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ORIGINAL ARTICLE

Attitude of Medical Students to Sexual Abuse in Children

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Abstract

Introduction: The issue of sexual abuse of children is widespread and adversely affects the overall development and welfare of children. In addition to the affected child, CSA but also affects their families in particular and the community in general. Medical students, as future doctors have amoral and legal duty to identify and report suspected child sexual abuse. Aim of the study was to assess attitude of medical students to sexual abuse in children. **Methods:** The study was conducted among 504 medical students all over India through an online questionnaire using self-made questionnaire, Child Sexual Abuse myths scale and Attitude to sexual abuse scale. The data was analyzed using the SPSS. **Results**: On the Child abuse myths scale total score and score on factor 3 as well as Attitude to sexual abuse scale male respondents obtained significantly higher scores than females. **Conclusion:** There is a higher prevalence of child abuse myths in male medical students who are also more prone to blame the victims of sexual abuse.

Key words: Child sexual abuse myths scale, Attitude to sexual abuse scale, attitude of doctors

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Introduction

Child sexual abuse a serious global health problem. It has the capability to seriously impede kids' normal psychosocial growth. Child sexual abuse has been linked not only to maladaptive health behaviours but also with various adverse mental social and physical outcomes. It can also alter neurobiological systems like misrepresentation of genital somato-sensory field in the cerebral cortex. There is potential increased risk for domestic violence, violent behaviours and perpetration of child abuse as adults [1].

The majority of sexually molested children live in India and the recent government figures reveal that every fifteen minutes, a youngster is sexually molested. According to a report released by the National Crime Records Bureau, 36,022 instances were recorded under the POCSO Act in 2016 but there is gross under-reporting and there is a common hesitation to discuss the subject, therefore the actual figures may be far higher [2]. Medical students as future health professionals have an ethical and legal responsibility to detect and report suspected cases of sexual abuse in children. In order to do so, they must understand the problem and have adequate knowledge to recognize the signs and symptoms. Children at that age are not equipped to make an informed decision about such acts and if not given the adequate protective and therapeutic assistance they might suffer from both psychological and physiological long-term impacts. Even though, abuse disclosure is usually considered beneficial for the survivor, parents and the children themselves are hesitant to talk about it owing to the society's old tradition of silence, shame and embarrassment [3]. Another reason for this hesitation among children particularly, to report such incidents may be fear of it being trivialized because of past negative and humiliating experiences with professionals and the conduct of proceedings in the courts where questions relating to the abuses are brought in open.

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Around the world, medical personnel are the ones who first encounter children who have experienced sexual abuse. Outlook of healthcare professionals and their belief in myths about child sexual abuse effects the chances whether sufferer reveals the information about the assault [4]. Therefore, it is absolutely necessary that doctors who communicate with abused children and their families should have adequate knowledge and an empathic attitude to deal with such cases with the sensitivity [5]. Recognizing that prompt intercession before trauma sets in is pertinent to recovery requires the understanding and competence of health force's skills to intervene with the abused children, as they and their families might not be accessible to psychosocial professionals at that particular time. Medical professional's perspective regarding the sufferer and their loved ones has a bearing on the way they connect with and treat the child [6].

Past few years have brought into focus multiple dimensions in myths and social attitudes of towards CSA, but research is limited within child sexual abuse. CSA myths have been defined as "Inaccurate beliefs and stereotyped conjectures about child sexual abuse, victims and perpetrators" [7]. Myths such as attribution and diffusion of blame or denial of offensiveness towards the act, the victim or perpetrator impacts preliminary confrontations that medical professionals have with child abuse victims and their families. In fact, the practitioner can act as a risk factor rather than a facilitator during the traumatic period if the victim and family feel that the provider does not believe the disclosure [8]. When abused children recognize that they can rely on a healthcare professional and that they are part of the decision-making process, their perception of their doctor is more encouraging and the health care professional is an enabling factor in that process [9]. Due to paucity of literature available on this sensitive topic from India, the present work was undertaken to evaluate the attitude and knowledge of future doctors towards child sexual abuse.

Materials and Methods

This was a cross sectional analytical research done on undergraduate and postgraduate students of medicine all over India. Institutional Ethics Committee clearance was obtained before the start of the study.

Sample Size Calculation

The sample size was estimated using the default presumption of 50% prevalence, which calculates the largest sample size needed for an exploratory investigation. Utilizing this benchmark, a 95% confidence interval of 5%, and a design impact of 1, the software Epi Info 7's Stat Calc function calculated a sample size of 384.

Sample Size

500

Study Duration

2 months

Inclusion Criteria

Students giving consent to take part in the study

Exclusion Criteria

1.) Past history of psychiatric disorders

2.) Students consuming psychotropic medication

Study Tools

Self-Made Questionnaire

The self-made questionnaire had details like age, gender, address, religion, etc. It was used to assess the basic knowledge of the subject. i.e., what according to them can be called sexual abuse etc.

Child Sexual Abuse myths (CSAM) scale

This scale was created as a reliable way to gauge how prevalent beliefs and preconceptions about child sexual abuse are [10].

Attitudes toward Sexual Abuse (ATSA) Scale

The ATSA is a reliable and valid instrument for assessing attitudes towards sexual abuse in children. It has demonstrated that there are views in the general community that are somewhat in favour of sexual exploitation of youngsters [11].

Study Procedure

The Study was conducted among medical students through an online questionnaire using self-made questionnaire, CSA myths scale and ATSA scale. The subjects were taken through the procedure and importance of the project and were given instructions on how to fill the questionnaires.

Statistical Analysis

The statistical software for the social sciences was used to tabulate and analyses the data collected. (SPSS, IBM, Atlanta, USA) Appropriate statistical tests were used for analyzing the data.

Results

From Table 1 it is evident that the male and female students were matched with regard to age, courses they were studying, domicile, family type, and family income. There were no notable variations between the two groups with regard to history of psychiatric disorders in self and family. However, female students gave a significantly higher prevalence of child sexual abuse. On the Child abuse myths scale total score and score on factor 3 as well as Attitude to sexual

abuse scale male respondents obtained significantly higher scores than females (Table 2).

Table 1: Characteristics of male and female students included in the study

Characteristics		Male (N=191)	Female (N=310)	p value
Age	Mean±SD	22.74±5.42	22.4±3.20	0.084
Age distribution	18-22	118	211	0.368
	23-27	55	80	
	28-32	15	17	
	>32	3	2	
Course	UG	159	268	0.473
	PG	30	42	
Domicile	Urban	158	244	0.273
	rural	33	66	
Family type	nuclear	133	246	0.150
	joint	58	64	
No. of family members	1-4	82	166	0.027
	>4	107	144	
Total family income	>100,000	33	45	0.308
	>200,000	34	72	
	>500,000	124	193	
Any history of psychiatric illness in self	no	177	283	0.584
	yes	14	27	
History of psychiatric disorder in family	no	174	273	0.287
	yes	17	37	
Have you been a victim of sexual abuse	no	178	245	0.00002
	yes	13	65	

S=significant; NS=not significant

Table 2: Scores obtained by male and female students on the CSA and ATSA scales

	Male	Female	p value
Child sexual abuse myths scale (CSAM)	35.59 (8.52)	34.63 (8.006)	0.001
CSAM Factor 1	13.639 (3.073)	13.623 (2.523)	0.737
CSAM Factor 2	13.639 (3.073)	13.623 (5.523)	0.737
CSAM Factor 3	8.968 (2.95)	8.232 (2.74)	0.003
Attitude towards sexual Abuse scale (ATSA)	29.57 (6.77)	27.86 (5.51)	0.007

Discussion

Sexual abuse in children is one of the continuing and pressing issues in India that still needs to be highlighted for the general public. Recent studies have discovered that 18 to 50 % of India's population may have suffered some type of sexual assault in their life time. This data accounts not only for the 1 in 5 children who are solicited on the internet but also for the numerous victims who never report their sexual abuse [12,13]. According to a meta-analysis of studies on CSA in India, almost 30% males and 40% females recollect incidence of sexual molestation in childhood; with 'molestation 'explained as definite genital contact and not exposure alone [14]. Doctors come across this when the patient reports doubts of molestation or being asked to perform a medical evaluation on a youngster who is suspected of having been abused. Therefore, it is very important that they have adequate and proper attitude and knowledge to deal with such cases. Child Sexual myths and Stereotypes are erroneous ideas that foster a hostile environment to child sexual abuse victim through reduction of criminal liability, refusal to acknowledge abuse and rejection of the truth about the majority of abuse cases.

One major finding of our study was the significantly higher scores obtained by men on the CSAM scale. This is in agreement with the proposition that men are more prone to place the victim under higher degrees of blame than women, who are more inclined to identify with the victim and place the victim under lower levels of blame [15]. A similar study conducted in pediatricians in Saudi Arabia discovered that female doctors had higher sensitivity and made the decision to report CSA as compared to male doctors [16]. One study conducted on child abuse reporting experience found that even with high suspicion, Child protective services received only 73% of the reported injuries [17]. Another study established that medical professionals in China had insufficient knowledge and to deal with patients of CSA. Even though they reported a positive attitude towards detecting and reporting child abuse cases, certain obstacles hindered them from doing so [18]. This can be attributed to lack of sufficient information or evidence, diagnostic indecisiveness, anticipated adverse consequences on the victim and their family, scarcity of knowledge about the referral procedure and anxiety about legal proceedings [19].

Additionally, men had significantly higher scores on Factor 3 which pertains to restrictive abuse stereotypes. Rigid Stereotypes are ideas that try to downplay the detrimental effects of abuse by denying the reality of the majority of abusive incidents. (e.g., "Most children are sexually abused by strangers or by men who are not well known to the child") and as per our findings these are more prevalent in men. Various studies conducted in South Africa, Sweden, Korea and USA presented that in each of the three criteria, gender played the most role and victims blame attribution of the CSA myth scale [19,20]. Other studies have discovered that males were more likely than female medical professionals to acknowledge child sexual abuse myths and attribute blame to the victim [21,22].

An important finding of our study was that on the attitude to sexual abuse scale male respondents obtained significantly

higher scores than females. This supports the idea that attitudes supportive of sexual contact with children were linked to traits previously linked to sexual interest in children, such as male gender, pornographic use, having more sex partners, a propensity to downplay wrongdoing, and negative psychological effects of child sexual abuse.

Limitations

Since the study was done during COVID-19 pandemic data was collected by google form using an online convenience sample as face to face interviews were not possible. Though the sample was fairly large there was a preponderance of females which may limit generalizability of the findings.

Conclusion

There is a higher prevalence of child abuse myths in male medical students who are also more inclined to place greater responsibility on the victims of child sexual abuse. Male students had significantly higher scores than female students on the Attitude to sexual abuse scale.

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Ethics:	There is no ethical violation as it is based on voluntary anonymous interviews
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