

A Study of Awareness of POCSO Act 2012 amongst faculty of Private Medical College at Chennai

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Abstract:- Children though are national asset, constitute one of the vulnerable section of our society. Proactive scheduling and stipulation of services to children is an asset for the future of our country. Recently, child care and protection has emerged as a precedence area for the Government .The objective of the study was to assess and analyze the awareness of POCSO act amongst the faculty of private medical college at Chennai. 100 participants took part in this cross sectional study which revealed that 51% of them were aware of the POCSO Act 2012 . Almost one third of them (35%) felt that child below 13 yrs come under the POCSO Act 2012.The study results implies the need to have more educational sessions for the teachers regarding the provisions in the POCSO Act.

Keywords:- Child Sexual Abuse, Awareness, POCSO, Faculty, Medical College.

I. INTRODUCTION

Child sexual abuse , the most underreported crime, has gained public attention in the past years and has now become one of the high profile crimes of India.^[1] . Pedophilia has always existed in our country, but recently it has emerged as an extremely perverse and inhuman sexual trend.

The type of child abuse includes: Physical, Sexual, Verbal, Emotional (psychological), neglect& abandonment, Torture and ill-treatment^[2]. World Health Organization (WHO) defines Child Sexual Abuse (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”^[3].

The protection of children from sexual offences act 2012(POCSO)- It is a child (below 18 years, Gender neutral) friendly act to protect children from offences of sexual assault, sexual harassment and pornography and provide establishment for special courts for trial of such offences. The Act provides for stringent punishment to the offenders. E.g. Aggravated penetrative sexual assault carries an imprisonment of 10 years and can be extended to imprisonment for life or death penalty.

The act deals with all forms of sexual abuse on children and lays down the principles to handle the child in a systematic manner, protocols to be followed by individuals and hospitals for examination and treatment of the child, the manner in which judicial proceedings are to be carried out . The act incorporates child friendly procedures for reporting recording investigation and trial offences^[4].

(CSA) child sexual abuse, has profound consequences for the child. It is known to interfere with growth and development^[5,6]. CSA has also been linked to numerous maladaptive health behaviors, and poor social, mental and physical health outcomes throughout the lifespan ^[7,8,9]. In accordance with that, there is evidence that CSA can affect neurobiological systems, e.g. the cortical representation of the genital somatosensory field ^[10]. Other common sequelae for adult survivors of CSA may include relational challenges (e.g., increased risk for domestic violence), violent-behaviors, and increased risk of perpetration of CSA as adults .The potential future psychological impacts are: PTSD, depression, substance abuse, etc. According to NCRB data of 2016,around 20,000 children are raped every year in India; many more cases go unreported; the available statistics is only the tip of the iceberg .^[10-14].

However not many people including those in medical field are aware of the provisions of the law under POCSO Act 2012. It is mandatory to create awareness of POCSO act in the society. Doctors especially have a major role to play in terms of POCSO act 2012.

II. METHODOLOGY:

This is a questionnaire-based study conducted amongst the faculty of private medical college in Chennai. A semi structured questionnaire was distributed amongst the faculty after explaining about the study and obtaining consent to be a part of this study. The data obtained was statistically analyzed using appropriate statistical tests.

III. RESULT

A total of 100 faculties in private medical college in Chennai were included in the study and it is found that 98% of people have awareness of sexual offence happening in our country .70% of the people think non touching activities comes under sexual offence.84% of people are aware of

Apna Ghar Rohtak case. 56% among the faculties have the awareness of POCSO act (fig 1).35% of them felt that a child belongs to below the age of 13 years as per POCSO act and only 34% of them felt that child is below the age of 18 years (fig 2).60% of them are not aware of punishment under POSCO act (fig 3). 57% of them have awareness of child abuse helpline.91% of them agrees that some children are sexually abused by older children.61% of them disagrees that only girls are victims of sexual assault .64% of them disagrees that only young children are affected.68% of them disagree that boys are not sexually abused.69% of them disagree that majority of sexual abuse perpetrators are mentally ill or retarded.91% of them disagree that only vulnerable children are sexually abused.95% of them disagree that perpetrators of abuse are often strangers.(Table 1)

IV. DISCUSSION :

In our present study, it is found that 44% of the faculty were not aware of the POCSO Act,2012. 34% of the study population were aware regarding the age of a child as stated in POCSO Act. The Protection of Children from Sexual Offences Act of 2012 (POCSO) defines a child as any person below eighteen years of age. This Act offers protection for children from sexual violence which includes sexual assault, sexual harassment and child pornography. The lack of awareness amongst the medical faculty entails the necessity to sensitize them.

60% of faculty were not aware of the punishments prescribed for various offence described under the POCSO Act 2012. Few of the punishments listed under POCSO Act of 2012, amended in August 2019.

*Penetrative Sexual Assault (PSA- imprisonment for 10 years or life (PSA in a child Less than 16 years), and fine (section 4).

* The Aggravated Penetrative Sexual Assault - imprisonment for life and fine or with capital punishment. (section 6). (sexual assault causing death of the child and during a natural calamity or in any situation of violence)

*Sexual Assault i.e sexual contact without penetration –five years and fine (section 8).

*Aggravated Sexual Assault (section 9) by a person in authority –seven years and fine(section 10).

*Sexual Harassment of the child (section 11)-three years and fine (section 12).

*Use of child for pornographic purposes (section 13)-five years and fine and in the event of subsequent conviction, seven years and fine (section 14)

Punishments have been enhanced in certain section. Death sentence has also been introduced under some sections. 91% of them agrees that some children are sexually abused by older children.61% of them disagrees that only girls are victims of sexual assault .64% of them disagrees that only young children are affected.68% of them disagree that boys are not sexually abused.95% of them disagree that perpetrators of abuse are often strangers.Surveys by UNICEF revealed 12447 children aged

between 5 and 18 years and 2324 young adults from 18-24 years were a victim of sexual abuse. Of the children, 53% of the boys and 47% of the girls report being sexually abused. [15]

V. CONCLUSION :

The study showed that the awareness of POCSO Act 2012 amongst faculty is not satisfactory. Hence more sensitization programs is the need of the hour.

RECOMMENDATION:

We need more laws to protect children and to implement stricter punishments. All cases of child sexual abuse should be reported through Childline (1098) services.

REFERENCES

- [1]. Karthiga RJ, Tamilselvi A, Ravikumar R. Child sexual abuse in Madurai, India: a literary review and empirical study. *Journal of child sexual abuse*. 2014 Aug 18;23(6):727-44.
- [2]. Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of child psychology and psychiatry*. 2008 Mar;49(3):226-36.
- [3]. World Health Organisation. Report of the consultation on child abuse prevention (WHO/HSC/PVI/99.1) accessed on 09-10-2019
- [4]. Model Guidelines under Section 39 of The Protection of Children from Sexual Offences Act, 2012. Ministry of Women and Child Development,2013 September. [document on the Internet]. Available from: <http://www.wcd.nic.in/childabuse.pdf> accessed on 25.09.2019
- [5]. Foster JM, Carson DK. Child sexual abuse in the United States: Perspectives on assessment and intervention. *American Journal of Humanities and Social Sciences*. 2013; 1(3):97–108.
- [6]. Goodman GS, Quas JA, Ogle CM. Child maltreatment and memory. *Annual review of psychology*. 2010; 61:325–51.
- [7]. Putnam FW. Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2003; 42(3):269–78.
- [8]. Irish L, Kobayashi I, Delahanty DL. Long-term Physical Health Consequences of Childhood Sexual Abuse: A Meta-Analytic Review. *Journal of Pediatric Psychology*. 2010; 35(5):450–61.
- [9]. Maniglio R. The impact of child sexual abuse on health: a systematic review of reviews. *Clinical psychology review*. 2009; 29(7):647–57.
- [10]. Shrivastava AK, Karia SB, Sonavane SS, De Sousa AA. Child sexual abuse and the development of psychiatric disorders: a neurobiological trajectory of pathogenesis. *Industrial Psychiatry Journal*. 2017; 26(1):4–12.

[11]. Davidson G, Shannon C, Mulholland C, Campbell J. A longitudinal study of the effects of childhood trauma on symptoms and functioning of people with severe mental health problems. *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)*. 2009; 10(1):57–68.

[12]. Sarkar S C, Lalwani S, Rautji R, Bhardwaj D N and Dogra T D. “Prospective study of victims and offender of sexual offences” *The Malaysian journal of Forensic Pathology and Science*, June 2008;3(2):10–47.

[13]. Ministry of Women and Child Development, Government of India, Child Related Legislation <http://www.wcd.nic.in> accessed on 12-04-2019.

[14]. ChildLine India Foundation Children Issues URL <http://childlineindia.org.in/pdf/POCSO-ModelGuidelines> accessed on 10-05-2019

[15]. Belliappa JL, Ghosh S. Addressing Child Sexual Abuse In India Through Sexuality Education And Teacher Training. *AJIL*. 2015 ;4(1): 134 .

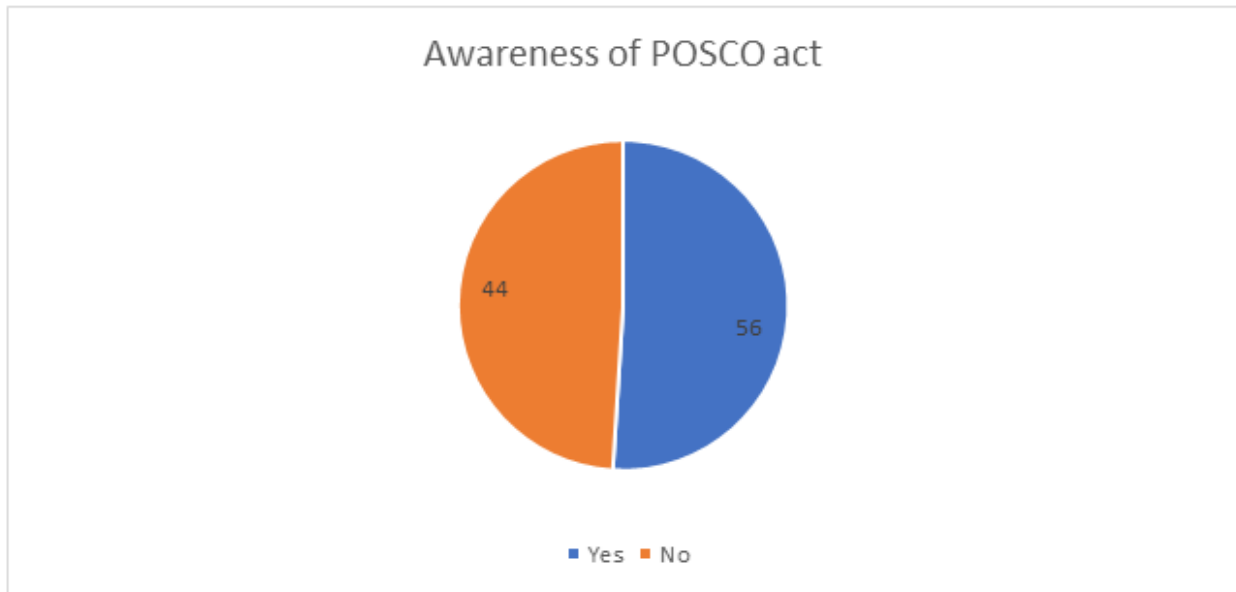


Fig 1:- Awareness of POSCO Act 2012

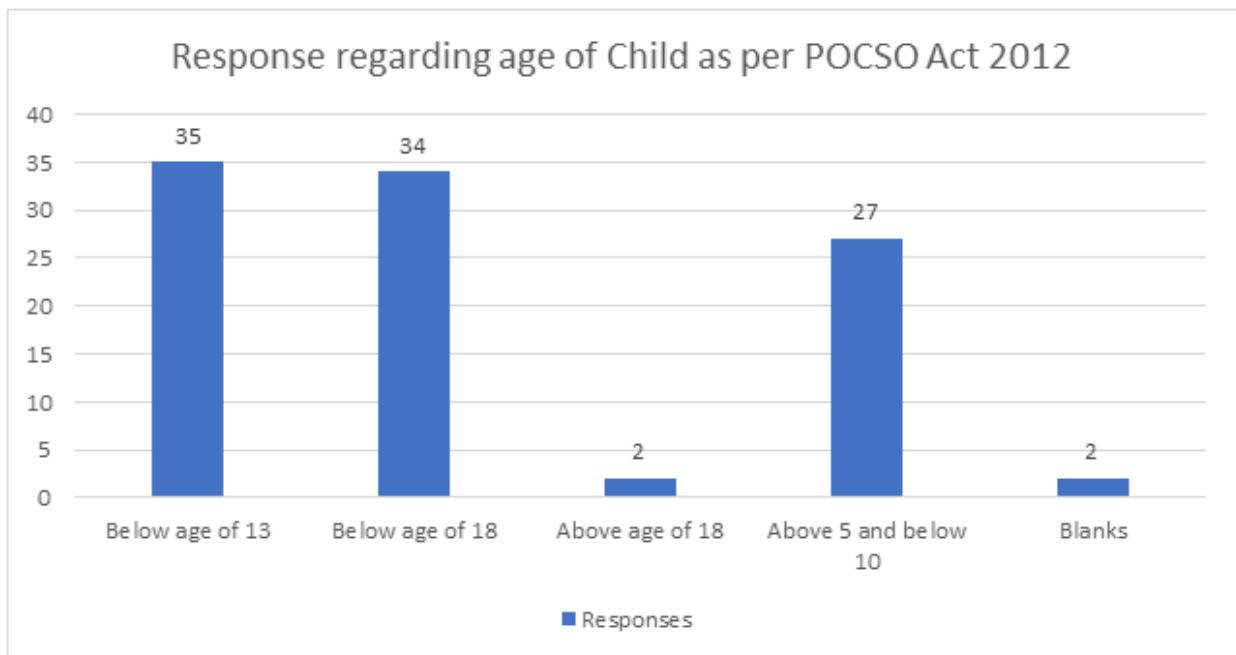


Fig 2:- Response regarding age of Child as per POCSO Act 2012



Fig 3:- Awareness of punishment under POSCO Act 2012

SN	Question	Agree	Disagree	Not Sure
1	Some children are sexually abused by older children	91	1	8
2	Only girls are victims of sexual assault	37	61	2
3	Only young children are affected	23	64	13
4	Boys are not sexually abused	30	68	2
5	Majority of sexual abuse perpetrators are mentally ill or retarded	3	69	28
6	Only vulnerable children are sexually abused	4	91	5
7	Perpetrators of abuse are often strangers	2	95	3

Table 1:- General statements on Sexual offence