



## “DELIBERATIONS ON CHILD SEXUAL ABUSE IN LOW RESOURCE SETTINGS: TUNISIA, THAILAND, PHILIPPINES AND INDIA”

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**KEY WORDS :** Low and middle income countries, child sexual abuse, child maltreatment, child exploitation, child protection code, child protection act, POCSO act.

### INTRODUCTION

According to World Health Organization (WHO), child sexual abuse is coercive act with or without child consent which results in emotional, physical and mental harm [1]. The incidence of child sexual abuse is more among low and middle- income countries compare to developed countries. CSA is underreported because of poverty, social taboo and weak health infrastructure [2]. However, LMICs are taking efforts to strengthen the process of identification, providing care in sort of treatment and establishment of victims of CSA. In view of this, to understand the process of dealing with CSA victim, challenges and various ideas, international discussion on child sexual abuse in low resource settings was planned by involving the specialty experts of adult and child psychiatrist, forensic medicine experts from Thailand, Tunisia, Philippines and India. This international discussion was organized in collaboration by the department of forensic medicine with the department of psychiatry, AIIMS Guwahati, India and was supported by the Department of Science and Technology, Govt of India. Here, we summarize the key points of discussion. 140 registrations were done by different experts from all 4 countries for this webinar and round the clock more than 50 delegates attended. In this article, we summarize the key points of discussion [Table no.

population comes approximately to 2.9 million. CSA can have life-long effects on mental health as shown in one Tunisian study where CSA was found to be a predictor of psychotic-like experiences [3]. In Tunisia less than 40% of CSA cases are reported and medico-legal intervention happens in 1 in 10 cases, even less in cases of incest [4]. Under-reporting of CSA cases is most probably linked to social taboos and insufficient healthcare resources. According to a study involving 150 Tunisian children having gone through CSA, the average age was 10 years old and the accused was a family member or known to the victim in a third of the cases [4]. In order to protect children from CSA, Tunisia has had a gender-neutral Child protection code since 1995 with consequential amendments in 2017 especially regarding the age of consent to sexual intercourse [5]. For instance, the child protection code recommends that the child victim should be interviewed only once in presence of the police and trained health care professionals. The law also defines the role of the doctor who diagnoses CSA as having the obligation to inform the competent authority in order to protect the child, namely the child protection officer who may act as coordinator between victim, doctors and the judiciary system.

### Thailand:

Thailand has laws in place to protect children from abuse, neglect, exploitation, and violence, including the Child Protection Act 2003 [6] and the Prevention and Suppression of Human Trafficking Act 2008 [7]. These laws are gender-neutral and require reporting of any

### Cross Country presentation:

#### Tunisia

Tunisia has a population of 12.5million of which the child

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incidents to the Child Protection Committee. The committee is responsible for identifying and addressing cases of child abuse, neglect, and exploitation, as well as providing support and protection to children in need. It consists of multidisciplinary teams from various government agencies, non-governmental organizations, and community members who are committed to ensuring the safety of children. However, there are no specified consequences for those who fail to report child abuse. Despite these laws, the enforcement of child sexual abuse laws faces challenges such as a lack of resources, personnel for investigations, corruption, societal norms, and victim stigmatization which leads to underreporting of cases [8].

#### Philippines:

Faculty from Philippines presented a three-case scenario of child sexual abuse received in emergency department of their hospital. First case shows a 10yrs old female presented with chief complaint of vaginal pain and itchiness for 1mth, on interview, non-disclosure of sexual abuse. On genital examination, presence of milky, non-foul-smelling discharge, ulcers at the labial fold and shallow healed laceration at the 3-o'clock position. Laceration around genitals is highly suggestive of child sexual abuse. Vaginal smears show evidence of candidiasis on gram stain staining. This case was diagnosed as child sexual abuse, with vulvo-vaginal candidiasis.

Second case presented with a 6yrs old female child with child complains of vaginal discharge for 1 week with history of poking of pencil into vagina by her playmate. On genital examination, there was hyperaemic peri-hymenal area, vaginal discharge, discontinuity in the hymen and shallow healed laceration at the 3 & 6 o'clock position. Vaginal smears on gram staining shows evidence of gram-negative intracellular diplococci which is suggestive of *N. Gonorrhoeae*.

Third case presented with 3yrs old female having anogenital lesion for 2weeks, on interview with child, child's mother and grandparents, no disclosure of sexual abuse. On genital examination, multiple lesions around anus, labia majora and minora, laceration at hymenal region at 3 o'clock position. Vaginal smear is positive for syphilis.

#### India:

Faculty from India discuss the Indian legislation that deals with CSA i.e., POCSO [9] and CSA Prevention, challenges and the way forward. Asia and Africa constitute the major part of child sexual abuse worldwide [10]. Definition of CSA is unresolved or no uniformity worldwide. Other terms are child sexual assault, child sexual victimization, child sexual exploitation, adverse sexual experiences and unwanted sexual experiences as defined by different epidemiological studies, policy documents and legal frameworks. WHO, 2006, identifies and suggests various sectors for developing and conceptualizing the definition of child maltreatment and

common operational definitions for identification of these cases? Legal system having a key role in identifying, responding to and preventing CSA by providing remedies for breaches, conceptual ambiguity or absence of definition is problematic. Indian legislation POCSO was brought into the picture in 2012, with the intention of protecting children from sexual offenses. This act defines the age of children 18, female doctors supposed to examine the female victim. Police are in the role of a child protector. One Support officer has been appointed under this act, who will coordinate between hospital staff, police and judiciary till establishment of the child. Under this act it will be mandatory to report the case once the incident occurs. But this act fails to define prevention measures of CSA.

#### Way forward:

The WHO and Centers for Disease Control and other authoritative International/ National professional bodies may initiate and publish a sound definition of CSA. Children's human rights need to be educated, published for the awareness of society like rights to bodily inviolability, sexual integrity and choice, equality, dignity and healthy sexual development. Conceptual framework that includes child, absence of consent, sexual activity and abuse is required to improve the services and research training. LMICs need to issue funds aggressively to make policy, establish the corruption free system for prevention of CSA. Being a CSA victim will create and increase economic burden over the country [11]. Thus, there is a need to initiate collaborative research to guide policymakers based upon the best method used by other developed countries for safeguarding the child of the nation.

#### Funding:

This work was supported by DST- India, International Fellowship Program (RTF/2021/000181) funded by Department of Science and Technology (DST), Govt of India and Early Career Psychiatrist Section of World Psychiatry Association (WPA) Program.

#### Conflict Interest:

Authors have no conflict of interest to declare.

#### Ethical Approval:

Ethical approval not required.

#### Authors Contribution:

The lead authors NAD, MD, WA, SB, MB, CJ, NS & RN were involved in data acquisition, letter design, drafting and final approval of the version submitted. NAD, RR, SP and KKB involved in content reviewing, editing, and critical analysis of the report and final approval of the version to be submitted. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

**Table no 1: Comparative chart showing the variation**

| Sr No | Heading                          | Tunisia                           | Thailand                         | Philippines   | India                              |
|-------|----------------------------------|-----------------------------------|----------------------------------|---|------------------------------------|
| 1     | Total Population                 | 1,24,70,173 Cr.                   | 71,810,797                       | 117,337,368   | 1,430,096,776 Cr                   |
| 2     | Child Population (under 18yrs)   | 36,09,324.5                       | 13382519                         | 41,929,312  | 431053832.5                        |
| 3     | Average age of CSA victim        | 10yrs +/- 3.9yrs                  | 12-17yrs                         | 12-17yrs  | 12- 14yrs                          |
| 4     | Variation of CSA victim sex wise | Female: 64.2%<br>Male: 38.8% [12] | Female- 96.8%<br>Male- 3.2% [13] | 17.1 % of children experienced sexual violence<br>11.9 % of victims of sexual abuse discloses the abuse to someone<br>Females- 12.8%<br>Males - 11.3% | Female: 61.32%<br>Male: 0.57% [14] |

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|----|---------------------------|--|--|--|---|
| 5  | Perpetrator               | Family member or known person  | Internet- by social media  | Internet- by social media  | Family member or known person   |
| 6  | Specific Law              | 1)Organic Law No. 2017-58 of August 11, 2017, on the elimination of violence against women<br>2)Child protection code  | Child Protection Act 2003  | 1)RA 7610 "Special Protection of Children Against Abuse, Exploitation and Discrimination Act."<br>2)RA 9262 "Anti-Violence Against Women and Their Children Act of 2004"<br>3) RA. 11930 "Anti-Online Sexual Abuse or Exploitation of Children (OSAEC) and Anti-Child Sexual Abuse or Exploitation Materials (CSAEM) Act."   | Protection of Child Sexual Offense Act (POCSO), 2012  |
| 7  | Enactment date            | 1)11 August 2017<br>2)9 November 1995  | 24-09-2003   | 1)June 17, 1992<br>2)March 08, 2004<br>3)July 30, 2022   | 19-06-2012  |
| 8  | Enforcement date          | 1)11 February 2018<br>2)11 January 1996  | 185 days after publication in the Government Gazette   | (15) days from the date of its complete publication in at least two (2) newspapers of general circulation.   | 14-11-2012  |
| 9  | Justification for law     | 1) New legal definitions and sanctions for sexual offences, including for children, and care for child victims of sexual assault.<br>2) The protection of children at risk including the sexual exploitation of children, whether they are girls or boys, sexual exploitation of the child, whether a girl or a boy.   | Protect children and prevention of involvement into sexual offenses  | Values the dignity of women and children and guarantees full respect for human rights. The State also recognizes the need to protect the family and its members particularly women and children, from violence and threats to their personal safety and security<br>2. To provide special protection to children from all forms of abuse, neglect, cruelty exploitation and discrimination and other conditions, prejudicial their development; provide sanctions for their commission and carry out a program for prevention and deterrence of and crisis intervention in situations of child abuse, exploitation and discrimination.   | To protect children from sexual offense and to deal with upcoming new trends of sexual offenses e.g., pornography   |
| 10 | Salient features- Differe | 1.New definition of rape: "act of sexual penetration, whatever its nature, and the means used committed on a person of female or male sex without his consent.<br>2.No consent: victim's age under 16 years old completed<br>Legal notion of the single interview of the child victim of sexual assault: "The child victim of sexual offences must be interviewed in the presence of a psychologist or social worker. The observations of the latter shall be recorded in a report prepared for this purpose; The child victim of sexual offenses may not be interviewed more than once. The child victim of sexual offenses may not be interviewed more than once. The interview must be recorded in such a way as to safeguard the voice and image." | 1.Defines age of child as 18 years except those who attains majority by marriage<br>2.Failing to inform sexual abuse of a child to the authority is illegal (no criminal penalty)<br>3.Multidisciplinary authorities and staffs in "Child protection committee" (Figure- 1)<br>4.No specific time limit for reporting the case; Physician, nurse and psychologist or public health official must admit child for treatment<br>Mandatory to inform to the authority | 1.Children is defined as below 18 years old (17 and 364 days)<br>2.Consent is mandate for less than 18 years old (17 and 364 days)<br>3.Complaints on cases of unlawful acts committed against the children as enumerated herein may be filed by the (a) Offended party, (b) Parents or guardians; (c) Ascendant or collateral relative within the third degree of consanguinity;(d) Officer, social worker or representative of a licensed child-caring institution; (e) Officer or social worker of the Department of Social Welfare and Development; (f) Barangay chairman; or (g) At least three (3) concerned responsible citizens where the violation occurred.<br>4.Confidentiality of the case, there will be a penalty if the case is disclosed<br>The court proceedings will be heard in a special court | 1.Fixed age of child as 18yrs<br>2.Burden of proof lies on accused<br>3.6 months imprisonment for failing to inform sexual abuse of a child to the authority<br>4.Police as " child Protector"<br>5.No time limit for informing the case<br>6.time limit for disposing the case is 1 year<br>7.Mandatory to inform to police, section 19<br>8.Female victim needs to be examined by female doctor<br>No specific information about medical dept, who will handle CSA cases (dilemma?) |

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