment and pornography, thereby safeguarding the interest of children at every stage of judicial proceeding.

Methodology: A questionnaire based study was carried among 100 healthcare professionals working at the tertiary care Hospital, randomly selected. The questionnaire had 15 Multiple Choice Questions about Child Sexual Abuse related to POCSO Act. Collected data was analysed statistically.

Objective: The study is aimed to assess knowledge and attitude about Child Sexual Abuse related to POCSO Act among healthcare professionals.

Result: Greater percentage of healthcare professionals have knowledge about major aspects of POCSO Act, as related to its full form (75%), enactment (62%), definition of child (62%), different types of sexual offence (86%), its mandatory reporting (81%), and trial in child friendly special courts (64%). But in few areas, knowledge related is scarce as only 40% participants knew punishment scales of POCSO Act and 46% knew failure to report is punishable offence. 84% participants suggest multidisciplinary approach is the need of hour to tackle cases of child sexual abuse.

Conclusion: To curb this menace educating health care professionals along with children, spreading knowledge and awareness at community level with strict law enforcement will play a key role.

Keywords: POCSO Act; Child Sexual Abuse; Knowledge; Attitude; Questionnaire; Healthcare Professional.

Introduction

The World Health Organisation (WHO) defines Child Sexual Abuse (CSA) as the involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society1. The CSA is one of the most alarming concern globally, as same holds true for India. India has one of the largest proportions of population in younger age groups globally. As per Indian Census 29.5% of the population of the country has been in the age group 0-14 years and 41% of the population account for less than 18 years of age2. Therefore nation bears huge responsibility to safeguard them from every kind of child abuse.
India’s first study on child abuse was reported in 2007, it reported 53.22% children having faced one or more forms of sexual abuse and most of children did not report the matter to anyone. Crime against children in India is following steady upward trend with a significant increase of more than 500% over a period of the past one decade (1,06,958 cases in 2016 over 18,967 cases in 2006), where Uttar Pradesh tops the list with 15% of recorded crimes against children, Maharashtra and Madhya Pradesh closely follow with 14% and 13% respectively.

The children who are promising future of a country are suffering inequity mainly in developing countries among which sexual abuse is the most heinous crime. In 2012, Indian government enforced a revolutionary act in Protection of Children from Sexual Offences (POCSO) Act, which has demarcated sexual abuse in child from that of adult. In India prior to enactment of POCSO Act there was no child specific act related to CSA followed nationwide. The Goa Children’s Act, 2003, was the only child abuse confined law with its state specific enactment in Goa. All the crimes related to child sexual abuse were punished under various Indian Penal Code (IPC) legislations (IPC 375- rape, IPC 354- outraging modesty of woman, IPC 377- unnatural sexual offences) were put in force for dealing with child sexual abuse. The POCSO Act brought all forms of sexual offences related to children under one umbrella of legislation right from reporting to judgement. The principle POCSO Act, 2012 is a comprehensive law which provides the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interest of the child at every stage of the legal proceedings by incorporating child-friendly system for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts. It defines a child, as any individual below the age of eighteen years with no gender bias which is in accord with UN Convention on Rights of Children, the most validated children rights treaty worldwide. The POCSO Act identifies six types of sexual offences in children:

1. Sexual Assault: When a person with sexual intent touches the vagina, penis, anus or breast of the child or makes the child touch the same for that person or someone else. The punishment is minimum imprisonment of 3 years which can go up to 5 years and fine.

2. Aggravated Sexual Assault: When the sexual assault is carried by a person who in position of trust like relative, police officer, a member of armed force, public servant, management or staff of hospital or educational or any other religious institution. The punishment is minimum imprisonment of 5 years can go up to 7 years and fine.

3. Penetrative Sexual Assault: Whoever causes insertion of penis/ object/ another body part in child’s vagina/ urethra/ anus/ mouth, or asking the child to do so with him or someone else. The punishment is minimum imprisonment of 7 years which can go up to life-time imprisonment and fine.

4. Aggravated Penetrative Sexual Assault: When the penetrative sexual assault is carried by a person who in position of trust like relative, police officer, a member of armed force, public servant, management or staff of hospital or educational or any other religious institution, it constitutes aggravated penetrative sexual assault. It also covers any grievous hurt caused to child, penetrative sexual assault on already pregnant child, repeated assault and penetrative assault on child below the age of 12 years. The punishment is minimum imprisonment of 10 years which can go up to life-time imprisonment and fine.

5. Sexual Harassment: Whoever passes sexuality related remark, sexual gesture/noise, repeatedly following, flashing, or makes the child exhibit any part of his body so as it is seen by such person or any other person. The punishment is imprisonment up to period of 3 years and fine.

6. Using Child for Pornographic Purposes: Whoever uses child in any form of media for the purpose of sexual gratification. The punishment is imprisonment up to 5 years and fine.

According to National Crime Record Bureau, crime against children is increasing in India each successive year, in major metropolitan cities total of 18247 cases of crime against children were seen in 2015, which increased to 19081 cases in 2016, further increased to 19544 in year 2017. Moreover, in 2018 records of NCRB India, crimes under POCSO Act were among leading crime heads of Crime against Children and contributed 34% to it. The rate of crime has increased per lakh children.
population from 28.9 in 2017 to 31.8 in year 2018\textsuperscript{10}, such a rising surge each year where every single rise in number means silent massacre of innocence. It led Government of India take great initiative to amend POCSO Act by introduction of capital punishment for aggravated sexual offences and adding various new clauses to the principle act making it more stringent with respect to punishment standards\textsuperscript{11}. To control this endless crime, with the efforts of Government in formulation and implementation of new legal provisions, public knowledge and attitude are equally significant as procedural tools in preventing and eliminating such offences.

**Material and Methods**

Setting: This study was conducted at National Institute of Medical Sciences and Research (NIMS) Hospital, a tertiary care Hospital in Jaipur.

Study design: The study design is cross sectional questionnaire-based study. Participants of study consisted of 100 healthcare professionals (doctors) working at NIMS Hospital in Jaipur. The survey conducted is about knowledge and attitude about CSA related to POCSO Act in health care professionals. These professionals were randomly selected from all those working at NIMS hospital, with only criteria of minimum MBBS (Bachelor of Medicine and Bachelor of Surgery) qualification. The questionnaire had multiple choice questions (MCQs) related to POCSO Act, these were distributed among participants in their respective department with the help of volunteers from undergraduate students of third-year MBBS. The questionnaire comprised of basic demographic profile along with 15 multiple choice questions, among which first 12 questions were related to knowledge, two related to attitude and one related to source of information. Pretesting of questionnaire was done on 20 randomly selected healthcare professionals of the hospital. The questionnaire was finalised after modifying unsuitable questions based on the pre-test result.

Data collection: One hundred and twenty questionnaires were distributed among healthcare professionals from which 100 respondents were included in the study, who filled all criteria of questionnaire properly remaining were discarded. One day was given for data collection with no specific time followed.

**Results**

Response rate was 83% as out of 120 distributed questionnaires among which 100 participants responded properly fulfilling all criteria and same were included in study population. Demographic details of health care professionals are summarized in Table No. 1.

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73</td>
<td>73</td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>27</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Age distribution (in years)</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>31-40</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>41-50</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>51-60</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>61-70</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional qualification</th>
<th>No.</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBBS (Bachelor of Medicine and Bachelor of Surgery)</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>PGT (Post Graduate Trainee)</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>MD/MS (Doctor of Medicine / Master of Surgery)</td>
<td>53</td>
<td>53</td>
</tr>
</tbody>
</table>
As per knowledge based questions asked, 75% healthcare professional knew the abbreviation POCSO stands for. Both the year in which POCSO was enacted and the age related definition of child under POCSO Act was known to 62% participants. 86% of healthcare workers knew offences that come under POCSO Act. 81% participants knew that reporting child sexual abuse is mandatory but only 46% had knowledge that failure to report is punishable offence. Only 40% of healthcare professional were aware that punishment is graded as per magnitude of offence under POCSO Act. Trial of cases under POCSO Act are held at child friendly Special courts was correctly marked by 64% people. 95% participants were aware that POCSO Act is gender neutral. Child helpline number of India was known to 64% of healthcare professionals. 72% professional knew Child sexual abuse is punished under POCSO Act. Only 56% healthcare workers were aware that POCSO Act was amended in 2019. Figure No.1 gives graphical representation of knowledge-based response in healthcare professional.

The present study regarding attitude of healthcare professionals about CSA revealed, 4% healthcare professionals opine Government Organizations will play a vital role in supporting sexually abused child while as 9% say Non-Government Organizations (NGO) will, whereas 21% healthcare workers say child welfare committee should play the key part, but majority of healthcare professional 66% suggest that community as a whole including fore mentioned all Organizations together should play vital role to support sexually abused child. In view of 5% participants it is educating the children from primary level is need of hour to reduce CSA, 8% respondents say strict law enforcement is most important to follow, 3% suggest spreading of awareness
at community level is more important, whereas majority of healthcare workers (84%) agree that collective effort of all of the above measures is required. Data is represented in graphically in Figure No.2.

![Figure No. 2: Attitude-based response given by Healthcare Professionals](image)

Lastly, about source of knowledge about POCSO Act, 41% of respondents said it was a teacher at an educational institution who provided them knowledge about POCSO Act, 33% got it from electronic media (internet, television, radio, etc.), 19% from print media (newspapers, journals, books, etc.) Whereas family and friend discussion in 7% respondents was the source of information related. Graphically shown in Figure No.3.

![Figure No. 3: Source of knowledge related to POCSO Act among Healthcare Professionals](image)

**Discussion**

Child sexual abuse is menace worldwide, making it issue of global concern with short-term and life-long consequences on the physical as well as mental health of a child. An epidemiological overview by Mannat M Singh et al (2014) reported the prevalence 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. The POCSO Act practices no discrimination in the provision of care towards abused child, irrespective of sex, race, ethnicity, religion, sexual orientation, and socioeconomic status
which is in accordance with WHO guidelines\textsuperscript{7,13}. The World Health Organization (WHO) has been working for years to challenge gender stereotypes and combat gender inequality, identify and eliminate gender-related barriers to healthcare, and implement gender-responsive care. Knowledge about gender neutrality of victim in POCSO Act was reported by 95\% of respondents in our present study which shows promising number for good practice when dealing with CSA cases.

Mandatory reporting under POCSO Act will break the silence on child sexual abuse which is still a taboo, greater number of concealed cases will pop up and verdict of justice will prevail. In India a large number of cases on child sexual abuse go unreported due to socio-cultural and ethical stigma related to it. Delanthabettu et al in 2017 conducted a questionnaire based study on Child Sexual Abuse in school going children, which showed among 1336 students, 165 reported sexual abuse, among which 51.7\% victims remained silent or ignored it while just 17.2\% children informed their parents\textsuperscript{14}. This silence encourages the perpetrators to become more fearless and continue the more severe forms of sexual abuse. But under POCSO Act, failure to report any case of child sexual abuse is punishable offence, one may be punished with imprisonment up to period of six months with or without fine\textsuperscript{7}. Same ideology is put forth by Paradise J S in his article related to CSA that the physicians must report all cases of suspected sexual abuse to United States child protective services agencies as failure to do so can incur legal penalties\textsuperscript{15}. This shows not only in India but in other countries too reporting of CSA is mandatory. Another study on CSA by Arya and Chaturvedi (2017) reported that lack of proper training to handle the victim of CSA may add to the problems of doctors\textsuperscript{16}. Therefore knowledge about POCSO Act in doctors is not only important from victims prospective but also for safeguarding themselves from the legal penance.

Government of India has shown many great effort in safeguarding rights of children, one among which is Child helpline, 1098. This child-line is developed and managed by CIF (Child India Foundation), it is a 24x7, emergency, free phone outreach service linking children in need of care and protection, to relevant organisations run by government departments and civil society organisations for long-term care, protection and rehabilitation\textsuperscript{17}. This helpline has been life saviour for many victims as its easy accessible one point contact between distressed person and responsible authorities. Along with parents and guardians, people who are related to children and their rights need to be aware about it, among our study good percentage (62\%) of participants had knowledge about this child-line number.

Healthcare professionals are first-line support to sexually abused children. As per WHO guidelines regarding firs- line primary psychological support to all children and adolescents who disclose sexual abuse, a healthcare provider should be able to provide minimum level of psychological support with validation of their experience\textsuperscript{18}. In accord with same Indian legislation has set forth the guidelines under POCSO Act for medical professionals, who are to deal with sexually abused children\textsuperscript{19}. Medical practitioner who provides medical assistance to victim is liable to show proficiency in: (1) history taking in child friendly manner; (2) collection of evidence after a thorough medical examination; (3) treatment of physical and genital injuries if present; (4) evaluation for mental health status and referral for psychiatric counselling sessions if required. Sometimes age assessment of victim is also mandated by court. A study by Moirangthem S et al (2015) reported issues and concerns related to child sexual abuse, which stated training all the stakeholders is one of the important variables in providing comprehensive care and justice under POCSO Act\textsuperscript{20}. In the special article related POCSO Act by Seth and Srivastave (2017) supported same fact stating Paediatricians and health care professionals need to acquire necessary expertise for clinical evaluation of CSA, as they are usually first point of contact with sexually abused child\textsuperscript{21}. Thus initiatives for training of practising health care professionals along with medical students should be considered important for better structured approach of abused victims.

Punishment section of every crime holds great importance, as it keeps crime in check. Same is true for CSA, for which in India POCSO Act defines punishment scale. Our present study result showed poor awareness in health care professionals about punishment section and amendment (2019) of POCSO Act, Similar results were observed by Singh Jaswinder et al (2019) who aimed to ascertain level of knowledge and perceptions in MBBS course students at Bareiley, which reported
limited knowledge in participants related to legal aspects of CSA, reporting and preventive measures of such crimes\textsuperscript{22}. Another research study report by Kailash Satyarthi Children’s Foundation (KSCF) on Awareness and Perceptions about Child Sexual Abuse among 987 young adults of India disclosed three out of every four young adults do not possess a basic understanding about CSA, very few were aware that even teasing is a crime\textsuperscript{23}. Among surveyed participants 90\% were aware that the CSA is a punishable offence but only 72\% had awareness of the POCSO Act, which shows similarity with our study results where 75\% of healthcare professionals had awareness about POCSO Act. Study by Minakshi Bhosale et al (2018) in medical students about CSA showed variance with our study results as it reported only 20.4 \% participants were aware about the POCSO Act\textsuperscript{24}. Therefore, such dispersed result data suggest that there is still an immense need to aware general population along with medical professionals about CSA and related legislation (POCSO Act), as awareness about sexual abuse can go a long way in prevention of CSA. The Gupta et al (2013) reported POCSO casts a duty on the central and state governments to spread awareness through media including the television, radio and the print media at regular intervals to make the general public, children aware of the provisions of this act\textsuperscript{25}. The study by KSCF reported electronic and print media, were main source of information to respondents about CSA\textsuperscript{23} whereas our study reported 41\% respondents had a teacher who was their primary source of information about POCSO Act closely followed by electronic media in 31\% respondents.

**Conclusion**

Basic knowledge regarding POCSO Act is present in majority of healthcare professionals but knowledge related to deeper aspects is scarce which includes punishments related to POCSO Act and amendments it has gone through. This knowledge gap could be filled by introducing POCSO Act in basic MBBS curriculum and to refresh same in practising medical professionals by conducting regular CME (Continued Medical Education), seminars, symposiums and workshops related to CSA mainly focusing on POCSO Act. Nonetheless educating children from primary level about good and bad touch, spreading knowledge and awareness at community level is equally important to curb CSA. Multidisciplinary approach involving primary healthcare workers, police officers, legal agencies, lawyers, child welfare committee workers, paediatricians, gynaecologists, forensic experts, psychiatric specialists, NGOs, are essential to handle the cases of CSA for its better structural approach and improved outcome. Moreover, for rehabilitation of sexually abused children supportive environment at school and home need to be nurtured.

**Acknowledgement:** We would be obliged and thankful to all the medical-practitioners who cooperated with us and became part of our research study.

**Conflict of Interest:** All the authors declare that they have no conflict of interest.

**Informed Consent:** Informed consent was obtained from all the study participants.

**Ethical Approval:** The study was carried out with ethical standards of institution.

**Funding Source:** No relevant financial interests to disclose.

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