



Perpetrators of Child Sexual Abuse: Preliminary Exploration of Stakeholders' Attitudes

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Background

The rising incidence of CSA in India is a serious public health problem. Public Health mandates consideration of agent (offender), host (victim) and environment (community and culture, especially school and family). There is dearth of epidemiological studies, general research and treatment services due to legal, socio-cultural and confidentiality barriers. Focus of prevention and treatment has been on victims, care-givers and general community; i.e. on host and environment.

Prevention with focus on treatment of offender, is comparatively recent, with specific interest in pedophilia. Though pedophilia is an interest of such treatment, it doesn't constitute all offenders. There is great cultural variation in attitudes and practices regarding sex, thus complicating understanding of pedophilia and sex offenders universally. Therefore, research on profile of offenders and prevention by treatment needs to be made available for sex-offenders (potential and actual). Research and treatment with self-referred, convicted or prosecuted offenders has social (stigma) and legal (mandatory reporting in Protection of Children against Sexual Offences Act, POCSO-2012) consequences, hence maintaining anonymity and confidentiality is questionable.

Therefore, the present study aims to explore and understand attitudes and perceptions of secondary stakeholders (SS) towards CSA & perpetrators (potential and actual) of child-sex offenders and their treatment.

Methods

Workshops and meetings were conducted with SS as under –

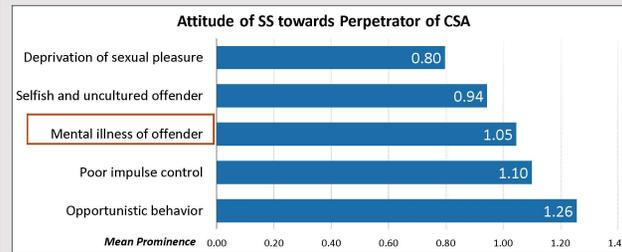
- NGOs working in CSA (NGOCSA)
- School Counselors (Sch Coun)
- Other counselors (Oth Coun)
- NGOs not working in CSA (NGOGEN)
- Health professionals (Health Prof.)
- School Principals (Sch. Prin.)
- Special School Teachers (Spcl. Teach).

Semi-structured questionnaires tapping attitudes regarding prevention and treatment were administered to each group.

Key Informant Interviews (KII) were conducted with social workers, sociologists, psychologists, lawyer, and Juvenile Justice Board member. Descriptive statistics (weighted means & frequencies) and content analysis were done.

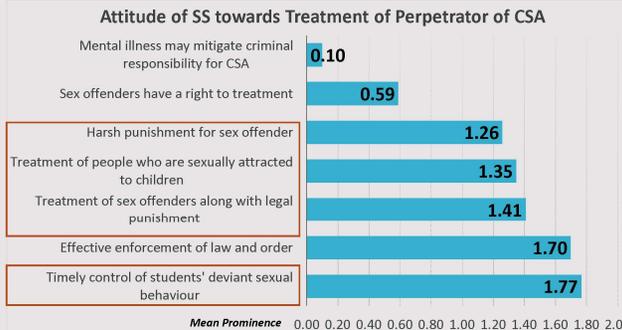
Results

- Total of 203 participants attending the workshops included – 13 from NGOCSA, 34 School Principals, 41 NGOGEN, 27 Health professionals, 48 School counselor, 13 other counselors, and 27 teachers from special schools were considered.
- More than half of the participants have heard about Pedophilia (n=115, 56.5%), in which special-school teachers were the least aware about it (n=3, 11.1%).
- Less than half had directly come across any case of Child Sexual Abuse (n=84, 41.5%).
- A little more than half of the sample was aware about POCSO act, in which special-school teachers were the least aware about it (n=4, 14.8%).



"If pedophile exist, then all of them are sexual abusers, but not all sexual abusers are pedophilic, especially in Indian context"

- Opportunistic behavior and poor impulse control were prominently considered over perpetrator having mental illness. The findings are also supported qualitatively – 50% incidence of CSA is less likely to indicate presence of pedophilia as the major cause for CSA, and also Perpetrators' daily functioning is not affected, hence it doesn't qualify for a disorder
- 'Opportunistic' and curiosity driven behaviour based on cultural ideas about novelty and prerogative of men to do what they want with women and children in the family, is mainly perceived as a cause
- NGOCSA disagreed in considering mental illness of offender as a cause for CSA, on the other hand, Sch. Prin., NGOGEN and Spcl Teach agreed



"I feel that lot of pedophiles themselves may not be aware that these fantasies are illness, and that it can be helped. I don't think their personal distress is very high because it's only a fantasy & hence, they may not come for Rx"

- Favorable attitude was observed towards primary preventive strategies like timely control of students' deviant behavior, and treating pedophiles who have not committed act. However, in qualitative findings skepticism was expressed about –
 - Sources of referrals and recruitment for both potential and actual offenders
 - Lack of awareness about pedophilia or available help
 - Self-acceptance about having such thoughts or act is low
 - Provision of confidentiality is in conflict with mandatory reporting provision.
- Treatment along with punishment got higher prominence than considering treatment as perpetrator's right. KII's expressed concerns –
 - Treatment of jailed perpetrators requires their motivation, and cooperation of legal system
 - Questions about the role of mental illness of perpetrators as focus of treatment (i.e., concern about mitigating responsibility)

Discussion

Despite the sensitive nature of topic we could show the general perceptions of this important group of community – SS being the agents of help and change.

Acceptance for mental illness of perpetrator or pedophilia is overall low in the sample, instead the perpetrator's action was considered opportunistic and criminal.

Attitude towards treating perpetrators became somewhat favorable, of course without mitigation of criminal responsibility and in following circumstances:

- Treatment for potential offenders, especially juveniles with deviant behavior
- Treatment for incarcerated offenders
- If treatment is made mandatory for reported convicts

Conclusion

Following future directions could be undertaken:

1. Awareness about pedophilia and its treatment needs to be made via different sources.
2. Provision of platform for potential offenders (including pedophile) which provides psycho-education and primary aid to prevent acting out on fantasies and thereby curbing potential CSA.
3. Need for change in the law – while reporting is important, it should not damage clinician, victim, family & clinician-patient relationship. It was suggested that KEMHRC may make recommendations of mandatory therapeutic intervention for the perpetrator (post reporting) in the upcoming review of POCSO.
4. Cultural – better awareness & tolerance of healthy sexuality would enable freer expression, that can reduce incidence

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