

A Study of Healthcare Providers' Perceptions of POCSO in Jaipur to Improve Protection of Children from Online Sexual Exploitation

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Abstract

Worldwide, millions of youngsters are victims of sexual exploitation; among females under the age of 20, one out of 10 will be sexually abused against their will. India is home to over half of the world's youngsters, yet there are more than twice as many adults as children who need assistance. The POCSO Act established a child-friendly system for reporting, documenting evidence, investigating, and expediting the prosecution of crimes via designated Special Courts and consolidated all laws relating to sexual offences against children, including sexual harassment, sexual assault, and pornography. Legal protections against this kind of child exploitation must be enforced immediately and without delay. Particularly in cities like Jaipur, where internet access is expanding at a fast pace, protecting children from sexual abuse, sextortion, and child pornography is of the utmost importance. Programs that teach people how to be safe online may do a lot to get the word out and equip people to be good digital citizens. The fight against sexual exploitation on the internet requires a concerted effort from several sectors, including the government, police enforcement, non-governmental organizations (NGOs), schools, and IT companies. Protecting children from sexual exploitation online and fighting the pandemic of online child abuse may be achieved by addressing identified flaws. A solution to this information vacuum is to include the POCSO Act to reinforce its teachings via regular continuing medical education (CME), lectures, and workshops.

Keywords: POCSO Act, Sexual Exploitation, Protection, Awareness, Jaipur, Internet

Introduction

Sexual abuse and exploitation affect millions of children annually around the world. One in ten females under the age of 20 has been forcibly sexually exploited, with the perpetrator typically being known to the victim (WHO, 1999), according to UNICEF. There is a global epidemic of child sexual abuse (CSA), and India is no exception. Due to under-reporting, the seriousness of this crime is often underestimated. The Protection of Children from Sexual Offences Act of 2012 received 53,874 reports in 2021.

In India, where 41 percent of the population is under the age of 18, and 29.5% is under the age of 0–14, child sexual abuse (CSA) is a major problem on a worldwide scale. Because it has one of the highest percentages of children under the age of 18 worldwide, the nation has a special obligation to prevent CSA (MHA, 2001). Although the majority of victims did not come forward, 53.22 percent of youngsters in India acknowledged

having been victims of sexual assault in 2007 (MWCD, 2007). The number of crimes committed against children in India has risen by more than 500% in the last ten years, with 15% of these crimes occurring in Jaipur alone (CRY, 2017).

Enacted in 2012, the Protection of Children from Sexual Offences (POCSO) Act defined sexual abuse between children and adults in India. There was no CSA law on a national level that addressed children before this. The only child abuse statute that was unique to a state was the Goa Children's Act, 2003. Various sections of the Indian Penal Code (IPC) dealt with the punishment of offenses involving the sexual abuse of children (IPC, 1860). To protect children from sexual assault, harassment, and pornography, the POCSO Act unified all laws pertaining to sexual offenses against minors. Incorporating a child-friendly system for reporting, recording evidence, investigation, and swift trial of offenses via designated Special Courts further ensures the interest of the child at every level of legal processes. The POCSO Act follows the most widely recognized children's rights convention in the world, the United Nations Convention on the Rights of the Child, which states that any person under the age of eighteen is considered a child, regardless of gender.

With 19% of the world's children residing in India, the second most populated nation in the world is home to almost 17% of the total population. As a digital instrument that facilitates communication, education, and entertainment, the internet has become integral to people's everyday lives. Nevertheless, it does provide hazards, particularly to more susceptible populations such as children. Online sexual exploitation is on the rise, endangering their safety and wellbeing on a worldwide scale. There must be immediate and decisive action to ensure that children are legally protected from this kind of exploitation. According to the POCSO Act, there are six distinct categories of child sexual offenses:

Sexual Assault:

When an adult touches a kid's vagina, penis, anus, or breast with the aim to sex, or when an adult forces a child to do so. A fine and/or a jail sentence of three to five years is possible.

It is of utmost importance to address the legal protection of children from online sexual exploitation. This is particularly true in towns like Jaipur, where the fast growth of internet access has put children at risk of sexual abuse, sextortion, and child pornography, among other things.

Since these predators prey on the trust and innocence of children, legal safeguards are essential to protect them from sexual exploitation while they are online. These safeguards provide victims a chance to recover from trauma and other forms of injury, both physical and mental. Cyber safety education programs may have a solid legal footing, which can help get the word out and provide them the tools they need to be smart online citizens. Government agencies, law enforcement, non-governmental organizations (NGOs), educational institutions, and technology corporations must work together to combat online sexual exploitation. In addition to holding offenders responsible for their acts, legal frameworks may make it easier for parties to work together. Child sexual exploitation prevention is a problem of basic human rights, including the right to privacy, dignity, and freedom from abuse and exploitation in all its manifestations, and it is not only a question of law enforcement.

A thorough piece of law, the POCSO Act seeks to protect minors from crimes such as pornography, sexual harassment, and assault. Medical professionals are vital in locating, reporting, and aiding victims; their participation is essential to the program's effective rollout. One way to better grasp these dynamics is to look at the lively Indian city of Jaipur.

Literature Review

India has a specific statute in place to safeguard children from sexual harassment, pornography, and assault called the Protection of Children from Sexual Offences (POCSO) Act, 2012. Among one hundred healthcare professionals surveyed at a tertiary care hospital, the vast majority were familiar with the following: the full text of the Act (75%), its enactment (62%), the definition of a child (62%), the various forms of sexual offences (86%), the need to report such offences (81%), and the existence of child-friendly special courts (64%). On the

other hand, only 40% and 46% of participants, respectively, are familiar with penalty scales and non-reporting. A multidisciplinary strategy was proposed by 84% of participants as a means to address incidents of child sexual abuse. In order to tackle this problem, it is essential to educate healthcare providers and children, raise community awareness, and enforce severe laws (Goni, 2021).

Contemporary families tend to be tiny and nuclear, and in an effort to make ends meet in this competitive day, when husbands and wives often work outside the home, many neglect their children. We live in an age when information can be quickly and readily accessed via various electronic devices such as mobile phones, tablets, laptops, and desktop computers. "The devil lives in empty minds," the old saying goes. So, since they were not properly cared for and guided, they were led astray and subjected to maltreatment. In response to the problem, the Indian government passed the Protection of Children from Sexual Offences Act in 2012. This law establishes robust safeguards to prevent sexual exploitation and child pornography via the internet, and Chapter III of the act deals with the subject of child pornography in particular. In light of the above, this paper seeks to shed light on the legislative frameworks that protect children from child pornography and child sexual abuse, as well as provide recommendations and solutions for resolving these issues (Srivastava, 2017).

The issue of child sexual abuse (CSA) in India has just lately gained public attention. The Protection of Children against Sexual Offences (POCSO) 2012 is a positive step forward as it criminalises certain forms of child abuse, including as sexual assault, harassment, and pornographic exploitation. To ensure expedited trials in CSA cases, the legislation requires the establishment of Special Courts. Examining the potential positive and negative outcomes of implementing the legislation in India is the focus of this article. The passage of POCSO and the accompanying Prohibition of Child Marriage Act 2006 has undeniably been a watershed moment in the fight to protect children from sexual abuse and to ensure their rights as citizens. The purpose of the legislation, which states that anybody under the age of eighteen is considered a kid, is to prevent sexual abuse of children. But it could be difficult to criminalise any sexual conduct in children under the age of 18. Problems with POCSO's age of consent, age determination, and required reporting are highlighted in this study. These problems show that even well-intentioned regulations may have unforeseen harmful effects (Bhatnagar, 2020).

India has a serious problem with child sexual abuse (CSA), which affects both public health and human rights. Both sexes had very high prevalence rates of CSA, according to a meta-analysis of 51 research published between 2006 and 2016. The analysis discovered that owing to different study designs and the absence of standardised evaluations, the reported prevalence estimates differed substantially across the sexes. Valid epidemiological estimates can only be obtained from representative studies that use a validated instrument. There was an increased likelihood of sexual abuse in childhood for women with mental problems, males who engage in intercourse with men, and commercial sex workers. Furthermore, the research implies that CSA is a complex phenomenon impacted by several elements at the individual, family, community, and societal levels. The negative effects of CSA on people's physical, behavioural, social, and mental health in India are brought to light. In its last section, the review urges more research, both quantitative and qualitative, on the causes and consequences of CSA from an ecological perspective (Choudhry et al., 2018).

Methodology

The purpose of this research was to examine how healthcare practitioners in Jaipur feel about the POCSO Act, which aims to prevent sexual exploitation of children over the internet. One hundred medical physicians took part in the study at the National Institute of Medical Sciences and Research (NIMS) Hospital. From among the medical staff at NIMS Hospital, a random selection of participants was made. The POCSO Act was the subject of a questionnaire containing 12 MCQs that tested knowledge, 2 that probed attitude, and 1 that sought out the information's original source. Twenty healthcare professionals were chosen at random to take a pretest; questions that were deemed inappropriate were revised to make them more clear and relevant. With the help of third-year MBBS undergraduate volunteers, the completed survey was sent out to doctors and nurses at NIMS Hospital. To evaluate healthcare practitioners' understanding of the POCSO Act, especially as it pertains to online exploitation, we set aside one day to gather data, and then we used suitable statistical tools to analyze the

results. The research only included participants whose questionnaires fulfilled all of the inclusion requirements. The appropriate institutional review board gave its ethical stamp of approval, and before any participants were included in the research, they were told of its aim and given their assent. At all times, the participants' answers were kept secret.

Results

There was an 83% response rate since 100 people out of 120 who received the questionnaires actually filled them out and met all of the inclusion requirements. Health care workers' demographic information is given in table 1.

Table 1: Information Regarding the Demographics of Healthcare Professionals (n=100)

	No. Of Respondents	Percentage (%)
Gender		
Male	73	73
Female	27	27
	100	100
Age (in years)		
20-30	35	35
30-40	28	28
40-50	16	16
50-60	9	9
60-70	12	12
Total	100	100
Qualification		
Graduation	16	16
Post-Graduation	30	30
Doctorate (PhD)	54	54
Marital Status		
Married	64	64
Single	36	36
Residence		
		70
Urban	70	30
Rural	30	

There is a clear gender split in the sample, with 73% of respondents being men and 27% being women. The age distribution of the respondents was as follows: 35% were in the 20-30 age bracket, 28% were in the 30-40 age

bracket, and 12% were in the 60-70 age bracket. In terms of education, 54% had a doctorate, while the remaining 26% had postgraduate degrees or were graduates. Of this group, 30% were post-grads and 16% were graduates. There were 64% married people and 36% unmarried people. Seventy percent of those who took the survey called metropolitan places home, while thirty percent called rural locations home. Insights into the respondents' demographics are provided by the data, which enables a thorough comprehension of demographic features.

Medical personnel often have a good grasp of the Protection of Children from Sexual Offences Act, also commonly known as the POCSO Act. Although 62% are familiar with the meaning of a child's age and the enactment year, 75% are familiar with the acronym. 86% are familiar with the Act's covered violations, and 81% are aware that obligatory reporting is in place. Not reporting sexual abuse of a kid is a serious violation, yet only 46% of the population is aware of this. Graduation in punishment is known to just 40% of the population. Special courts designed with children in mind hold trials under the POCSO Act, as correctly indicated by 64% of participants. The fact that the POCSO Act does not discriminate based on gender is known by 95% of professionals. Additionally, 64% of healthcare providers are familiar with the kid hotline number. Of those in the know, 72 percent are aware of the Act's penalties for sexual abuse of children. The 2019 change to the Act, however, is only known by 56% of the population.

The Child Welfare Committee, non-governmental organizations (NGOs), and government agencies are vital in helping children who have been sexually assaulted, according to healthcare specialists. About two-thirds of doctors and nurses think the community should do a lot to help these kids. Primary education, stringent legal enforcement, and community-level awareness are all significant preventive approaches. Educating children beginning in elementary school is crucial in the fight against child sexual abuse, according to 5% of participants. The most critical step in ending sexual abuse of children is strict enforcement of the law. Only three percent of healthcare personnel think it's very important to raise awareness in the community. In order to successfully address child sexual abuse, 84% of healthcare experts feel that all of these approaches should be combined.

Only 4% of healthcare providers think that government organizations will be very important in helping sexually abused children (CSA), whereas 9% think that NGOs would be very important. Supporting abused children should be a top priority for the community, according to 66% of experts. When asked what they think would be most effective in reducing CSA, 5% said elementary education and 8% said severe law enforcement. Only 3% propose raising awareness on a local level, whereas 84% think we need to work together. Figure No.2 is a graphical representation of the data.

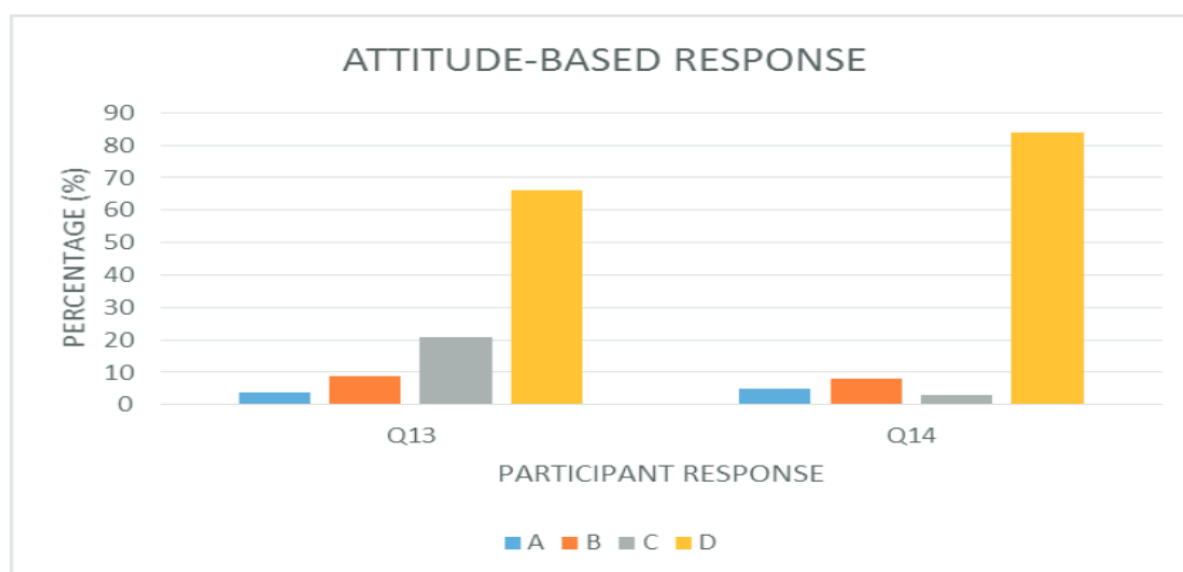


Figure 1: Healthcare providers' responses depending on their attitudes

Figure No. 3 shows the distribution of sources from which participants learned about the POCSO Act: 41% from classroom instruction, 33% from online resources, 19% from newspapers and magazines, and 7% from personal conversations.

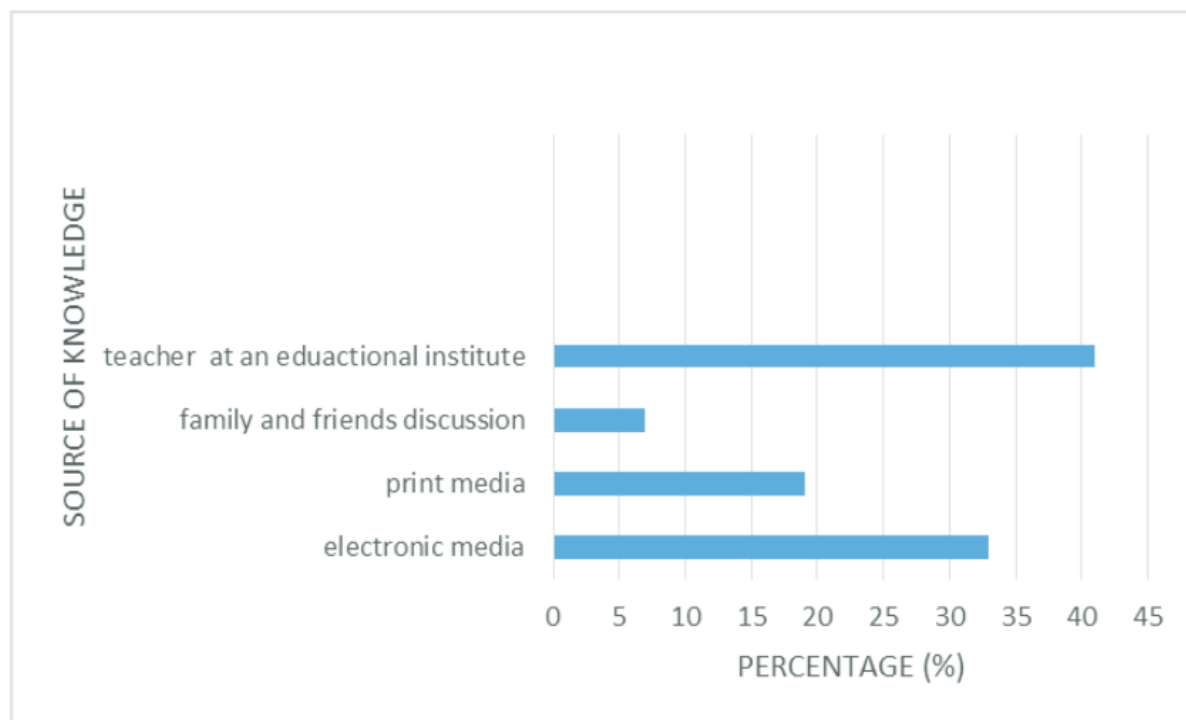


Figure 2: Educators in the medical field on matters pertaining to the POCSO Act

Discussion

Sexual abuse of children is a major problem all over the globe since it affects children's physical and mental health in both the short and long term. According to an epidemiological review conducted by Mannat M Singh et al. (2014), CSA is very common in India and other parts of the globe. Even at its lowest incidence, CSA affects a large number of people¹². Care for abused children is provided without regard to a child's sex, race, ethnicity, religion, sexual orientation, or socioeconomic situation under the POCSO Act, in keeping with World Health Organization guidelines. For many years, the World Health Organization (WHO) has been actively attempting to dismantle gender stereotypes, fight gender inequality, find and remove obstacles to healthcare that are connected to gender, and establish gender-responsive care. Our current research found that 95% of respondents were aware of the gender neutrality of victims under the POCSO Act; this is encouraging news for best practices in handling CSA cases.

The POCSO Act's mandatory reporting provisions would end the taboo around child sexual abuse, lead to the exposure of more hidden incidents, and ultimately lead to a fair judgment. Many incidents of sexual abuse of children in India go unreported because of the ethical and social shame that surrounds the subject. Out of 1336 students surveyed for their experiences with sexual assault in 2017, 165 acknowledged having done so. Of those victims, 51.7% chose to keep quiet or disregarded the abuse, while only 17.2% went to their parents for help. This research was carried out by Delanthabettu et al. in 2017. Perpetrators of sexual abuse are emboldened to engage in more severe kinds of abuse when victims remain silent. However, violators of the POCSO Act are subject to fines and/or jail terms of up to six months for failing to disclose incidents of child sexual abuse. In a similar vein, Paradise J. S. argues in his CSA paper that doctors in the US are legally obligated to notify child protective services organizations of any suspicion of sexual abuse or neglect, and that doing otherwise may result in legal consequences. This proves that reporting CSA is obligatory worldwide, not only in India. Medical professionals may have additional challenges when dealing with CSA victims, according to research by Arya

and Chaturvedi (2017). Doctors should be familiar with the POCSO Act for two reasons: first, to protect themselves from legal punishment, and second, to help victims.

One of the many wonderful things the Indian government has done to protect children's rights is to set up the Child Helpline (1098). A free, round-the-clock phone outreach service that connects children in danger to agencies run by government agencies and non-profits in India for the purpose of providing them with long-term protection, assistance, and rehabilitation, this child-line is created and maintained by the Child India Foundation (CIF). Many victims have credited this hotline as a lifesaver since it provides a simple, accessible way for those in difficulty to get in touch with the authorities. A significant portion of our sample (62% to be exact) was familiar with this child-line number, which is important for everyone involved with children and their rights, not only parents and guardians.

As the first point of contact for victims of sexual assault, healthcare providers are invaluable. Healthcare providers should be able to provide a minimal degree of psychological support and validation of the patient's experience in accordance with World Health Organization standards for first-line primary psychological assistance for all children and adolescents who reveal sexual abuse. As part of the POCSO Act, medical personnel in India are required to follow certain protocols while dealing with children who have been victims of sexual abuse. Any doctor treating a victim must be competent in the following areas:

- (1) Taking a child-friendly history;
- (2) Collecting evidence following a comprehensive medical examination;
- (3) Treating any visible injuries, including genital ones;
- (4) Assessing the patient's mental health and, if necessary, referring them to psychiatric counselling.

The victim's age may also be required by law. In their report on child sexual abuse, Moirangthem S et al. (2015) highlighted the need of educating all stakeholders as a key component of delivering comprehensive treatment and justice in accordance with the POCSO Act. Seth and Srivastava (2017), in their special piece on the POCSO Act, corroborated this idea, writing that since they are often the first to interact with a sexually abused kid, health care providers and pediatricians must train to properly diagnose and treat CSA. Therefore, it is crucial to prioritize programs that educate both current and future doctors and nurses in order to provide victims of abuse with a more organized response.

The punishment component of every criminal statute is crucial because it serves to limit criminal activity. The same holds true for CSA, the severity of which is defined under the POCSO Act in India. Singh Jaswinder et al. (2019) sought to determine the level of knowledge and perceptions among MBBS course students at Bareilly. They found that participants had limited knowledge related to the legal aspects of CSA, reporting, and preventive measures of such crimes. Our present study also found that health care professionals are not well-informed about the punishment section and amendment (2019) of the POCSO Act. Another study conducted by the Kailash Satyarthi Children's Foundation (KSCF) on the topic of child sexual abuse (CSA) among 987 young adults in India found that although most of them were aware that teasing a child is illegal, 3 out of 4 did not even know what CSA is. Consistent with our findings, where 75% of healthcare professionals were aware of the POCSO Act, 90% of survey participants were aware that the CSA is a serious violation, while only 72% had knowledge of the POCSO Act. Our findings are at odds with those of a research by Minakshi Bhosale et al. (2018) on CSA among medical students, which found that only 20.4% of participants were familiar with the POCSO Act. Since raising public and professional knowledge of sexual abuse may greatly aid in its prevention, it is crucial that the general public and healthcare providers be educated on the subject of sexual assault and the relevant laws (the POCSO Act). According to Gupta et al. (2013), POCSO requires both the federal and state governments to regularly inform the public, especially children, about the provisions of this act using various media such as television, radio, and print. While 41% of respondents said their teachers were the major source of knowledge on the POCSO Act, 31% said they got their information from electronic media,

and KSCF said that both print and electronic media were the main sources of information about CSA (Kailash, 2020).

Conclusion

Examining the perspectives of healthcare practitioners in Jaipur on POCSO can help in the fight against online sexual exploitation of minors. This event highlights the challenges that professionals have when attempting to address cases of sexual abuse against children. To better respond to child safety, the healthcare sector needs multidisciplinary teams and comprehensive training programs, according to the data. By addressing the identified deficiencies, healthcare providers may better protect children from sexual exploitation online and combat the epidemic of online child abuse. Few medical practitioners are familiar with the POCSO Act, which prohibits the sexual abuse of minors. Incorporating the Act into the MBBS curriculum and reinforcing it via frequent CME, seminars, and workshops helps overcome this knowledge gap. Equally important is bringing attention to the issue at the community level and teaching youngsters the law. For better case management and better results, it is vital to have a multidisciplinary strategy that includes healthcare workers, attorneys, forensic experts, gynecologists, pediatricians, child welfare committee workers, legal agencies, psychiatric specialists, and forensic specialists. Rehabilitating children who have been victims of sexual abuse also need safe and supportive settings at home and in the classroom.

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