

Safeguarding Childhood: Recognition, Assessment, Management and a Comprehensive Response to Child Maltreatment utilising the POCSO Act

Rakesh K Gorea*

Professor Emeritus & Advisor, Medicolegal Institute, Baba Farid University of Health Sciences, Faridkot, Punjab, India

Professor Emeritus, SJJT University, Rajasthan, India

Adjunct Professor, Eternal University, Baru Sahib, HP, India

Adjunct Faculty Member, University of Philippines, Manila, Philippines

ABSTRACT

Child abuse and child maltreatment are not uncommon in the world, and the police and medical professionals should keep this in mind while dealing with children. There are different reasons in different parts of the world that make children more prone to child maltreatment. There are different types of child maltreatment, which include physical abuse, sexual abuse, emotional abuse, domestic abuse, exploitation of children and neglect. Child maltreatment needs to be recognised and reported by the various persons encountering the abused children. If, upon investigation, child abuse is substantiated, then a suitable response should be there so that the child can be protected from further abuse, and the offender is punished suitably. The victim child needs to be treated by the medical professionals appropriately and rehabilitated by the concerned government agencies. In India, in cases of sexual abuse, cases are dealt under the POCSO Act, and medical and police professionals need to know the provisions of the Act for managing the cases of child sexual abuse so that they are not negligent in managing the cases.

Keywords: Child abuse; child maltreatment; recognition of child abuse; assessment of child abuse; comprehensive response; POCSO Act.

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INTRODUCTION

According to the World Health Organisation, “Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child’s health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power.”¹

Child abuse is the term that is commonly used and known to the common people. In child abuse, there is an act by a person in a position of power, trust, or responsibility, which causes physical or emotional harm to the child.² Child abuse is possible by an older child or an adult.

Incidence

Cases of child maltreatment are often not reported, and what is reported is the tip of the iceberg; even these reported cases seldom receive the required support.³

In a report by the WHO, 1 in 4 adults was abused physically as a child, and the incidence was 23%. Sexual abuse was 8% in boys and 18% in girls. Emotional abuse was in the maximum number of cases, i.e., 35% cases. Neglect was observed in 16% of cases.⁴

In November 2024 World Health Organisation reported that 6 out of 10 children under 5 years of age suffer physically

Corresponding Author: Rakesh K Gorea, Professor Emeritus & Advisor, Medicolegal Institute, Baba Farid University of Health Sciences, Faridkot, Punjab, India; Professor Emeritus, SJJT University, Rajasthan, India; Adjunct Professor, Eternal University, Baru Sahib, HP, India; Adjunct Faculty Member, University of Philippines, Manila, Philippines. e-mail: Rakeshgorea@gmail.com

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and emotionally, and this makes a big number of children in the world who are being maltreated, i.e., 400 million.¹

There are 40,150 deaths due to homicide, many of which are likely due to child maltreatment. This number may be less, as many deaths are erroneously reported as accidents due to various reasons.¹

In India, 20% of children of the world’s children live.⁵ It is estimated that 74% reported physical abuse, 72% emotional abuse, and 69% reported sexual abuse. Neglect is 71% overall, with physical neglect being 58% and emotional neglect being 60%.⁶

In India suicide rate among students is alarming (7.6% in 2017, 8.2% in 2020, 8% in 2021, and 7.6% in 2022), which is due to stress and frustrations of studies in their crucial years of study. All types of neglect are higher in rural and slum urban areas.⁷

Neglect has been responsible for the deaths in 75% of cases and was due to a lack of necessities, care, and protection from hazards.⁸

1 in 5 women (650 million) and 1 in 7 men (500 million) have been exploited sexually when they were children. In wars and refugee camps, female children are at a greater risk of sexual exploitation by the army personnel and aid workers.⁹

In India in 2022, under the POCSO number of cases increased by 8.7%, due to better reporting under the POCSO Act.¹⁰ Due to similar reasons, it increased to 9.2% in 2023.¹¹

In 2022, total cases of rape reported under 18 years of age were 1017, which is 3.2% of all cases of rape.¹²

Causes

Children under 4 years and adolescents are more prone to maltreatment. Unwanted children are also more prone to maltreatment.¹

Special needs children, with intellectual disability and neurological disorders, are also commonly maltreated, and those who are crying more may irritate their parents, and in turn, they are maltreated. Those who are sexually deviant, like gays, lesbians, transgender, and bisexual individuals, are also more prone to maltreatment during childhood.¹

Those children who are not meeting the expectations of their parents are also more prone to maltreatment.¹

It is not only that a special group of children are more prone, but if parents who themselves were abused in childhood are more likely to abuse their children, and this system passes on from generation to generation, especially if they are also having low self-esteem, financial difficulties, and have less impulse control.¹ If there is intimate partner violence in the family, that also increases the risk of child maltreatment.⁴

Family breakdowns, violence between family members, and the stoppage of support from extended family members, especially if they are alcoholics, using drugs and involved in criminal activities, and compounded by the facts of difficult bonding with the newborn and pain of nurturing them and having unwanted expectations from them, make them more prone to being involved in child maltreatment.¹

Poor living standards, social inequality, easy availability of alcohol and drugs, child pornography and prostitution, and glorification of violence in communities also add to the problem of child maltreatment.¹ Unemployment also increases the risk of child maltreatment. Poor legislation also adds to the incidence of child maltreatment.⁴

There can be sibling sexual abuse, and there may be coercive sexual behaviour of an elder sibling.¹³

Recognition

Child maltreatment can be observed in different forms, i.e., physical abuse, sexual abuse, psychological or emotional abuse, domestic violence, poisoning, exploitation and neglect.^{2,4,14}

Physical abuse

In physical abuse, we commonly see beating, hitting and shaking violently, cigarette burns, poisoning, attempted strangulation and in females, genital mutilation. Injuries can be abrasions, bruises, burns and scalds, bites, fractures (ribs) and dislocations of joints.^{2,4,14,15}

Sexual abuse

Intruding into the privacy of a child is not good for the child. In Sexual abuse, there may be exposure to sexual material or acts and sexual contact in the form of sexual touching, sexual intercourse or oral sex. Children may be sexually groomed or procured for sexual acts.^{4,14} There may be online sexual abuse.¹⁶ Abusers may be sexting.¹³ Photographs of children may be taken during sexual activity, and they live in fear that these photographs may come out at any time, as these pictures are usually shared between different offenders.¹⁷

Digital abuse

Due to the easy availability of the internet and digital devices to children, children can be abused by cyberbullying, digital stalking, online sexual abuse, online sexual exploitation, online emotional abuse, online revenge pornography, online grooming, and online child trafficking.¹⁸

Emotional abuse

In Psychological or Emotional abuse, there may be excessive criticism, ridicule, insulting, threatening or confining. Withholding affection by the parents and caregivers may cause damage to the self-esteem and confidence of children.^{4,14}

Domestic abuse

Domestic violence usually involves bullying behaviour, abusive or violent behaviour. Domestic abuse can be verbal, emotional, financial, physical, image-based and sexual abuse. It may be simple harassment or stalking. There may be reproductive abuse. Sometimes it may be religious or spiritual abuse. Underage, forced marriage is not common, but it can be an abuse if it happens. Exposing the child to domestic violence may cause damage to the child.⁴ In family violence, children are the unintended and secondary victims.¹⁹

Poisoning

Cases are reported when poisoning can be a mode of child abuse, and in 20% of such cases, child battering was also present along with poisoning. Even cases of death due to poisoning have been reported in cases of child maltreatment.²⁰ A suspicion of a high degree in the mind of emergency medical professionals can only bring this diagnosis.²¹

Exploitation

A child is used in a harmful way, resulting in a benefit to someone. To name a few examples, using children for pornography, labour, and drug trafficking are common examples of the exploitation of children.² They may also be used for prostitution.¹³ There may be sexual tourism where children are exploited sexually.²²



Neglect

In neglect, despite the funds or money available child is not provided with education, Medicare and dental care, shelter or facilities for their healthy development. In many countries, children cannot be left alone at home till they reach a particular age, but they are left alone.^{4,14} Even not giving proper love to children is neglect.²

Other forms of abuse, though not common, but are exist, e.g., foetal abuse due to maternal drug or alcohol abuse, community violence, institutional abuse (religious and supporting groups, foster homes) and state-sanctioned abuse (female genital mutilation in South Africa).²³ Induced or fabricated illness in children is a form of child abuse where, due to fabricated illness child is taken to the hospital due to various motives by the caregivers and exposed to pain and suffering of lab tests, medication and procedures for the fabricated illnesses, which can lead to morbidity and mortality. This is also labelled as Munchausen syndrome.^{24,25}

Signs of Recognition of Abuse

There may be various signs which should be looked for if there is suspicion or complaint of child maltreatment. They may be missing their school often. These signs can show as irritability, anxiety, nightmares, learning problems or withdrawal. There may be low self-esteem or fear of certain individuals. Physically, there may be frequent headaches, unexplained injuries and bed wetting. They may not want to go home. There may occur thoughts of self-harm and even suicide. They may be begging or stealing for food as they are hungry. They may be harming animals and property.^{2,26}

Assessment

Every reporting or notification must be investigated and then substantiated, and only then should the case be labelled as a case of child maltreatment. After notification, more details are sought during investigation and seen if it has resulted in harm to the child, the degree of the harm and what is needed to protect them. Seeing the child, meeting the child, and interviewing the child in a safe environment is very important. After this, if it is felt that the child has been maltreated and child abuse is substantiated, then it is decided what is to be done.²⁷

Examination by a medical professional may be important to reach a correct diagnosis. Perpetrators usually accompany, and their history cannot be relied upon. The history of children and accompanying persons should be taken separately. Bruises, burns and scalds, abusive head trauma, fractures (rib, metaphyseal lesions, spiral fractures), liver and splenic ruptures and intestinal injuries are suggestive of child abuse. Radiographic skeletal evaluation may show abuse-related fractures. CT scans and MRI may show thoracic and abdominal injuries and abusive head trauma with subdural and subarachnoid haemorrhages. Assess for child abuse mimicking lab parameters (bleeding and metabolic disorders), and occult injuries can be identified. Conditions of osteogenesis imperfecta and bleeding disorders must be kept in mind and ruled out before reaching a diagnosis of child abuse.¹⁵

A distinct entity is battered baby syndrome, in which children are seen with nonaccidental injuries and neglect. Signs and symptoms may vary from mid bruising, subperiosteal haemorrhages, fractures of ribs and long bones, and subdural hematoma with fracture of skull or without fracture of skull.²⁸ It may copycat some diseases like metabolic abnormalities or may resemble signs and symptoms of sepsis or intoxication.²⁹

Some get minor trauma, which is repeated. Some do not get love or nourishment and are victims of passive neglect.²⁸

Shaken baby syndrome is another unique form of child trauma in infants, in which there can be serious neurological damage or death due to ischemic encephalopathy resulting from the whiplash phenomenon, causing subdural and retinal haemorrhages (83% cases).^{30,31}

Effects of child maltreatment

The effects of child maltreatment can be immediate or lifelong

The effects of child maltreatment can be immediate in the form of injuries. Death, too, can occur due to immediate effects. Effects can be lifelong. They can be victims of violence late on, too, or they may become perpetrators of violence themselves. They may become obese and have unwanted pregnancies or indulge in high-risk sexual behaviour.⁴

Physical health is impaired lifelong. In girls, there are chances of pregnancy as well as sexually transmitted diseases.¹

Mental health is impaired lifelong. Post-traumatic stress Disorder PTSD, Anxiety, and depression are common due to child maltreatment. Stress early in life can lead to poor development of the nervous system and immune system. This can lead to eating disorders, smoking, alcohol intake and drug intake.^{1,2,4}

The academic performance of the affected children may also become poor. There is 13% chance that such students may not complete their school education.¹

Slow Economic and social development can be the result of child maltreatment. There is an increased burden on the nations for treating the affected children, legal costs and lost productivity.¹

Challenges

Challenges to stop and prevent child maltreatment in India are low levels of the application of trauma-informed care to the victims of child abuse, an overburdened judicial system and criminal investigative system, illiteracy, poverty and gender inequality.^{5,32}

Prevention

It is better if we prevent child maltreatment before it starts happening. One of the methods is teaching positive parenting skills to the parents. Parenting skills can be provided by a nurse.¹

Children can be educated and provided with skills so that they can reduce the risk factors and become more resilient. They can get the skills to ask for help, especially if there is sexual abuse.

In schools, there should be a violence-free atmosphere, and schools should have a zero tolerance for corporal punishment.³³⁻³⁵ In schools in 2007, guidelines were issued by the National Commission for the Protection of Child Rights. The National Policy for Children 2013 also made it mandatory that there should be no physical punishment or mental harassment in schools. Some state governments have made laws banning corporal punishment in schools.³⁶ Teachers use it as a disciplinary measure.³⁷

In homes, we must achieve the stoppage of corporal punishment, though it is prohibited in alternative childcare institutions under the Care and Protection of Children Act, 2015, for juvenile justice.³⁶

To prevent violence against children, there is a framework for different countries named INSPIRE, meaning Implementation, Norms, Safe environments, Parent support, Income strengthening, Response services and Education.³⁸

Support should be provided to the parents and caregivers for positive and healthy strategies for raising the children. Norms and values should be promoted for non-violent behaviour.⁴

Children should be taught the skills to judge child maltreatment and protect themselves.⁴ They should know their rights and, if these rights are violated, how to report.⁶

Investment in the prevention of maltreatment should be promoted. Support services and response to child maltreatment should be quicker and better. A safe environment for the children should be created and maintained.⁴

Strong laws can go a long way in preventing child maltreatment.¹

MATERIAL & METHODS

Academic search engine Google Scholar has been used to find the relevant literature, i.e. Journal articles, conference papers, using the keywords. Google Search engine has been used to supplement the scholarly research for some reports and whitepapers from reputed organisations, government websites, and academic institutions, which have been used to review the current situation. Only relevant material available in English has been used. Materials from non-credible sources and not in English have been excluded. A thematic analysis was conducted for recurring patterns, gaps and emerging trends. Methodological strengths and limitations were studied by comparative evaluation.

DISCUSSION

Comprehensive Management

If a child tells you about child maltreatment, tell him that he has done the right thing by telling you, and he is brave, and you believe him, and it is not his fault. You will do everything that will make him feel safe.

Early recognition of the cases and prompt reporting and action can go a long way in reducing child maltreatment. Responsible adults who witness these can report, and such cases may be investigated further by the concerned agencies. Teachers,

early educators, nurses and doctors are legally responsible for informing.²

If, after substantiation, it is seen that the parents of the child might be dead or this is a case of child abandonment, then a suitable caregiver is to be provided, or the child is kept in a suitable childcare centre.²⁷

If there is an urgent need for a health checkup, it should be done. Only a small portion of children get attention from health professionals.¹ Usually, health sector personnel are not fully equipped to provide full help to the victims of child maltreatment.³

There is a need for stabilisation of the victim, managing the acute medical conditions and informing the concerned agencies and police. Paediatricians and psychiatrists can play an important role, and in the case of sexual assault on females, prevention of sexually transmitted diseases and screening for pregnancy should be taken care of.¹⁵

A higher rate of suicides among students in India is due to higher expectations for them. Is this the lack of care for them or neglect on the part of someone?

In Australia in the year 2017-18, reporting or notification was done by police in 30% cases, teachers in 19% of cases, doctors/health professionals in 14%, families in 10%, NGOs 9%, social worker 5% and by the children themselves in <1% of cases and 13% were other persons.²⁷

Laws should be enforced and implemented for the prevention of violent and corporal punishments in schools and homes.⁴

For the prevention of child maltreatment, WHO emphasises that the problem should be well defined, risk factors should be known so that interventions and testing can be done for prevention, and information should be spread on the effectiveness of interventions.¹

The health sector, especially forensic nurses, can play a crucial role in raising awareness of the problem of child maltreatment by emphasising the long-term negative effects of child maltreatment and its social effects in the form of increased financial burden on society.⁴

Response under POCSO

For the comprehensive management, the sexual abuse must be tackled under this Act. For this Act to be applicable age of the person must be below 18 years, which means it applies to children. This Act aims to protect children from offences of sexual assault, sexual harassment and pornography and provide for the establishment of Special Courts for the trial of such offences and for matters connected therewith or incidental thereto. This Act categorises sexual offences into penetrative sexual offences, aggravated penetrative sexual offences, Sexual assault, aggravated sexual assault and sexual harassment.³⁹

- With the latest amendments in the Act in 2023, Punishment for penetrative sexual offences carries a minimum punishment of 10 years, extendable to life imprisonment for severe cases and is liable to a fine.
- Aggravated penetrative sexual offences have a minimum punishment of 20 years, also extendable to life imprisonment or death in extreme cases.



- Sexual assault is punishable with 3 to 5 years of imprisonment
- Aggravated Sexual assault is punishable with 5 to 7 years of imprisonment
- Any person, who stores or possesses pornographic material in any form involving a child, in case of use of child for pornographic purposes punished with imprisonment for a term which shall not be less than five years and shall also be liable to fine and in the event of second or subsequent conviction with imprisonment for a term which shall not be less than seven years and also be liable to fine.
- But fails to delete or destroy or report the same to the designated authority, as may be prescribed, with an intention to share or transmit child pornography, shall be liable to a fine not less than five thousand rupees and in the event of a second or subsequent offence, with a fine which shall not be less than ten thousand rupees.
- Any person who stores or possesses pornographic material in any form involving a child for transmitting, propagating or displaying, or distributing in any manner at any time except for reporting, as may be prescribed, or for use as evidence in court, shall be punished with imprisonment of either description which may extend to three years, or with fine, or with both.
- Any person, who stores or possesses pornographic material in any form involving a child for commercial purpose shall be punished on the first conviction with imprisonment of either description which shall not be less than three years which may extend to five years, or with fine, or with both and in the event of second or subsequent conviction, with imprisonment of either description which shall not be less than five years which may extend to seven years and shall also be liable to fine.
- Special courts can order an interim payment to the child at any stage of the case.
- The state government must pay within 30 days
- The child welfare committee assesses if the child needs care & protection
- Support person maintains confidentiality & assists the child through the legal process
- Emergency medical care must be arranged within 24 hours, and confidentiality about the victim must be maintained
- Medical and forensic nursing personnel should note that:
- A medical officer must provide treatment for injuries without requiring legal documentation, and forensic evidence must be collected during medical care. They are supposed to do Prophylaxis for STD, Prophylaxis for HIV, treatment for HIV, Contraceptive measures, Referral for psychological help or counselling.
- In case the victim is a girl child, the medical examination shall be conducted by a woman doctor. The medical examination shall be conducted in the presence of the parent of the child or any other person in whom the child reposes trust or confidence. Where, in case the parent of the child or other person referred to in sub-section (3)

cannot be present, for any reason, during the medical examination of the child, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution.

Advocacy

By doing the research in their countries, paediatricians, nurses/ forensic nurses can communicate the data to the public about its prevalence, risk factors, consequences and evidence-based interventions on parenting programs and home visits. They can also provide support and services to the victims of child maltreatment. Collaboration can be done with education, social welfare and criminal justice departments.⁴

Balancing the child's welfare with legal and ethical obligations

Dealing nurses and other professionals may be in dilemmas as the ethical guidelines for children may not be clear, especially in the younger children, when the consent of the parent is required, and parents may not consent to report child abuse. Professionals should talk with each other, respecting the viewpoints of both. It will be better if there are ethical guidelines that may be specific to the different cultures, to deal with such cases, and stakeholders are trained in these ethics.⁴⁰

There may not always be the need for criminal prosecution; sometimes, civil prosecution may help.⁴¹

A child's interest should be seen irrespective of religion and culture. Sometimes parents may not be willing to undergo a lifesaving procedure, and in these circumstances, the state should subrogate the rights of the parents in the best interest of the child.⁴²

There may be a difficult choice while dealing with cases of children on how much autonomy and independence should be given, while keeping their safety in mind.⁴³

Usually, there are helpline numbers for seeking guidance, assistance and counselling in cases of child abuse in every country, and in India is 1098.

Sometimes it is a complex situation that if we go for legal obligations in case of child abuse child may be in a worse condition, as the financial support of the family is lost if the perpetrator is the only earning member of the family. It is the responsibility of all stakeholders to do their duties, keeping in view the laws, but they must also do their duties ethically. Whatever approach is taken approach should be child-focused. Social workers should evaluate the family circumstances and do what is good for the child and the family.

CONCLUSION

It is important for the health professionals to recognise, assess, learn skills and provide remedial measures for the child's maltreatment. They should be at ease communicating with victims and their caregivers, and they should be adept in this communication. They should understand that the best results can be given if a multidisciplinary work culture can be adopted, as the experiences and skills of different disciplines need to be

recognised in tackling cases of child maltreatment. Awareness in teachers, parents, police officials, nursing, dental and medical professionals and society will help in the reporting of child abuse to the proper agencies and advocating for the cause of the maltreated children. Investigating agencies and medical professionals should understand the provisions of the POCSO Act and its amendments and work accordingly. Teaching parents the positive parenting skills, teaching children skills and resilience, involving all the stakeholders and enacting the proper laws will go a long way in preventing child maltreatment and rehabilitating the victims of child maltreatment.

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