A descriptive study on child sexual abuse act in India

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ABSTRACT

Background: Child sexual abuse (CSA) is a significant public health problem. Health care professionals can play an important role in the identification and reporting of such cases. This study was conducted to assess the awareness level among doctors working in a medical institute about CSA. Materials and Methods: This is a cross-sectional descriptive study. Data was collected using a closed-ended structured questionnaire. Descriptive analysis was done to compute percentages and frequencies. Respondents’ educational qualification, as well as the relationship between their level of education and their awareness of child abuse, was also assessed. Results: Nearly 70% of respondents came across child abuse cases, wherein sexual abuse was found to be the commonest (58%), followed by physical abuse (28%). Nearly 40% of child abuse cases were reported in the hospital where they worked, while 15% of child abuse cases occurred in other hospital areas. The study also revealed that 81% of respondents had knowledge about child sexual abuse. However, only 34% were aware of the repercussions of non-reporting of a child abuse case. Nearly 64% of respondents had an idea about an online complaint system for child abuse, and 70% were aware of the availability of a one-stop centre at a respondent’s hospital. The majority (68%) were aware of the POCSO (Protection of Children from Sexual Offences) Act on sexual abuse. On seeking information regarding evidence of anal sexual abuse among children and adolescents, 36% were completely aware, and 13% were partly aware of it. Conclusion: There is a need for continued education and advancement of all health care professionals to improve the diagnosis and reporting of CSA.

Keywords: Awareness, child sexual abuse, doctors, hospital staff, knowledge, POCSO

Introduction

Child sexual abuse (CSA) has been recognised as a major public health problem impairing the health and welfare of children worldwide. The effects of CSA can be profound and life-altering for victims.³ Child abuse, therefore, requires multi-disciplinary support from medical, legal, psychological and sociological dimensions. Here, the role of healthcare professionals is vital to not only detect abuse but also to inform relevant interventions.³ However, physicians often under-identify and under-report cases of child abuse, which may lead to continued trauma and severe consequences.⁴ It has been reported that 5–10% of children die, and 35–50% have major injuries in cases where children are admitted to the emergency rooms or other medical units and are not thoroughly evaluated and sent home.⁵ Some of the major challenges reported by healthcare professionals to report child abuse are lack of knowledge, inadequate experience, the uncertainty of diagnosis, poor communication, fear of disconnecting therapeutic relationships, etc.⁶ However, there is a dearth of literature regarding the awareness of healthcare professionals about child abuse in low and middle-income countries, such as India.

India is a country of youth, where more than forty percent of its population is below the age of 18 years. In fact, 19% of the world’s children live in India.⁷ Various initiatives and legislative acts, including the Indian penal code 1860, the Immoral Traffic (Prevention) Act, 1956, the Protection of Children against Sexual Offences...
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(POCSO) Act 2012, etc., are being implemented in the country for addressing the issue of Child Abuse. Despite that, the prevalence of all forms of child abuse which includes physical abuse (66%), sexual abuse (50%) and emotional abuse (50%), is extremely high in India as per a survey conducted by the Government of India, Ministry of Women and Child Development (2007). A more recent study by the National Commission for Protection of Child Rights (NCPCR), conducted amongst 6,632 children respondents in seven states, revealed 99% of children face corporal punishment in schools.

The present study was conducted to assess the level of awareness among doctors working in a medical institute about child abuse and negligence and to recommend appropriate solutions to the problems of healthcare personnel on this issue.

Methods

Study design
The study was a descriptive cross-sectional study. This study was envisaged as a part of the workshop, conducted in March 2018, for creating awareness regarding the provisions of the POCSO act, medico-legal examinations, forensic evidence collection, social-psychological aspects and its implementation.

Participants and data collection
Junior and Senior Resident doctors at the Post Graduate Institute of Medical Education and Research, Chandigarh, were invited to participate in the study. A closed-ended structured questionnaire in English was developed and pre-tested for data collection. The questionnaire was developed by researchers after an intensive literature review and expert consultation for any suggestions, amendments, or modifications. The questionnaire consisted of twenty questions seeking general information on the experience of child abuse, awareness regarding findings of a national study on child abuse, sexual assault (POCSO Act), medical examination of the child abuse victim, specification of POCSO Act, clinical examination of sexual abuse, practices (Doctor/Hospital), signs of anogenital injury, correlates of sexual abuse, evidence of sexual abuse (communicable disease), evidence of anal sexual abuse (child/adolescents), location of one-stop centre within an institution and the first action taken when a child approaches for medical care [Annexure 1].

Ethics
Confidentiality and anonymity of the respondent was maintained. The study was approved by the institutional ethical committee. Prior to the interview, verbal consent was taken from the respondents, and they were informed about the aim and methodology of the study.

Data analysis
Data were entered and coded for statistical analysis in software SPSS version 21. Descriptive statistical analysis was done. Frequency and percent distribution were reported for all data variables. We also assessed the differences in awareness levels about child abuse vis-a-vis the level of educational qualification of the healthcare personnel.

Results

Exposure to child abuse cases
The majority (70%) of the participants were Junior Residents, followed by 24.5% Senior Residents. Nearly 70% of respondents came across child abuse cases wherein sexual abuse was found to be the commonest (58%), followed by physical abuse (28%). About 28% did not respond while seeking information on the type of child abuse. Nearly 40% of child abuse cases were reported in the hospital where they worked, while 15% of child abuse cases occurred in other hospital areas. It was found that 40% of doctors came across child abuse cases less than two times while 19% of children came across 2–5 times and 19% more than five times in their career [Table 1].

Awareness regarding child abuse
Nearly 81% of the respondents had knowledge about child abuse. However, only 34% were aware of the repercussions of non-reporting of a child abuse case. Nearly 64% of respondents knew about the online complaint system for child abuse and 70% were aware of the availability of one-stop centre at a respondent’s hospital. [Table 2]

Awareness regarding Child Abuse Act
Nearly 42% were not aware of estimates of a national-level study on child abuse, while 26% responded correctly. Around

| Parameter | Total | % |
|-----------|-------|---|
| Total     | 53    | 100 |
| Respondent Status | | |
| Undergraduate | 37 | 69.8 |
| Postgraduate | 13 | 24.5 |
| Others | 3 | 5.7 |
| Came across the child abuse case | | |
| Yes | 37 | 69.8 |
| No | 14 | 26.4 |
| No response | 2 | 3.8 |
| Type of abuse (came across) | | |
| Sexual | 31 | 58 |
| Physical | 15 | 28 |
| No Response | 15 | 28 |
| Place of child abuse | | |
| Own College | 21 | 39.6 |
| Other hospital | 8 | 15.1 |
| Both | 1 | 1.9 |
| Not Applicable/No Response | 23 | 43.4 |
| Number of child abuse cases seen | | |
| <2 | 21 | 39.6 |
| 2-5 cases | 10 | 18.9 |
| >5 cases | 10 | 18.9 |
| No Response | 12 | 22.6 |
17% of respondents were partially correct. The majority of respondents (68%) knew about POCSO Act on sexual abuse, followed by 11% with partial awareness and 17% with no awareness. [Table 3]

Our study also revealed that the majority of the respondents (72%) had incorrect knowledge about the medical examination of a child abuse victim. The study also tried to seek information on awareness regarding the specification of the POCSO Act, wherein 47% of respondents were correct while 35% and 13% of respondents were incorrect and partly correct, respectively. The information on awareness regarding findings of clinical examination of sexual abuse was also sought where it was found that the majority (76%) were incorrect, followed by 11% being partly correct. The study depicted that 52% of respondents were aware of child abuse practices by doctors and hospitals, while 28% had incorrect knowledge and 19% were partly correct.

The respondents were inquired about knowledge regarding signs of anogenital injury where 41% had incorrect knowledge, followed by 30% with correct and 21% with partly correct knowledge. Knowledge regarding correlates of sexual abuse was also assessed. Around one-third (i.e., 36%) were incorrect and only one-fourth had correct knowledge.

In regard to evidence of sexual abuse in relation to communicable disease, three-fourths of the participants were aware of it. However, in the context of evidence on sexual abuse by boys, 58% were unaware, followed by 25% being aware of the same. While seeking information on evidence of anal sexual abuse among children and adolescents, 42% were not aware and 36% had awareness regarding it.

The study sought information on awareness regarding the location of a one-stop centre within the institution of respondents. More than half (51%) were unaware, and only 19% were aware of the location of a one-stop centre within the Institute. The knowledge of respondents was also assessed for the first action taken when a child approaches medical care, to which 77% were unaware while only 17% answered correctly. [Table 3]

## Discussion

The World Health Organization emphasizes that diagnosis, protection and maintenance of suitable treatment conditions for the abused and neglected children are among the responsibilities of healthcare professionals.[10] The child protection law obliges physicians and other personnel working in healthcare to report the suspected cases of child abuse and negligence in many countries.[10]

Besides the preventive afford about child abuse that may result in significant injuries and death, recognition of those who are exposed to abuse and initiating the legal process and protection of the abused children is very important. Therefore, physicians and nurses should consider the possibility of child abuse in cases they encounter, request necessary consultations, and keep the child under observation in cases in which they are unable to make a definitive decision.[11] In cases of suspected child abuse and negligence, the correct approach is reporting the case and protecting the child.[12]

Our study assessed the awareness and knowledge of doctors with regard to CSA. The results provide valuable information which can help to improve the training of health care professionals, particularly in the identification and reporting of suspected cases of CSA.

The present study also revealed that 81% of doctors included in the study had knowledge about child abuse. Another study by Olatosi et al.[13] also found that healthcare professionals had good theoretical knowledge of the different forms of CSA, with an average score of 95.2%. Findings from the present study are comparable to previous similar studies where the dentists had adequate knowledge of the different forms of CSA.[14] Alnasser et al.[18] found that the Saudi medical students, paediatrics trainees, and paediatricians have good basic knowledge about child abuse. The study concluded that experienced physicians were more knowledgeable and more likely to report about child abuse and negligence. In China, Li et al.[19] reported that there was insufficient knowledge of the healthcare provider toward child abuse. This difference may be including all health professions in that study.

Garrussi et al.[20] determined in their study that 65% of the physicians had encountered child abuse and negligence, but only 4.5% of them had reported the cases. Approximately 85% of the physicians in a recently conducted study mentioned that they thought they would report the case or suspected case of abuse if they ever came across one.[21] In the present study, 70% came across child abuse cases, and 34% were aware of the consequences of non-reporting of child abuse cases. Nearly 64% of respondents had an idea about an online complaint system for child abuse, and 70% were aware of the availability of a one-stop centre at a respondent’s hospital.
Table 3: Awareness (%) among health care professionals about guidelines of the child abuse act (POCSO)

| Awareness about                                      | Undergraduate |                 | Postgraduate |                 | Others |                 | Total |                 |
|------------------------------------------------------|---------------|-----------------|--------------|-----------------|--------|-----------------|-------|-----------------|
|                                                      | n  | %     | n  | %     | n  | %     | n  | %     |
| Findings of national study on child abuse            |    |        |    |        |    |        |    |        |
| Correct                                              | 9  | 24.3  | 3  | 23.1  | 2  | 66.7  | 14 | 26.4 |
| Partly correct                                       | 7  | 18.9  | 2  | 15.4  | 0  | 0.0   | 9  | 17.0 |
| Incorrect                                            | 18 | 48.6  | 3  | 23.1  | 1  | 33.3  | 22 | 41.5 |
| No response                                          | 3  | 8.1   | 5  | 38.5  | 0  | 0.0   | 8  | 15.1 |
| Sexual assault (POCSO act)                           |    |        |    |        |    |        |    |        |
| Correct                                              | 27 | 73.0  | 10 | 76.9  | 0  | 0.0   | 37 | 69.8 |
| Partly correct                                       | 5  | 13.5  | 1  | 7.7   | 0  | 0.0   | 6  | 11.3 |
| Incorrect                                            | 3  | 8.1   | 2  | 15.4  | 3  | 100.0 | 8  | 15.1 |
| No response                                          | 2  | 5.4   | 0  | 0.0   | 0  | 0.0   | 2  | 3.8 |
| Medical examination of child abuse victim            |    |        |    |        |    |        |    |        |
| Correct                                              | 3  | 8.1   | 4  | 30.8  | 0  | 0.0   | 7  | 13.2 |
| Partly correct                                       | 5  | 13.5  | 1  | 7.7   | 0  | 0.0   | 6  | 11.3 |
| Incorrect                                            | 27 | 73.0  | 8  | 61.5  | 3  | 100.0 | 38 | 71.7 |
| No response                                          | 2  | 5.4   | 0  | 0.0   | 0  | 0.0   | 2  | 3.8 |
| Specification of POCSO act                           |    |        |    |        |    |        |    |        |
| Correct                                              | 18 | 48.6  | 7  | 53.8  | 0  | 0.0   | 25 | 47.2 |
| Partly correct                                       | 4  | 10.8  | 2  | 15.4  | 1  | 33.3  | 7  | 13.2 |
| Incorrect                                            | 13 | 35.1  | 4  | 30.8  | 2  | 66.7  | 19 | 35.8 |
| No response                                          | 2  | 5.4   | 0  | 0.0   | 0  | 0.0   | 2  | 3.8 |
| Findings of clinical examination of sexual abuse      |    |        |    |        |    |        |    |        |
| Correct                                              | 0  | 0.0   | 0  | 0.0   | 1  | 33.3  | 1  | 1.9 |
| Partly correct                                       | 5  | 13.5  | 1  | 7.7   | 0  | 0.0   | 6  | 11.3 |
| Incorrect                                            | 31 | 83.8  | 9  | 69.2  | 0  | 0.0   | 40 | 75.5 |
| No response                                          | 1  | 2.7   | 3  | 23.1  | 2  | 66.7  | 6  | 11.3 |
| Practices (Doctor/Hospital)                          |    |        |    |        |    |        |    |        |
| Correct                                              | 8  | 21.6  | 5  | 38.5  | 2  | 66.7  | 15 | 28.3 |
| Partly correct                                       | 6  | 16.2  | 4  | 30.8  | 0  | 0.0   | 10 | 18.9 |
| Incorrect                                            | 23 | 62.2  | 4  | 30.8  | 1  | 33.3  | 28 | 52.8 |
| No response                                          | 0  | 0.0   | 0  | 0.0   | 0  | 0.0   | 0  | 0.0 |
| Signs of anogenital injury                           |    |        |    |        |    |        |    |        |
| Correct                                              | 12 | 32.4  | 4  | 30.8  | 0  | 0.0   | 16 | 30.2 |
| Partly correct                                       | 7  | 18.9  | 3  | 23.1  | 1  | 33.3  | 11 | 20.8 |
| Incorrect                                            | 16 | 43.2  | 4  | 30.8  | 2  | 66.7  | 22 | 41.5 |
| No response                                          | 2  | 5.4   | 2  | 15.4  | 0  | 0.0   | 4  | 7.5 |
| Correlates of sexual abuse                           |    |        |    |        |    |        |    |        |
| Correct                                              | 8  | 21.6  | 3  | 23.1  | 2  | 66.7  | 13 | 24.5 |
| Partly correct                                       | 14 | 37.8  | 5  | 38.5  | 0  | 0.0   | 19 | 35.8 |
| Incorrect                                            | 14 | 37.8  | 4  | 30.8  | 1  | 33.3  | 19 | 35.8 |
| No response                                          | 1  | 2.7   | 1  | 7.7   | 0  | 0.0   | 2  | 3.8 |
| Evidence of sexual abuse (communicable disease)      |    |        |    |        |    |        |    |        |
| Correct                                              | 29 | 78.4  | 10 | 76.9  | 1  | 33.3  | 40 | 75.5 |
| Partly correct                                       | 2  | 5.4   | 2  | 15.4  | 0  | 0.0   | 4  | 7.5 |
| Incorrect                                            | 5  | 13.5  | 0  | 0.0   | 1  | 33.3  | 6  | 11.3 |
| No response                                          | 1  | 2.7   | 1  | 7.7   | 1  | 33.3  | 3  | 5.7 |
| Evidence of sexual abuse (boys)                      |    |        |    |        |    |        |    |        |
| Correct                                              | 10 | 27.0  | 3  | 23.1  | 0  | 0.0   | 13 | 24.5 |
| Partly correct                                       | 4  | 10.8  | 0  | 0.0   | 1  | 33.3  | 5  | 9.4 |
| Incorrect                                            | 22 | 59.5  | 9  | 69.2  | 0  | 0.0   | 31 | 58.5 |
| No response                                          | 1  | 2.7   | 1  | 7.7   | 2  | 66.7  | 4  | 7.5 |
| Evidence of anal sexual abuse (child/adolescents)     |    |        |    |        |    |        |    |        |
| Correct                                              | 14 | 37.8  | 5  | 38.5  | 0  | 0.0   | 19 | 35.8 |
| Partly correct                                       | 5  | 13.5  | 1  | 7.7   | 1  | 33.3  | 7  | 13.2 |
| Incorrect                                            | 16 | 43.2  | 6  | 46.2  | 0  | 0.0   | 22 | 41.5 |
| No response                                          | 2  | 5.4   | 1  | 7.7   | 2  | 66.7  | 5  | 9.4 |

Contd...
Besides the management of child abuse cases, there found that the majority of physicians recognized the most common symptoms of child abuse. Yadav and his colleague observed that most of the family physicians had inadequate knowledge about the identification and management of cases of child abuse. Other studies, such as Hynniewta et al., that explore awareness among other important persons like teachers, make a sense in the detection and prevention of child abuse and neglect. It found that the majority (84%) of the school teachers had average knowledge of child abuse and 10% and 6% of them had good and poor knowledge, respectively. In the present study, it was found that these findings reflect the importance of raising awareness among physicians and teachers as caregivers and contact caregivers with children.

**Limitations**

Firstly, the present study did not capture the risk factors of child abuse which may be useful while reporting results in such studies to inform the government and policymakers. Thus, the preventive strategies may be then promoted to avoid specific risk factors for effective child protection service delivery. Secondly, the sample size is small (53) and may not be generalizable.

**Conclusion**

The major priority during the evaluation of a child abuse case is taking into consideration the benefits to the child. Formation of a multi-disciplinary team consisting of personnel working in different fields who have received necessary education about child abuse and evaluation of the cases by this team is an important first step. Procedures include the steps that should be followed for these cases in polyclinics and emergency departments, and physicians and nurses should have practical education about the subject. All these efforts can help in reducing the rates of child abuse cases in our country. More research on the economic impact of child abuse such as child trafficking, child labour, commercial sexual exploitation, the direct financial healthcare implications of abused children presenting to healthcare providers, and the association of socio-economic characteristics with child protection will go a long way to convince governments to re-source local child protection and prevention services. The findings of the study emphasize the urgent need for continued education and advancement of all health care professionals to improve the diagnosis and reporting of CSA. The results of the study emphasize raising awareness and knowledge about child abuse through continuous education programs for the solution of the problems faced during the diagnosis and the reporting process. Besides the management of child abuse cases, there is a need to focus on preventive strategies.

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**Conflicts of interest**

There are no conflicts of interest.

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Annexure 1: Questionnaire related to Sexual Abuse among Children

Name: JR/SR Semester:

Please note that there can be multiple answers to a question

Q1) Have you ever come across any child presenting with abuse of any sort while working in a hospital?
Yes/No In PGI or other hospital

Q2) If Yes, what was the type of abuse?
1) Sexual
2) Physical

Q3) How many such cases have you seen while in the hospital?
1) Less than 2
2) 2 to 5 cases
3) More than 5 cases

Q 4) Ministry of Women and Child Development, in collaboration with UNICEF and Save the children, conducted the first ever National Study on Child Abuse on 17,220 children (child defined as < 18 years) in the year 2007 to develop a comprehensive understanding of the phenomenon of child abuse, with a view to facilitate the formulation of appropriate policies and programmes meant to effectively curb and control the problem of child abuse in India. Tick the correct statement related to sexual abuse among children (as per the report)

1. Nearly 25% of children reported having faced one or more forms of sexual abuse
2. Nearly 50% of children reported having faced one or more forms of sexual abuse.
3. Nearly 10% of child respondents reported facing severe forms of sexual abuse
4. Nearly 20% of child respondents reported facing severe forms of sexual abuse
5. Out of the child respondents, approximately 5% reported being sexually assaulted.
6. Out of child respondents approximately 1% reported having been sexually assaulted

Q5) Sexual abuse is inappropriate sexual behavior with a child. Tick the appropriate statements used Aggravated/sexual assault as per POCSO Act
1. Aggravated sexual act is the sexual abuse committed by a stranger
2. Aggravated sexual assault is the term used, when the abused child is mentally ill or when the abuse is committed by a person in a position of trust or authority vis-à-vis the child.
3. Aggravate sexual assault is violent and sudden.
4. Aggravated Sexual Assault is undesirable sexual behavior on a long term basis

Q.6) Child sexual abuse laws in India have been enacted as part of the nation’s child protection policies. The Parliament of India passed the ‘ - ‘Act regarding child sexual abuse in __________
1. Prevention of children from Sexual offences Act, 2012
2. Protection of children from Sexual offences Act, 2012
3. Protection of children from Sexual offences Act, 2010
Q7) A 12-year-old girl presents to the pediatrician with the inability to walk. The pediatrician refers the child to a Pediatric neurologist, who finds that the child has muscular spasms of the leg. On probing, the child gives a history of sexual abuse by a close family member. Parents request the doctor not to report to anybody as the accused is a close family member. What are the consequences for not reporting the case under the Act?
   1. The resident/doctor can be punished with imprisonment, which may extend to three years or with a fine or with both
   2. The resident/doctor can be punished with imprisonment, which may extend to one year or with a fine or with both
   3. The resident/doctor can be punished with imprisonment, which may extend to two years or with a fine or with both
   4. The resident/doctor can be punished with imprisonment, which may extend to six months or with a fine or with both

Q8) If the medical examination is required for the victim, the resident will examine the child
   1. In the presence of parent of the child
   2. Person in whom the child reposes trust or confidence.
   3. Any woman nominated by the head of the medical Institute
   4. Does not matter

Q9) Which of the following is NOT a specification of the POCSO Act?
   1. Recording the statement of the child at the residence of the child or at the place of his choice
   2. Recording to be done preferably by a woman police officer, not below the rank of sub-inspector.
   3. Evidence has to be recorded within 30 days
   4. No child is to be detained in the police station at night for any reason.
   5. Police officer to be in uniform while recording the statement of the child

Q10) Sexual offences against children are rampant, but only a small percentage gets reported. There is a provision to register online complaints of child sexual abuse. Label 1 and 2 (2 represents the organization promoting registration of online complaints)
   a) POCSO e-BOX, NCPCC
   b) POCSO e-BOX, NCPCR
   c) POCSO e-BOX, NCPCR
   d) POSCO m-BOX, NCPCC

Q11) Whenever clinical examination for sexual abuse is done, there are three types of findings:
   Adam I: normal findings or findings with a medical explanation other than abuse
   Adam II: findings of unclear significance that arouse the suspicion of sexual abuse
   Adam III: findings of injury that establish the diagnosis of sexual abuse

Which of the following perianal findings may constitute (Adam II) evidence of sexual abuse in a child older than five years
   1. Erythema
   2. Increased pigmentation
   3. Venous engorgement (which may be circular)
   4. Polyp-like tags
   5. Condyloma acuminata
   6. Smooth, wedge-shaped areas in the midline (“diastasis ani”)

Q12) Which of the following practices (s) with respect to doctor/hospital is/are INCORRECT:
   1. The medical examination shall be conducted by a woman doctor.
   2. The medical examination shall be conducted in the presence of a woman nominated by the Child Welfare Committee.
3. The medical practitioner, hospital or other medical facility centre rendering emergency medical care to a child shall demand any legal or magisterial requisition or other documentation as a pre-requisite to rendering such care.
4. The medical practitioner rendering emergency medical care shall attend to the needs of the child, including treatment for cuts, bruises, and other injuries, including genital injuries, treatment for exposure to STDs, treatment for exposure to HIV, etc.
5. No forensic evidence should be collected in the course of rendering emergency medical care.

Q.13 Which of the following signs are most suggestive of anogenital injury in a sexually abused girl?
1. A polyp-like hymenal tag
2. A complete, V-shaped notch in the peripheral edge of the hymen
3. Bumps on the hymenal edge
4. Pigmentation
5. External hymenal ridges

Q.14 Which of the following factors is significantly correlated with the diagnosis of findings associated with sexual abuse?
1. The child’s complaint of pain
2. The diameter of the hymenal opening
3. Urinary disturbances
4. Acute candidiasis of the genital area
5. Toddler’s description of the event

Q.15 What communicable disease constitutes evidence of sexual abuse once its acquisition by perinatal infection or blood transfusion has been ruled out?
1. Hepatitis A
2. Gonorrhea
3. Herpes zoster
4. Varicella-zoster
5. Rubella

Q.16 Sexually abused boys can have positive physical findings in rare cases. Which of the following is most likely to constitute evidence of sexual abuse?
1. Partial thrombosis of a corpus spongiosum
2. Scrotal hematoma
3. Lichen sclerosus
4. Skin abrasions
5. Phimosis

Q.17 Which of the following findings is most suggestive of anal sexual abuse of a child or adolescent and is most consistent with this diagnosis?
1. One or more fissures coursing radially toward the internal anal ring
2. Anal dilatation to a diameter greater than 2 cm without visible stool in the ampulla
3. CMV proctitis
4. Nonspecific complaints regarding defecation

Q18) “One-Stop Centre is A centre to protect the women and children from the violence of any sort. Is there a One-stop Centre at your institution?
   a) Yes
   b) No
   c) Don’t Know

Q19) If yes, where is the One-stop centre at your institution located?
   a) The Triage Area of Pediatric emergency.
   b) Septic Labour Room, 3C
   c) Both a and b
   d) Room no 40 4D Pvt room
Q20) When a child under POCSO approaches for medical care at PGIMER:
1. The on-duty SR is supposed to inform the SMO
2. The on-duty SR is supposed to rule out life-threatening conditions, and inform the SMO.
3. Send the patient to SMO
4. Refer the patient to another hospital