

Bangalore in 2016.



**FOREWORD**

India is committed to establish an effective protection system for her children, including laws, policies, procedures and practices intended to prevent and address issues that could be detrimental to a child’s well being.

The ‘Directive Principles of State Policy’ enshrined in the Constitution of India make it important for the State to ensure that the tender age of children are not abused and they are not forced by economic necessity to enter vocations unsuited to their age or strength and that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

Besides, India being a party to the **‘UN Convention on the Rights of the Child’** is also under legal obligation to protect its children from all forms of sexual exploitation and sexual abuse.

India has the largest child population in the world. As per the 2011Census of India, there are 472 million children below the age of eighteen including 225 million girls. Nearly 160 million children are in the age group of 0-6 years. They constitute 39% of our population

Children are soft targets of sexual violence and therefore are extremely vulnerable. As per Crime in India report, published by the National Crime Records Bureau, reporting of crime against children has steadily shown an increase against children especially child sexual abuse. According to a government study conducted in 2007, it revealed that 53 per cent children had suffered sexual abuse and half of these were at the hands of persons in the position of trust.

The Protection of Children from Sexual Offences (POCSO) Act, 2012 was enacted by the Government of India to provide an extremely strong legal framework for the protection of children from offences of sexual assault, sexual harassment and pornography, while safeguarding the interest of the child at every stage of the judicial process, by incorporating child friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts. The National Commission for Protection of Child Rights (NCPCR) has been mandated to monitor the implementation of POCSO Act, 2012.

While the Government is making all out efforts to ensure a safe and protected environment for our children, it is the collective responsibility of all of us as a community and citizens and parents to enable children to live with dignity, free from violence and fear. As rightly stated by **Nelson Mandela**

– *‘Safety and security don’t just happen, they are the result of collective consensus and public investment. We*

*owe our children, the most vulnerable citizens in our society, a life free of violence and fear’*.

i

This **‘User Handbook for Implementation of the POCSO Act’** is another major initiative taken by the Commission. The Handbook is intended to explain various provisions of the Act in a simple language and is expected to be a useful guide for effective functioning of all stakeholders.

We acknowledge the efforts of Ms Uma Subramanian and Mr. Siddharth Pillai, Aarambh India Initiative-, Supporting Communities to Safeguard Children who have provided the basic format and inputs for preparing and developing this Handbook for NCPCR and of Dr. Geeta Sekhon who has willingly edited it and all who have contributed to is production. Acknowledgement is also due to Dr. Geetanjali Goel who has provided their valuable inputs.

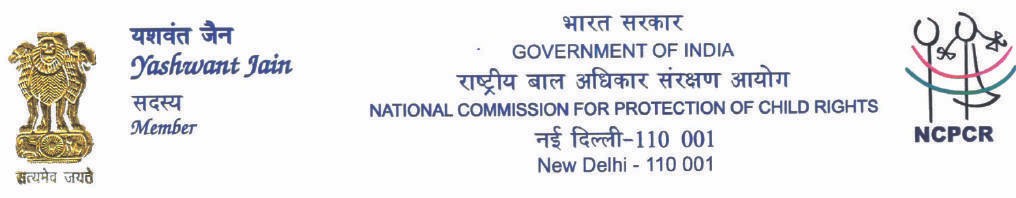
NCPCR would be happy to receive the valuable suggestions for updating and improving next edition of this Handbook.



New Delhi **Stuti Kacker**

Dated: September, 2017 Chairperson, NCPCR

ii



**ACKNOWLEDGEMENT**

Child rights, like human rights, come from the idea that all people have fundamental rights that they are born with, and these rights are inalienable and inviolable. They cannot be taken away because of a person’s gender, age, religion, race, ethnicity, or other factors. It is recognized that special protection must be given to children to ensure full, happy, and healthy development without fear of harm or exploitation.

Everyone has a role to play in protecting children. Parents, schools, communities, police, courts, medical professionals, NGOs, Child Welfare Committees, District Child Protection Units, the media among others are responsible for creating an ecosystem safeguards children and enables them to live their childhood fearlessly.

The Protection of Children from Sexual Offences (POCSO) Act provides a legal framework under which children are protected from sexual abuse and offenders are brought to justice. However, the best-written laws need both - the willingness of the system and a comprehensive understanding of the law itself for effective implementation.

For POCSO to work and for children in India to be protected, the approach taken by all the stakeholders must be one of collaboration and support. Taking a child-centric approach, each stakeholder must have a comprehensive understanding of their own role and those of others as well. The highest collective priority of every stakeholder must be the best interest and well-being of the

child.

In order to clarify the POCSO Act, 2012 in simple language with the help of visuals / pictorials, statistical information and descriptions, the National Commission for Protection of Child Rights (NCPCR) decided to get this Users’ Manual developed by ‘The Aarambh India Initiative’ of Mumbai based NGO Prerana. The objective of the manual was to enhance knowledge about the provisions of the Act and to engender a rights-based perspective and understanding among all stakeholders dealing with POCSO. It is hoped that this Manual for Implementation of POCSO Act,

2012 would prove to be a useful document to all stakeholders.

It aims to be a comprehensive manual that focuses on a practical, hands-on approach, rather than a more theoretical description. It also seeks to establish systematic guidelines and guide the users to deal with POCSO cases in a holistic manner, through various pictorial charts/flow diagrams, which are placed appropriately in different chapters/sections for better understanding of the various facets of the POCSO Act, 2012 and to make it a user -friendly document.

I express my gratitude to Ms Stuti Kacker, Hon’ble Chairperson, National Commission for

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New Delhi **Yashwant Jain**



Dated: September, 2017 Member

**CONTENTs**

Foreword ................................................................................................................................................................ (i) Acknowledgement ...............................................................................................................................................(iii) Abbreviations used ..............................................................................................................................................(vi)

**Chapter – I.** Understanding Child Sexual Abuse 1

|  |  |  |
| --- | --- | --- |
| 1.0. | Introduction | 1 |
| 2.0. | Some Important Terminologies | 5 |
| 3.0. | Sexual Offences against Children in India | 6 |
| 4.0. | Causes of Child Sexual Abuse in India | 7 |

**Chapter – II.** The POCSO Act, 2012 - A Comprehensive law to protect children

from Sexual Offences 9

|  |  |  |
| --- | --- | --- |
| 1.0. | POCSO Act, 2012- A Comprehensive Legislative Framework | 9 |
| 2.0. | Definitions under the POCSO Act, 2012 | 13 |
| 3.0. | Child Friendly Procedures under the POCSO Act, 2012 | 18 |
| 4.0. | Emergency Medical Care and Counselling | 20 |

**Chapter- III.** Role of Key Stakeholders under the POCSO Act,2012 21

1.0. Role of Parents 21

2.0. Role of Special Juvenile Police Units 30

3.0. Role of Medical Professionals 36

4.0. Role of Child Welfare Committee 43

5.0. Role of NGOs and Support Persons 48

6.0. Role of School Authorities and Teachers 53

7.0. Sexual Abuse in Child Care Institutions 56

8.0. Role of Special Court 58

9.0. Role of Special Public Prosecutors 59

10.0. Victim Compensation Scheme 61

11.0. Registered Child Care Institutions 62

12.0. Role of District Child Protection Unit 63

**For following documents: Refer to NCPCR website:** [**www.ncpcr.gov.in**](http://www.ncpcr.gov.in)

(i) The Protection of Children from Sexual Offences (POCSO) Act, 2012 (ii) Amendment to POCSO Act, 2012

(iii) The Criminal Law Amendment (CLA) Act, 2013 (iv) POCSO Rules, 2012

(v) Guidelines & Protocols Medico-legal care for Survivors/victims of Sexual

Violence

**AbbREviATiONs**

ACR = Age of Criminal Responsibility

CCI= Child Care Institution

CCL= Children in Conflict with Law

CNCP= Children in Need of Care and Protection

Cr.P.C.= Criminal Procedure Code

CSA= Child Sexual Abuse

CSEC= Commercial Sexual Exploitation of Children

CWC= Child Welfare Committee DCPU=District Child Protection Unit DLSA= District Legal Services Authority ICPS=Integrated Child Protection Scheme IPC= Indian Penal Code

CCL = Child in Conflict with Law

JJA=Juvenile Justice (Care and Protection of Children) Act, 2015

JWO=Juvenile Welfare Officer

MLC= Medico Legal Case

NCPCR= National Commission for Protection of Child Rights

NCRB= National Crime Records Bureau NGO= Non-Governmental Organization POCSO=Protection of Children from Sexual Offences SJPU=Special Juvenile Police Unit

SCPCR= State Commission for Protection of Child Rights

SCPS= State Child Protection Society

SPP= Special Public Prosecutor

UN= United Nations

UNCRC= United Nations Convention on the Rights of the Child

VCS=Victim Compensation Scheme

vi



**Chapter-i**

**UNDERsTANDiNG CHiLD sEXUAL AbUsE**

**1.0. iNTRODUCTiON**

Child Sexual Abuse (CSA) is a broad term used to describe sexual offences against children. To put it simply, Child Sexual Abuse occurs when a person involves the child in sexual activities for his/her sexual gratification, commercial gain or both. Section- 2(1) (d) defines a “child” - as

any person below the age of 18 years.

**Child Protection Mechanisms – A Need**

STOPPING Child Sexual Abuse is essential. The Indian community should make concerted efforts to stop child sexual abuse in the country. It is not only the responsibility of the Government to keep children safe and secure but it is also the responsibility of all of us to ensure a safe and protected environment for our children to enable them to live with dignity and free from any form of violence.

One needs to consider the following factors when attempting to understand and assess cases of child sexual abuse:

**1.1. Power and Trust Dynamics**

In most cases of child sexual abuse, the offender holds a position of trust and/ or power vis- à-vis the child and is often known to the child victim. Statistics of the past few years from the Crime in India Report of National Crime Records Bureau (NCRB) suggests that in 80-90% of the cases, the offender is ‘known’ to the victim. However, there may be many cases where the offender is a total stranger.

**1.2. Age of the Offender**

The offender can be either young or old i.e. above 18 years of age or below 18 years of age. *e.g., there are several reported cases in which extremely minor girls aged 4 and 5 years have been sexually assaulted by senior citizens including grandfathers etc. Similarly, there are several cases in which 13 or 14 year olds have abused their own classmates or other children.*

However, it is important to understand that children do sometimes indulge in/ experiment with some kind of sexual activity. Caregivers and protectors must be aware of age and developmentally appropriate sexual activity among children before they label any child as a sex offender.

A simple reading of POCSO Act suggests that:

• Any person (including a child) can be prosecuted for engaging in a sexual act with a child irrespective of whether the latter consented to it.

1

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• The Act does not recognize consensual sexual acts among children or between a child and an adult.

• The Act is gender neutral.

**1.3. Gender and Profile of the Offender**

The offender can be of any gender – male, female, third gender, etc. Majority of the offenders are men but not exclusively so. There may be occasionally cases in which women have been the main accused or have abetted the crime. The gender and outward appearance of a person has no implication on whether the person is a child sex offender or not. Further they may belong to any, social, economic, religious, cultural or educational background. They may or may not be married. They may or may not be mentally stable. In short, a perfectly regular, average person like you or me could be a child sex offender.

**1.4. Dynamics between Offender and Child**

In the majority of cases, the child knows the offender. In reports/ researches and surveys conducted by NGOs, it is seen that in a large majority of cases of sexual violence against women and children, the accused is a known person/ acquaintance of victim and family/ close family members including fathers, step-fathers, grandfathers, uncles, cousins, etc.

It is one of the biggest myths about child sexual abuse is that strangers, in a park or on a lonely street, are more likely to abuse children. In fact, the situations we need to safeguard our child against, occur inside or close to our homes, schools, playgrounds etc.

**1.5. Gender and Profile of the victim Child**

The victim may be a child of any gender. Boys are as susceptible to sexual abuse as girls, if not more. According to the World Health Organization, one in every 4 girls and one in every

7 boys is sexually abused across the world. However, there are higher chances of boys trying to hide or deny the fact that they have been abused. The 2007, national survey conducted by the Ministry of Women & Child Development clearly shows that of 57% of children who said that they have experienced one or more forms of sexual abuse, were boys.

*All children are at the risk of being abused* despite of their social, economic, religious, cultural or educational background. However, some children are more at risk than the others such as:

• Children with disabilities

• Children from lower socio-economic backgrounds. *e.g.:- living in very close proximity increasing chances of access to the child by a potential offender, lack of adult supervision when mothers are at work, etc.*

• Children with low self esteem

• Children who are questioning their sexuality

• Children who are isolated and have limited peer support/friend circle

• Children who have an unhealthy or dysfunctional home atmosphere. *E.g.:- children from families where fights are common place; children from families that do not give the child enough love and attention at home, etc.*

2



**1.6. ‘Physical Contact’ Forms of Abuse**

In some cases, there will be clear physical contact between the offender and the child such as penetrative sex, fondling of the child’s genitals or making the child touch the offender’s genitals, touching any part of the child’s body with sexual intent, kissing with sexual intent, etc.

**1.7. ‘Non-Physical Contact’ Forms of Abuse**

Child Sexual Abuse can also occur without contact between the offender and the child such as showing pornographic videos or pictures to the child, using the child in pornographic material, verbal abuse, making lewd gestures to the child, playing sexualized games, stalking the child or chatting with sexual intent with the child over the Internet, etc.

The POCSO Act would still apply where the offence is committed by a child, the only difference is that the procedure would be as per the Juvenile Justice (Care and Protection of Children) Act, 2015.

**1.8. Linkages between the Juvenile Justice (Care and Protection of Children) Act,**

**2015 and the POCsO Act, 2012.**

**(a) Child victims under the POCsO Act can also be children in need of care and protection.**

(i) Section 30 (xiii) of the Juvenile Justice Act, 2015 requires the CWCs to take action for rehabilitation of sexually abused children who are reported as children in need of care and protection to the Committee by SJPU or local police under the POCSO Act,

2012.

(ii) Under Section 19 (6) of the POCSO Act, the local police or the SJPU should report the commission of a sexual offence against a child to the CWC within 24 hours of receiving information and should also indicate if the child is in need of care and protection; and steps taken by them in this regard. Rule 4 (3) of the POCSO Rules, 2012 specifies 3 situations in which a child must be produced before a CWC viz. a) there is a reasonable apprehension that the offence has been committed or attempted or is likely to be committed by a person living in the same or shared household; b) child is without parental support; c) the child is found to be without any home and parental support.

(iii) Upon production, as per Rule 4 (4), POCSO Rules, the CWC should determine within

3 days whether the child needs to be taken out of the custody of the family or shared household and placed in a Children’s Home or Shelter Home. CWC can take the assistance of a social worker to make this determination.

(iv) Rule 4 (5), POCSO Rules specifies 7 factors that should be considered by the CWC along with preferences and the best interests of the child while deciding whether or not the child should be removed from the custody of the family or shared household. CWC should ensure that the child is not inconvenienced or exposed to injury during this inquiry.

3

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**(b) support Person to Child victims to be provided by the Child Welfare Committee**

**(CWC).**

(i) Based on the report CWC receives from the local police or SJPU or its assessment, when a child victim is produced before it, u/Rule 4 (7), POCSO Rule, the CWC can provide a Support Person to assist the child and family during the investigation and trial of the case.

(ii) The SJPU or local police should inform the Special Court in writing, within 24 hours of the assignment of Support Person, provided by the CWC. {Section 19 (6)}

(iii) Under Rule 4 (8), the Support Person is required to maintain confidentiality and keep the child and the parent/guardian or other person whom the child trusts informed about the proceedings of the case, including available assistance, judicial procedures and potential outcomes and such other support necessary for the child.

(iv) The CWC can terminate the services of Support Person based on such a request by the child or his parent/guardian etc whom the child trusts and no reasons need to be provided for seeking such termination. {Rule 4 (10)}

**(c) JJbs should adhere to the child-friendly procedures prescribed under the POCsO Act, 2012**

Section 34 (1), POCSO Act states that the JJ Act would apply if a child commits any offence under the POCSO Act. Proceedings of the JJBs should be held in-camera, the child victim should not be exposed to the child alleged to be in conflict with law during the inquiry and procedures laid down in POCSO Act for child victim should be followed strictly for ensuring protection of the child victim.

**(d) Role of JJ functionaries under the POCsO Act.**

(i) **sJPU or local police** on receiving information relating to an offence that has been or likely to be committed, should take following steps:

• Record the complaint; {Section 19 (2) (a)}

• Assess whether the child is in need of care and protection; {Section 19 (5)}

• Facilitate Emergency Medical Care; {Rule 5 & Section 19 (5)}

• Facilitate Medical Examination; {Rule 4 (2) (c) & Section 19 (5)}

• Facilitate Recording of Statement by Magistrate (Section 25)

• Report to the Special Court and Child Welfare Committee; {Section 19 (6)}-

• Provide information to the informant and victim.

(ii) **District Child Protection Unit (DCPU)** shall maintain a register containing contact details of interpreters, translators and special educators in their district under Rule 3 (1), POCSO Rules and should share the same with SJPU, local police, magistrate and Special Court to enable them to make available such services as and when required.

**(e) Age determination**

**section 34 (2), POCsO Act** requires the Special Court to determine whether a person is a child or not, if the question arises in the course of the proceedings. The Special Court

4



should satisfy itself about the age of the person and record its reasons in writing. Section

94 of JJ Act, 2015 prescribes the process of age determination.

**(f ) Legal representation**

Section 40, POCSO Act recognizes the right of the child victim to receive the assistance of free legal counsel during trial.

**2.0. sOME iMPORTANT TERMiNOLOGiEs**

Some important terminologies that will help us understand Sexual Offences against children are:-

**2.1. incest:**

The term incest means a forbidden sexual relationship between close relatives in a family, e.g. between brother and sister or parent and child.

As per Section 5 (n) of the POCSO Act, whoever being a relative of the child through blood or adoption or marriage or guardianship or in foster care or having a domestic relationship with a parent of the child or who is living in the same or shared household with the child, commits penetrative sexual assault on such child, is punishable for aggravated penetrative sexual assault with rigorous imprisonment, which shall not be less than ten years but which may extend to imprisonment for life and shall also be liable to fine (Section 6)

“Shared household” means a household where the person charged with the offence lives or has lived at any time in a domestic relationship with the child [Section 2 (k)].

However, cases involving sexual offences against children by close family members are difficult and tricky to handle. The following are as some of the factors that need considering when dealing with cases of incest:-

The accused may be the sole breadwinner of the household. In such cases, incarcerating the person may put the family in financial stress and leave them vulnerable. Families are therefore, reluctant to report such matters to the police. Other family members tend to disbelieve the child and refuse to co-operate with the case. They may side with the accused and put pressure on the child to retract his/ her story or become uncooperative in the case. The child has extremely conflicting feelings about the abuser. This results in delayed reporting of cases. It has also been observed that the child’s home is no longer a secure space for them.

**2.2. Commercial sexual Exploitation of Children (CsEC):**

Commercial sexual exploitation of children is defined as the “sexual abuse by the adult along with remuneration in cash or kind to the child or a third person or persons”. It is a process through which the child is treated as a sexual object and as a commercial object. The main forms of CSEC are child prostitution (including child sex tourism), child sexual abuse images and trafficking of children for sexual purposes.

5

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**2.3. Child sex Tourism:**

Child sex tourism is the sexual exploitation of children by a person or persons who travel from their home district or home country in order to have sexual contact with children. Child sex tourists would be domestic travellers or they can be international tourists. It often involves the use of accommodation, transportation and other tourism-related services that facilitate contact with children and enable the perpetrator to remain fairly inconspicuous in the surrounding population and environment. Child sex tourism involves the exchange of cash, clothes, food or some other form of consideration to a child or to a third party for sexual contact. Child Sex Tourists may be married or single, male or female (though the majority are male), foreign or local, wealthy or budget tourists or from a high socio-economic or even disadvantaged background. Although they have no distinguishing physical features, patterns of social behaviour or particular mannerisms, it is possible to separate them into three distinct categories:

• **situational Child sex Tourist**: The situational child sex offender abuses children by way of experimentation or through the anonymity and impunity afforded by virtue of being a tourist.

• **Preferential Child sex Tourist**: The preferential child sex tourist displays an active sexual preference for children, mostly pubescent and adolescent.

• **Paedophile**: The paedophile manifests an exclusive sexual inclination for pre-pubescent children.

Child Sexual Abuse Imagery is any visual depiction of sexually explicit conduct involving a minor (child under 18 years of age). Visual depictions include photographs, videos, digital or computer generated image, production, distribution, possession and even seeking Child Sexual Images are illegal.

(Section 67 (B)((b) of the Information Technology Act, 2000 and Sections 13/14 of the

POCSIO Act, 2012)

**2.4. Child sexual Abuse imagery: Online sexual Abuse:**

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyber bullying, grooming, sexual abuse, sexual exploitation or emotional abuse. Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming) or, it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children may feel like there is no escape from online abuse – abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

**3.0. sEXUAL OFFENCEs AGAiNsT CHiLDREN iN iNDiA**

*Are Indian Children at Risk from Sexual Offences?*

Not long ago, the question would be met with either a hushed, confused silence or a tacit

6



answer that acknowledges that it while it exists, it is too little, too less and too far away to be a priority. But in 2007, The Ministry of Women and Child Development released the results of a nation-wide survey on Child Abuse, in which 12,500 children had participated across13 States. More than half, 53% said that they had been subjected to one or more forms of sexual abuse. If that can be extrapolated it would mean that one in every two children have been victims of sexual abuse. Over 20 percent of those interviewed said they were subjected to severe forms of sexual abuse. Of those who said they were sexually abused, 57 percent were boys.

According to Crime in India, 2014 of National Crime Records Bureau (NCRB), crimes committed against children were observed as 20.1 per one lakh population of children (up to 18 years of age). A total of 10,854 cases of child rape were reported in the country during 2015 as compared to 13,766 in 2014 accounting for a decrease of 26.8 percent during the year 2015. However, the number of cases of child sexual abuse under the POCSO Act has increased.

**4.0. CAUsEs OF CHiLD sEXUAL AbUsE iN iNDiA**

Child sexual abuse happens in all societies around the world and the causes vary greatly. Some of the probable causative factors could be:

**4.1. Taboo around discussing sex and sexuality**

In India, there is reluctance and cultural shying from discussing matters related to sex and sexuality, particularly with children. Adults find it difficult and embarrassing to talk about the subject with children because often they themselves have not received and have no idea how to have‘the talk’. In the absence of teaching and appropriate knowledge, ignorance and myths around sexuality pervade, thus leaving children, especially adolescents, uninformed and at risk. The taboos lead to a culture of shame and silence around any issue related to sexuality, including child sexual abuse, which is shrouded in silence and often goes unreported.

**4.2. Tolerance to Gender-based violence**

There has always been ignorance and at times certain level of acceptance and tolerance to gender based violence against women and children in India. We assume that certain things are bound to happen and will happen to women and children if they cross the “line of morality” put forth by our patriarchal society.

Representation of women in popular media and the stereotypes perpetrated by popular films play a role in desensitizing our population towards gender-based violence against women and young girls.

**4.3. A Culture that believes and values Adults Over Children**

Children are viewed as not yet fully developed citizens. Their values and voices are mostly absent in public discourses on issues that directly have an implication on them. They are taught to ‘respect’ the absolute authority of adults without even the slightest critical engagement. Their opinion may be regarded as ‘disrespectful.’ Thus, a child who is a victim of sexual abuse is often never believed that an adult could do this to him/her. Often parents and community consider it the ‘child’s fault’ if sexual abuse happens.

7

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**4.4. impact of Reporting Child sexual Abuse**

**(i) victim blaming**

In cases of many sexual assaults against women and children, the media and society at large have been quick to blame the victim, especially if the child is a girl, often with regressive statements implying that ‘the victim brought it on to herself ’. A clear perspective on who is the victim and who is the offender is lost in the details, while there is too much focus on peripherals like what the victim was wearing, what time of the night it was when she went out, who was accompanying her, did she give consent to the sexual activity etc.

**(ii) Real and Perceived Threat to victim and Family**

When we put a culture of sexual taboos together with one of victim blaming it becomes clear why most victims are reluctant to report. They fear being stigmatized by the community. Even as society passes a moral judgment on the character and dignity of the victim, the offender who may be occupying a position of power vis-à-vis the victim, will threaten the victim and/or family with (sometimes violent and life threatening) consequences if the offence is reported. There is also possibility that the real and perceived loss of “honour” and shame entraps victims and families in a vicious cycle of blackmail and further abuse. In a culture that prides traditional notions of masculinity, boys are afraid that they will be labeled ‘unmanly’ and ridiculed if they disclose about the abuse.

*There are many cases in which the offender takes an obscene photo or video of the victim during the sexual activity. He silences and coerces the victim to further abuse by threatening to release the photo/video on the Internet if the victim breaks his/her silence. Thus, the cycle of*

*abuse continues.*

**7 Reasons Why Children Don’t speak Up About Abuse**

1. Children are afraid that they may be disbelieved.

2. Children feel a sense of guilt that perhaps it is indeed ‘their own fault’ that the abuse occurred.

3. Every time a child talks about the incident of abuse they may be remembering and reliving the trauma; and children don’t want to remember the abuse.

4. Children are afraid that the person who groomed and abused them will stop loving them or get in trouble because of them. This is because of manipulations during the ‘grooming’ process and is also true in cases where the offender is a family member.

5. The child may have been manipulated by the offender into believing that their relationship is normal. Sometimes the child does not realize that it is being abused.

6. Fear of retaliation and further abuse also forces a child to keep silent.

7. Generally, children are not encouraged to talk about their feelings and when they do… adults do not listen or believe.

8



**Chapter-ii**

**The POCsO Act, 2012 - A Comprehensive Law to Protect Children from sexual Offences**

**1.0. POCsO ACT, 2012 – A COMPREHENsivE LEGisLATivE FRAMEWORK**

POCSO is in line with Article 15(3) of the Constitution of India, which permits the State to make special provisions for children. POCSO is the acronym for‘Protection of Children against Sexual Offences Act’ of 2012. With its enactment, India now has one of the most comprehensive law that not only allows justice for children who are victims of sexual offences but also takes into account the best interests and well-being of the child. It is a landmark legislation in the area of child protection.

In fact, before 2012, there were no specific laws in India that addressed sexual crimes against children. Sexual offences against children were booked under the Indian Penal Code (IPC). Further, many forms of sexual abuse, like showing pornography to children could not be prosecuted; unless there was penetrative sexual assault. There were no provisions that could prosecute sexual offences against boys.

Journeying through the judicial system was a daunting proposition for victims and families. Intense questioning of the child victim by the defence counsel in courts and the possibility of media coverage around the case meant that there was a grave risk of the child revisiting the trauma of the incident. Victims and families experienced general fatigue with the complexity and delays of the judicial system. Further, merely securing justice from the courts did not ensure that the victim was able to move on from the incident. Other rehabilitative and compensatory measures were lacking. The justice system itself was insensitive to the victims. Hard-line, judgmental questioning of the victim and constant demands on them to revisit and recall the crime during investigation, and trial would re-traumatize the victim child. The inordinate delays in justice delivery would disrupt the life of the child and their family. The burden of proof was solely on the victim and not on the offender.

Thus numbers of cases reported were very few compared to the scale at which the offences took place. Many of the victims in reported cases would turn hostile during the investigation and trial. Further, If the victim decided to speak out, they were left vulnerable to social stigma as there were no institutional safeguards.

**1.1. Reporting of a Child sexual Abuse case**

Under Section 19 of the POCSO Act, ‘Reporting of offences’ by any person including the child has been made mandatory. Section 21 of the Act provides punishment for failure to report or record a child sexual abuse case. However, a child cannot be punished for failure to report

{S.21 (2)}.

9

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**PROCEssEs UNDER POCsO ACT**

**CHiLD sEXUAL AbUsE**

Reporting the incident to local police/SJPU u/s 19

Recording of statement by SJPU/

local police within 24 hrs

Take the child to

a Shelter Home/ Hospital u/s

19 (5)

Take the child for Medical Examination by Doctor and girl child to be examined by female Doctor

u/s 27 (2) Rule 5

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | CWC to determine child’s stay within 3 days , if the police/ SJPU report indicates that a child is in need of care and protection  Rule 4(4) | | |
| As per the circumstances of the case. | | | |  |
|  |  |  |  | |

Recording of the Statement by the Magistrate u/s 25

Special Court

(child friendly)

shall complete trial within one year of cognizance

u/s 28 & 33

**Note:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Restoration |  | Children Homes |  | Counseling |  | Support |
| to family/ |  | Rule 4(4) or Shelter |  | u/s 40 |  | Person |
| guardian or |  | Homes |  |  |  | Rule 4 (7) |
| Fit Person |  | u/s 19 (5) & Rule |  |  |  |  |
| Rule 4 |  | 4 (4) |  |  |  |  |

Child to be provided help of interpreter/ translator/ special educator

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Take measures to |  | Victim |  | Prosecution by |
| prevent victim coming |  | Compensation |  | Special Public |
| face to face with |  | Rule 7 |  | Prosecutor |
| accused  u/s 33 (7) & u/s 36 |  |  |  | u/s 32 |

u/s 19 (4) & Rule 3 (67)

**1.2. salient Features of POCsO Act, 2012**

**(i) burden of Proof on the Accused**

What makes POCSO Act special is that it asks us to trust our children. Rather, it places the onus squarely on the accused to prove that he/ she is innocent. Section 29 of the Act provides that where a person is prosecuted for committing or abetting or attempting to commit any offence

under sections 3, 5, 7 and section 9 of

**Objectives of the POCsO Act, 2012:**

♦  To protect children from the offences of –

• Sexual assault;

• Sexual harassment; and

• Pornography.

♦   To establish Special Courts for speedy trial of such offences.

10



this Act, the Special Court shall presume, that such person has committed or abetted or attempted to commit the offence, unless the contrary is proved. The law ensures that the pressure is not on the child to prove that the crime took place.

**The Court presumes “culpable mental state” (intention, motive, etc.) of the accused**

**[section 30 (1)].**

(ii) POCSO Act is gender-neutral law, wherein the law takes cognizance of sexual crimes committed against both girls and boys under the age of 18 years.

(iii) POCSO Act ensures punishment for all perpetrators irrespective of age and gender. (iv) *Calibration of Offences*

POCSO Act addresses a wide range of sexual offences which include anything from **complete and partial penetration; non-penetrative sexual assault; stalking of a child; showing children pornography; using the child for pornography; exhibitionism etc.** The law protects children from both physical and or non-physical contact forms of abuse.

(v) *Severer Punishment when Protectors are Perpetrators*

POCSO Act provides for more severe punishment, when the sexual offence is committed by a person in a position of trust or authority such as police officer or a member of security forces or public servant etc. (Sections 5 and 9).

(vi) *Introduction of Child Friendly Measures*

POCSO Act calls for people, systems and procedures to be sensitive and respond to the needs of children. For instance, it clearly mentions that the child need not be taken to the police station to report a case of sexual offence. Rather it directs the police (to be not in uniform and as far as practicable a woman officer not below the rank of Sub- inspector) to reach out to the child, based on the child’s preference and convenience (Section 24).

(vii) *Support to the Child and Family in the form of Support Person*

POCSO Act takes into account that handling a sexual offence is not easy for the child and family. So it makes provisions for experienced and professional individuals to be associated with the pre-trial and trial stage to assist the child (Sections 39 and 40). Under Rule 4 (7) of POCSO Rules, 2012, Child Welfare Committee is to appoint Support Person to render assistance to the child through the process of investigation and trial.

(viii) *Accountability of every citizen towards Child Protection*

POCSO Act makes it mandatory for every citizen to report cases of sexual offences against children to the police (Section 19).

(ix) *Punishment for failure to report or record a case*

Failing to report the commission of an offence u/s 19 (1) or u/s 20 or failing to record such offence u/s 19(2) shall be punishable u/s 21.

11

National Commission For Protection of Child Rights

(x) *No Discretionary Jurisdiction*

Courts cannot exercise their discretionary powers in POCSO cases. They cannot reduce the term of imprisonment to a term less than the minimum term stipulated under the Act.

(xi) *Confidentiality of the Child and the Family*

Media has to secure the identity and privacy of the child. Disclosing or publishing the identity of the child victim by mentioning name, address, neighbourhood, school name and other particulars is punishable with imprisonment of not less than six months but extendable to one year or with fine or with both. It also prohibits making of negative reports that cause harm to the child’s reputation. Provided that for reasons to be recorded in writing, the Special Court may permit such disclosure, if in its opinion such disclosure is in the interest of the child (Section 23).

**Do's and Don'ts for Media while covering cases of sexual offences against Children**

|  |  |
| --- | --- |
| **DO** | **DON'T** |
| Be exact when describing the nature of the offence–use the right terminologies | Use ambiguous or minimizing language (e.g. "sexual relationship with a child" or "affair with a minor" etc |
| **be clear that 'consent is immaterial'** | Blame the victim. It is NOT his or her fault. The abuser is solely responsible for this crime |
| Hold institutions or individuals in position of power accountable | Refer to abuse as an "alleged accusers." They are not "alleged" |
| Report on relevance of CSA in society; look beyond the story as it unfolds in the criminal justice system | Assume the victim is alone; often it takes one person coming forward for others to share like experiences |
| include information about the social and cultural impact of CSA cases | Downplay the severity of this crime, the long  -term effects of which can be devastating |
| Focus on multiple aspects of the case including rehabilitation, prevention. Source experts in the field, such as child advocates, lawyers, and psychologists. Always check your facts with credible organizations | Only focus on the role of police and judiciary |
| Seek help of a support Person/NGO or a person known to he victim and the family before interviewing | Directly approach the victim and family on your own with all the questions |
| Read the case file (if available) or the copy of the FIR before approaching the victim and families with specific questions | Ask them questions directly on the offence and its nature or publish the FIR in your article |
| Take consent of the parent or the trusted adult/  organization before talking to the victim | Directly approach the victim without parental consent |

12



|  |  |
| --- | --- |
| Focus on the modus operandi of the offender and grooming process to create larger awareness | Focus only on the nature of sexual offence e.g. Rape etc |
| Highlight cases from different socio economic strata and high profile pedophiles | Label this as a problem pertaining to poor and uneducated communities |

**2.0. DEFiNiTiONs UNDER THE POCsO ACT, 2012**

2.1. Relevant definitions from the Act paraphrased from the original text are as follows: -

**(i) Child {section 2 (d)}**: Any person below the age of 18 years.

**(ii) Penetrative sexual assault (section 3)**: A person is said to commit “penetrative sexual assault” if—

(a) he penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a child or makes the child to do so with him or any other person; or

(b) he inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of the child or makes the child to do so with him or any other person; or

(c) he manipulates any part of the body of the child so as to cause penetration into the vagina, urethra, anus or any part of body of the child or makes the child to do so with him or any other person or

(d) he applies his mouth to the penis, vagina, anus, urethra of the child or makes the child to do so to such person or any other person

Any form of penetration in private parts or other body parts or application of the mouth to the private parts of a child or forcing the child to penetrate the offender or someone else.

The penetration can be performed with a penis, other parts of the body or even objects. Manipulating the body of the child so as to cause penetration is also included.

**(iii) Aggravated Penetrative sexual Assault (section 5)**: (a) Whoever, being a police officer, commits penetrative sexual assault on a child —

(i) within the limits of the police station or premises at which he is appointed; or

(ii) in the premises of any station house, whether or not situated in the police station, to which he is appointed; or

(iii) in the course of his duties or otherwise; or

(iv) where he is known as, or identified as, a police officer; or

(b) whoever being a member of the armed forces or security forces commits penetrative sexual assault on a .

(i) within the limits of the area to which the person is deployed; or

(ii) in any areas under the command of the forces or armed forces; or

13

National Commission For Protection of Child Rights

(iii) in the course of his duties or otherwise; or

(iv) where the said person is known or identified as a member of the security or armed forces; or

(c) whoever being a public servant commits penetrative sexual assault on a child; or

(d) whoever being on the management or on the staff of a jail, remand home, protection home, observation home, or other place of custody or care and protection established by or under any law for the time being in force, commits penetrative sexual assault on a child, being inmate of such jail, remand home, protection home, observation home, or other place of custody or care and protection; or

(e) whoever being on the management or staff of a hospital, whether Government or private, commits penetrative sexual assault on a child in that hospital; or

(f ) whoever being on the management or staff of an educational institution or religious institution, commits penetrative sexual assault on a child in that institution; or Explanation.—When a child is subjected to sexual assault by one or more persons of a group in furtherance of their common intention, each of such persons shall be deemed to have committed gang penetrative sexual assault within the meaning of this clause and each of such person shall be liable for that act in the same manner as if it were done by him alone; or

(g) whoever commits gang penetrative sexual assault on a child.

(h) whoever commits penetrative sexual assault on a child using deadly weapons, fire, heated substance or corrosive substance; or

(i) whoever commits penetrative sexual assault causing grievous hurt or causing bodily harm and injury or injury to the sexual organs of the child; or

(j) whoever commits penetrative sexual assault on a child, which—

(i) physically incapacitates the child or causes the child to become mentally ill as defined under clause (b) of section 2 of the Mental Health Act, 1987 or causes impairment of any kind so as to render the child unable to perform regular tasks, temporarily or permanently; or 14 of 1987

(ii) in the case of female child, makes the child pregnant as a consequence of sexual assault;

(iii) inflicts the child with Human Immunodeficiency Virus or any other life threatening disease or Infection which may either temporarily or permanently impair the child by rendering him physically incapacitated, or mentally ill to perform regular tasks; or

(k) whoever, taking advantage of a child’s mental or physical disability, commits penetrative sexual assault on the child; or

(l) whoever commits penetrative sexual assault on the child more than once or repeatedly; or

14



(m) whoever commits penetrative sexual assault on a child below twelve years; or

(n) whoever being a relative of the child through blood or adoption or marriage or guardianship or in foster care or having a domestic relationship with a parent of the child or who is living in the same or shared household with the child, commits penetrative sexual assault on such child; or

(o) whoever being, in the ownership, or management, or staff, of any institution providing services to the child, commits penetrative sexual assault on the child; or

(p) whoever being in a position of trust or authority of a child commits penetrative sexual assault on the child in an institution or home of the child or anywhere else; or

(q) whoever commits penetrative sexual assault on a child knowing the child is pregnant;

or

(r) whoever commits penetrative sexual assault on a child and attempts to murder the child; or

(s) whoever commits penetrative sexual assault on a child in the course of communal or sectarian violence; or

(t) whoever commits penetrative sexual assault on a child and who has been previously convicted of having committed any offence under this Act or any sexual offence punishable under any other law for the time being in force; or

(u) whoever commits penetrative sexual assault on a child and makes the child to strip or parade naked in public, is said to commit aggravated penetrative sexual assault.

When penetrative sexual assault is committed by a person in a position of trust or authority such as police officer or a member of security forces or public servant etc. Sexual Assault on a child during extraordinary circumstances like a communal or sectarian violence -is also an aggravated crime.

**(iv) sexual assault (section 7)**: Whoever, with sexual intent touches the vagina, penis, anus or breast of the child or makes the child touch the vagina, penis, anus or breast of such person or any other person, or does any other act with sexual intent which involves physical contact without penetration is said to commit sexual assault.

All acts of physical nature without penetration. For example, stalking a child, showing dirty pictures, touching private parts of a child or making a child touch the private parts of someone else etc.

It also includes any other act committed with sexual intent, which involves physical contact without penetration.

**(v) Aggravated sexual Assault (section 9)**: (a) Whoever, being a police officer, commits sexual assault on a child—

(i) within the limits of the police station or premises where he is appointed; or

(ii) in the premises of any station house whether or not situated in the police station to which appointed; or

(iii) in the course of his duties or otherwise; or

15

National Commission For Protection of Child Rights

(iv) where he is known as, or identified as a police officer; or

(b) whoever, being a member of the armed forces or security forces, commits sexual assault on a child—

(i) within the limits of the area to which the person is deployed; or

(ii) in any areas under the command of the security or armed forces; or

(iii) in the course of his duties or otherwise; or

(iv) where he is known or identified as a member of the security or armed forces; or

(c) whoever being a public servant commits sexual assault on a child; or

(d) whoever being on the management or on the staff of a jail, or remand home or protection home or observation home, or other place of custody or care and protection established by or under any law for the time being in force commits sexual assault on a child being inmate of such jail or remand home or protection home or observation home or other place of custody or care and protection; or

(e) whoever being on the management or staff of a hospital, whether Government or private, commits sexual assault on a child in that hospital; or

(f ) whoever being on the management or staff of an educational institution or religious institution, commits sexual assault on a child in that institution; or

(g) whoever commits gang sexual assault on a child. Explanation.—when a child is subjected to sexual assault by one or more persons of a group in furtherance of their common intention, each of such persons shall be deemed to have committed gang sexual assault within the meaning of this clause and each of such person shall be liable for that act in the same manner as if it were done by him alone; or

(h) whoever commits sexual assault on a child using deadly weapons, fire, heated substance or corrosive substance; or

(i) whoever commits sexual assault causing grievous hurt or causing bodily harm and injury or injury to the sexual organs of the child; or

(j) whoever commits sexual assault on a child, which—

(i) physically incapacitates the child or causes the child to become mentally ill as defined under clause (l) of section 2 of the Mental Health Act, 1987 or causes impairment of any kind so as to render the child unable to perform regular tasks, temporarily or permanently; or 14 of 1987

(ii) inflicts the child with Human Immunodeficiency Virus or any other life threatening disease or infection which may either temporarily or permanently impair the child by rendering him physically incapacitated, or mentally ill to perform regular tasks; or

(k) whoever, taking advantage of a child’s mental or physical disability, commits sexual assault on the child; or (l) whoever commits sexual assault on the child more than once or repeatedly; or

(m) whoever commits sexual assault on a child below twelve years; or

16



(n) whoever, being a relative of the child through blood or adoption or marriage or guardianship or in foster care, or having domestic relationship with a parent of the child, or who is living in the same or shared household with the child, commits sexual assault on such child; or

(o) whoever, being in the ownership or management or staff, of any institution providing services to the child, commits sexual assault on the child in such institution; or

(p) whoever, being in a position of trust or authority of a child, commits sexual assault on the child in an institution or home of the child or anywhere else; or

(q) whoever commits sexual assault on a child knowing the child is pregnant; or

(r) whoever commits sexual assault on a child and attempts to murder the child; or

(s) whoever commits sexual assault on a child in the course of communal or sectarian violence; or

(t) whoever commits sexual assault on a child and who has been previously convicted of having committed any offence under this Act or any sexual offence punishable under any other law for the time being in force; or

(u) whoever commits sexual assault on a child and makes the child to strip or parade naked in public, is said to commit aggravated sexual assault

Offences of sexual assault if committed by a person in a position of power, authority and trust or in certain circumstances. When penetrative sexual assault is committed by a person in a position of trust or authority such as police officer or a member of security forces or public servant etc.

**(vi) sexual harassment (section 11)**: A person is said to commit sexual harassment upon a child when such person with sexual intent,-

(i) utters any word or makes any sound, or makes any gesture or exhibits any object or part of body with the intention that such word or sound shall be heard, or such gesture or object or part of body shall be seen by the child; or

(ii) makes a child exhibit his body or any part of his body so as it is seen by such person or any other person; or

(iii) shows any object to a child in any form or media for pornographic purposes; or

(iv) repeatedly or constantly follows or watches or contacts a child either directly or through electronic, digital or any other means; or

(v) threatens to use, in any form of media, a real or fabricated depiction through electronic, film or digital or any other mode, of any part of the body of the child or the involvement of the child in a sexual act; or

(vi) entices a child for pornographic purposes or gives gratification therefor.

It also includes constantly following or watching the child either directly or through digital or any other means and also showing any object to the child in any form or enticing the child for pornographic purposes.

17

National Commission For Protection of Child Rights

**(vii) Abetment (section 16)**: A person abets an offence, who—

**First.**— Instigates any person to do that offence; or

**secondly.**— Engages with one or more other person or persons in any conspiracy for the doing of that offence, if an act or illegal omission takes place in pursuance of that conspiracy, and in order to the doing of that offence; or

**Thirdly.**—Intentionally aids, by any act or illegal omission, the doing of that offence.

*Explanation I.*— A person who, by wilful misrepresentation, or by wilful concealment of a material fact, which he is bound to disclose, voluntarily causes or procures, or attempts to cause or procure a thing to be done, is said to instigate the doing of that offence.

*Explanation II.*—Whoever, either prior to or at the time of commission of an act, does anything in order to facilitate the commission of that act, and thereby facilitates the commission thereof, is said to aid the doing of that act.

*Explanation III.*—Whoever employ, harbours, receives or transports a child, by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position, vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of any offence under this Act, is said to aid the doing of that act.

Intentionally instigates, aids by any act or illegal omission, the doing of that offence or be part of a conspiracy with others.

**(viii) Punishment for attempt to commit an offence(section 18)** : Whoever attempts to commit any offence punishable under this Act or to cause such an offence to be committed, and in such attempt, does any act towards the commission of the offence, shall be punished with imprisonment of any description provided for the offence, for a term which may extend to one half of the imprisonment for life or, as the case may be, one-half of the longest term of imprisonment provided for that offence or with fine or with both.

**3.0. CHiLD FRiENDLY PROCEDUREs UNDER THE POCsO ACT, 2012**

POCSO Act safeguards the rights and dignity of the child at every stage of the legal process. It provides for child-friendly procedures for medical examination; recording the statement of

the child by the police and magistrate; as well as during the examination of the child in court.

(i) The Act also mandates Establishment of child-friendly Special Courts in every district

(Section 28).

(ii) Appointment of a Special Public Prosecutor (Special PP) for every Special Court for conducting cases only under the provisions of POCSO Act (Section 32).

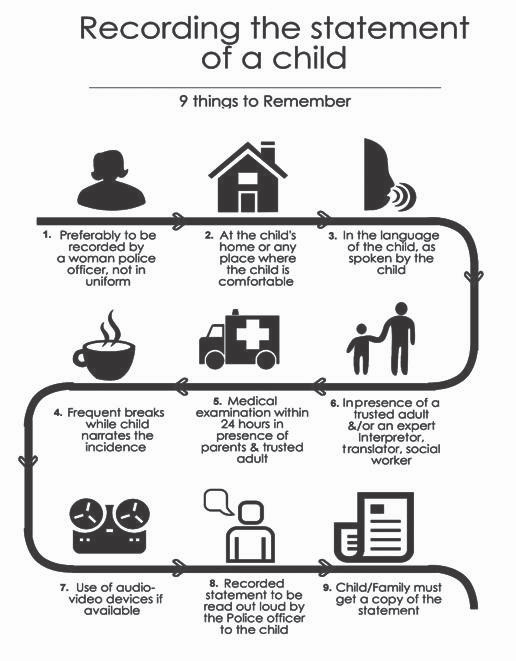
(iii) The Special Court shall create a child-friendly atmosphere and allow the child to be accompanied by a family member, guardian, friend or relative in whom the child has trust or confidence to be present in the court(Section 33).

(iv) The child must not be brought face to face with the accused while giving her/his statement to the Police or the Magistrate, or while testifying (Sections 24 and 36).

18



**Recording of statement of a child by Police (u/s24)**



19

National Commission For Protection of Child Rights

**4.0. EMERGENCY MEDiCAL CARE AND COUNsELLiNG**

The Child victim who is in need of urgent medical care and protection, SIPU/local police shall within 24 hours of receiving information about the crime, arrange to take such child to the nearest hospital or medical care facility centre for emergency medical care {Rule 5 (1)}. The medical examination of child shall be conducted whether FIR or complaint is registered or not, by a women doctor, if the victim is girl. In case parent is not available for any reason, medical examination of child shall be conducted in the presence of a women nominated by the head of the medical institution (Section 27).

Child Victim shall be provided translator or an interpreter, having such qualification, experience to understand the content and language of FIR (u/s 19 (4). Child may take help of interpreter/ Translator/ Special Educators under Rule 3 (7) at any stage after information is received u/s 19. The family or the guardian of the child shall be entitled to the assistance of a legal counsel of their choice for any offence under the Act. They are also entitled for free legal counsel from Legal Services Authority (u/s 40).

**Care and Protection of child victim**

• If the SJPU or local police has reasonable grounds to believe that the child is in need of care and protection, then, it shall after recording the reasons in writing, make arrangements to give the child such care and protection (including admitting the child into shelter home or to the nearest hospital) within 24 hours of the report {Section 19 (5)}.

• The SJPU or local police shall report the matter to the Child Welfare Committee (CWC) and the Special Court within 24 hours including need of the child for care and protection and steps taken in this regard {Section 19 (6)}.

• CWC may provide a Support Person to render assistance to the child through the process of investigation and trial {Rule 4 (7)}.

• In certain cases, children have to be mandatorily produced before CWC as per Rule 4 (3)

of the POCSO Rules.

• CWC can also order that the child be taken out of the custody of her/his family if she/he has been or is likely to be sexually abused there (Rule 4 of POCSO Rules).

**5.0. sPEEDY PROCEDUREs**

The POCSO Act requires that the evidence of the child be recorded by the Special Court within 30 days of taking cognizance of the offence. Any delay shall be recorded in writing. As far as possible, the trial shall be completed within a period of one year from the date of taking cognizance of the offence (Section 35).

**6.0. COMPENsATiON**

The Special Court may pass an order for interim compensation to meet the immediate needs of the child for relief or rehabilitation at any stage of the FIR. Such interim compensation paid to the child shall be adjusted against the final compensation, if any. The Special Court may recommend award of compensation where the accused is convicted, or where the case ends in acquittal or discharge, or the accused is not traced or identified, and in the opinion of the Special Court the child has suffered loss or injury as a result of that offence. (Rule 7 of POCSO Rules, 2012).

20



**Chapter – iii**

**ROLE OF KEY sTAKEHOLDERs UNDER POCsO ACT, 2012**

**1.0. ROLE OF PARENTs**

Parents are the child’s first guide and guru and it’s not always easy as some lessons are harder to impart than the others. One of the most important and invaluable lessons you can teach your child is to understand their own bodies. This not only includes simple biological facts like knowledge of all the body parts and sexuality but also common sense information about maintaining boundaries and handling relationships.

**(Note:- While this page is intended to speak directly to parents, it would benefit any trusted adult around the child. it covers the basics of personal safety.)**

**1.1. Teach Your Child the Correct Names for All the Parts of the body**

This is the logical starting point for all conversations on body and safety. Most parents prefer using vague euphemisms and baby-isms rather than addressing some of the body parts especially the genitals, breasts and buttocks by their correct biological names. It is kind of like calling an apple an ‘elephant’ when you could just call it an apple. It is not easy because of the way we all have been socialized, but correct information has to be given and can be given to the child in an age appropriate manner. You will realize that once you disassociate the sexual functions of these body parts they are easier to convey.

While teaching your children, confidently try telling your child the penis is used for urination. The buttocks are an essential cushion without which you would not be able to sit. Breasts are for feeding a small baby. Say it the way you would tell them other things such as hands are used for holding things; legs are used for walking and running, etc.

You will find that once you get over the shame that YOU associate with it and make a start, it sets the tone for free and open conversations in the future. You earn the trust and respect of your child. You will be surprised to see how positively your children react to this information.

**1.2. Teach Your Child About boundaries**

When it comes to drawing boundaries, most parents focus on private body parts. This is a bit skewed and operates on the narrow principle of shame.

As a parent, you need to tell your child to take ownership for their entire body. The emphasis should be on personal space and not just on private body parts. “Your

**Tell Your kids: Counselling**

It is not all right for someone older or more powerful than them to touch their genitals, or violate them personal space to ask them to touch their genitals, or to take pictures of them and their genitals.

entire body and the space around it belongs to you” is the message that needs to be given. You must support children to understand that they have a valid say in deciding who touches

21

National Commission For Protection of Child Rights

them and who does not. Even in simple acts like holding hands and hugging, they have a right to say NO.

Set clear family guidelines for personal privacy and behavior and discuss them with all members of your family, your friends for respecting these guidelines. Remember that boundaries must be age appropriate and must change with time.

**1.3. Kinds of Touch**

Educate your children on safe, unsafe and confusing touch. Some touches (like mother hugging a child) are clearly safe; some (like an uncomfortable hug or kiss or touching private parts) are clearly unsafe.

‘Confusing touch’ is when the child is unsure about what they feel when they are touched. Talking to them about confusing touch will help them articulate about what they feel. Next time they feel confused or queasy or unsure when someone is touching them or looking at them or showing them something, ask them to approach you fearlessly. Once again, trust and openness is key.

**1.4. Teach Your Child To say ‘No’**

We mostly teach a child to follow what an adult says or instructs. In saying that we are making a sweeping generalization that all adults are trustworthy, when the truth is far from it.

Also, teach your child to say ‘NO’. Teach them that if someone tries to touch their body in a way that they are not comfortable with or asks them to touch others in an uncomfortable way or wants to take a picture, or violates their personal space – to say “NO”. Also, teach the kid to run away from the uncomfortable scenario and tell a trusted adult about the incident.

**1.5. The Trust Circle**

This is an exercise that needs to start early in the life of a child. It is one that you should keep updating as the child grows.

Ask your child to draw or name or write the names of the people they trust the most. This is the child’s trust circle, the individuals who are closest to them.

This exercise will not just keep you aware of your child’s social life but also tell you the people you need to most reach out to in times of need. This is your child’s first line of protection.

**1.6. Never Keep a secret About breaking the Touching Rules**

Teach your child that keeping secrets if a Touching Rule is broken is a strict ‘no-no’. You are also to tell the child that it is not their fault if a touching rule is violated. And that if it ever comes to pass, they have to tell it to you at once.

**1.7. Work on building Your Child’s self Esteem**

Your child self-esteem determines how willing they are to explore new challenges and to

22



persist when they face difficulty. Children with strong self-esteem are better equipped to protect themselves from abuse and the trauma of abuse. Giving your child a choice among options (e.g:- asking them to choose their clothes, their opinion about things in the family) is the first step towards building their self-esteem. Encourage their interests and hobbies positively. Gradually and age-appropriately ask them to shoulder small responsibilities (cleaning the plate they ate their food in; keeping their books in order; making their bed) around the house. Neither over-praises the child nor be too critical about their failures.

**1.8. Do Not be Judgmental About What Your Child Tells You (especially if its about their feelings)**

Reacting with shock, anger or disbelief to your child’s questions about body or sexuality will only turn them away from you. You need to be empathetic, trusting and capable of seeing the issue from your child’s point of view. You need to learn to listen to your child’s questions and value their opinion. Do not silence your child when they come to you with a question about sex or sexuality that makes you uncomfortable. If you do not know the answer to your child’s questions, you must be able to tell them that you don’t but that you will find out and get back to them. Don’t forget to thank the child for sharing their questions and experience with you. It isn’t easy for them either.

**1.9. Educate Not Just Yourself but Everyone in the family**

It is not just your child who needs their questions answered on body and sexuality. It is also a learning period for you. There are high chances that you yourself have never received accurate information on these issues. So educate yourself first, the family next and then the child. As child sexual abuse often is committed by near relatives, children may be warned against intimacy with them.

**1. 10. What to Do When Your Child Tells You about Abuse**

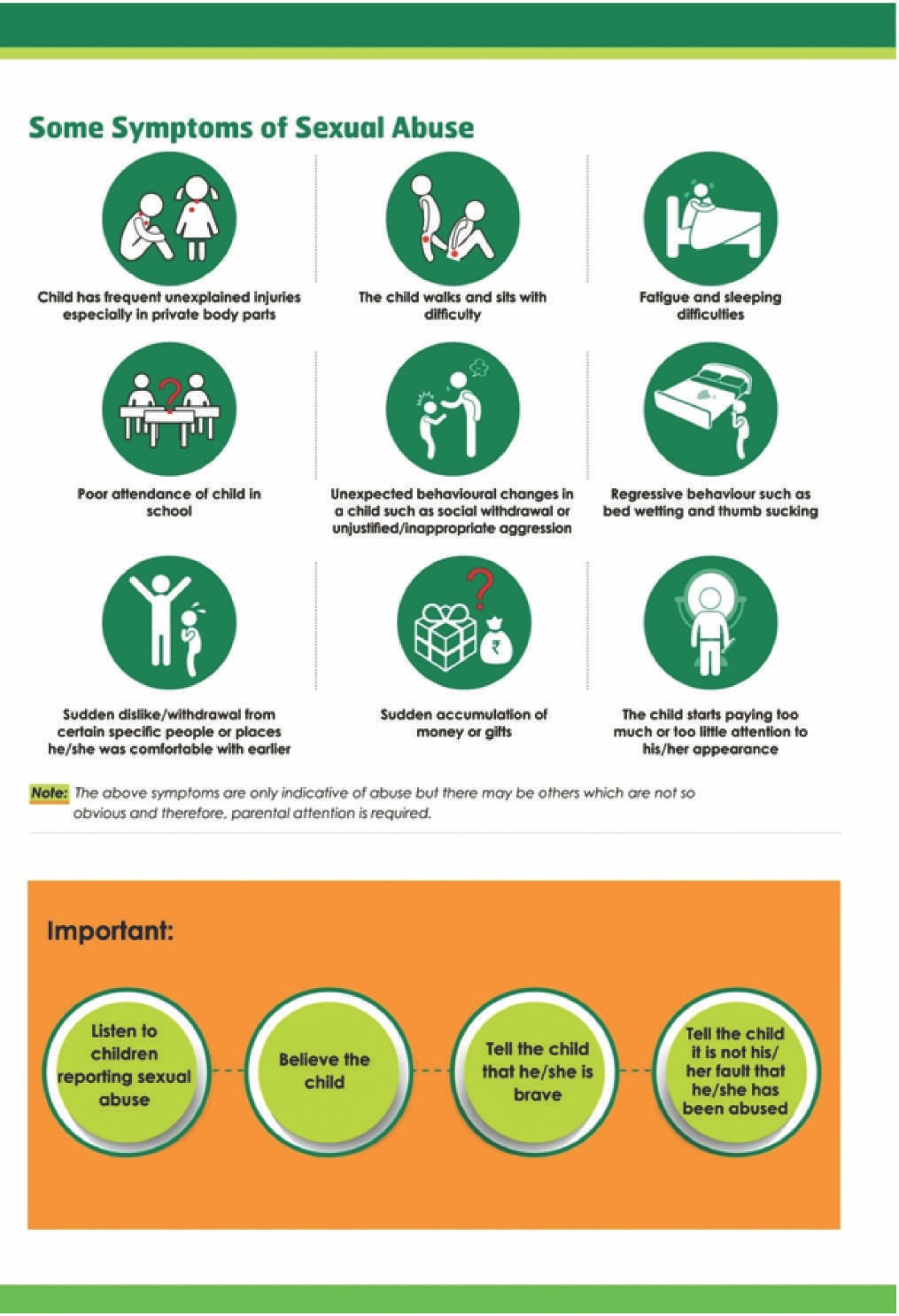
It is natural for parents to feel shock or denial or confusion, when a child tells you that they were abused. But remember that when your child discloses about abuse, your first reaction is key to your child’s recovery.

**1.11. Learn the Law on Child Protection**

India has one of the finest and most comprehensive legislation in the world on child protection, staying updated can help you protect not just your own child but children around you. You don’t need to learn the entire law. Just a little information can go a long way. Parents who are empowered with the knowledge of the law are much more empowered to navigate the system.

23

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Do's

Adopt supportive behaviour towards child victims

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Do not adopt unsupportive behaviour towards child victims



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25

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**OTHER WARNiNG siGNs**

• Has nightmares or other sleep problems without an explanation.

• Seems distracted or distant at odd times.

• Has a sudden change in eating habits – Refuses to eat or losses or drastically increases appetite.

• Writes, draws, plays or dreams of sexual or frightening images.

• Develops new or unusual fear of certain people or places.

• Suddenly has money, toys or other gifts without reason.

• Thinks of self or body as repulsive, dirty or bad.

• Exhibits adult-like sexual behaviours, language and knowledge.

• Self-injury (cutting, burning).

• Inadequate personal hygiene.

• Drug and alcohol abuse.

• Suicide attempts.

• Fear of intimacy or closeness.

• Compulsive eating or dieting.

**1. 12. Learn about the Agencies in your Area.**

Know whom to contact to make a report if you know or suspect that a child has been sexually abused. Make a list of resources you can call for advice, information and help and include the phone numbers.

**1.13. sERviCEs AvAiLAbLE TO CHiLDREN THAT YOU NEED TO KNOW**

**(a) 1098:** The Childline Helpline can put you in touch with a social worker who can provide you with assistance and information. However, we still recommend doing your own homework even as you consult with Childline.

**(b) Police FiR:** You must inform the child before reporting to the police. You need to ensure that the child is comfortable with the idea and prepared for meeting with the police. You need to reassure the child that you will be with them every step of the way but also inform them that they will have to be prepared to recount the incident.

Once the child is prepared, do not take the child to the police station. Instead, the child may choose the place they find most comfortable to meet the police who will come in plain clothes and not in uniform.

26



The Police cannot refuse to register an FIR (Section 19 and 20).

**1.14. Medical Care:** A child victim of sexual offences receives free medical care and treatment at any private or government hospital {Section 19 (5), Section 27 and Rule 5}.

**1.15. Counselling to child:** Professionals and experts or persons having knowledge of psychology, social work, physical health, mental health and child development are to be associated with the pre-trial and trial stage to assist the child (Section 39).

**1.16. Free Legal Counsel:** The family or the guardian of the child victim shall be entitled to the assistance of a legal counsel of their choice for any offence under this Act. The Legal Service Authority shall provide a legal counsel to the child victim free of cost (Section 40).

**1.17. Compensation:** Various States in the country have different compensatory schemes for child victims of sexual offences. {Section 33 (8) and Rule 7). The police are supposed to inform you of the scheme. Additionally you may seek information from Childline or other local NGOs.

**1.18. shelter:** If the child victim continues to remain unsafe or at-risk at home, especially in cases involving incest, the child may be transferred to a Shelter Home where all needs of the child will be taken care of.

**1.19. Education:** Post the incident of abuse, it is essential that the child’s life is gradually returned to normal. Enrolling in schools and resuming their education is an important step towards rehabilitation of the child. Under the Right to Education Act, 2009, the child can receive free and compulsory education till the age of fourteen years.

**1.20. support Person:** The CWC can provide a Support Person to assist the child victim and family during the investigation and trial of the case {Rule 4 (7)}.

**REMEMbER PARENTs**

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| **Do’s** | **Don’ts** |
| **A- iNiTiAL iNTERACTiON WiTH THE CHiLD AFTER DisCLOsURE** | |
| Pay close attention to the child and what the child is saying. Trust your child, believe in them | Get upset when your child talks about the abuse/ Neglect or blame the child for the disclosure |
| Assure your child that you love them and will protect them. Tell your child it’s not his/her fault | Tell your child to forget it ever happened /Blame the child or ask the child to keep quiet about the abuse |
| If the abuse has happened short while ago immediately take the child to a hospital for medical examination to ensure evidence is not lost | Wash the child or bathe the child if the abuse has happened short while ago. Throw the clothes and other crucial evidence away |
| Refer the child to a counselor or an expert NGO  for his/her mental health needs | Ignore the trauma and mental health needs of your child |

27

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| Seek help for yourself in case you have experienced trauma due to this incident | Ignore your needs and your fears when it comes to taking care of your child |
| **b- REGisTRATiON OF FiR** | |
| Go to the nearest police station to complain about the incident | Take the child to the police station |
| Ask the police to take down the details and give you a copy of the FIR | Rely on just a verbal conversation with the police |
| Accompany your child for the medical examination if it happens post the registration of the FIR | Let the police take the child alone or in company of some other person |
| **C- RECORDiNG THE sTATEMENT OF THE CHiLD** | |
| Prepare your child for the statement recording. Be present during the statement recording if your child feels comfortable | Leave the child alone with the police during the statement recording unless the child has asked for the same |
| **Ensure**  • The police informs you in advance when they are coming for recording of statement  • The statement is recorded at your residence or any other place where the child is comfortable  • The police do not come in uniform for the recording.  • As far as practically possible, the child’s statement should be recorded by a women police officer not below the rank of Sub-Inspector  • The statement is recorded in the language of your child as spoken by your child  • The statement is written/typed as the child is speaking  • The child get’s frequent breaks and is comfortable during the recording  • If you have a special child or a disabled child ask the police for help from experts  • If they are recording it using a audio visual device, assess the quality of the equipment used and ensure your child is comfortable talking in front of the camera  • Once the statement is recorded, insist that the police has to read out the statement loud to the child and you. If there are any changes or corrections you can ask them to make it  • You take a copy of the statement from the police  • You take down the details of the Investigating Officer in the case | |
| **D- MEDiCAL EXAMiNATiON** | |
| **Dos** | **Don’t** |
| Ensure that the doctor takes consent of a person competent to give such consent on her behalf to conduct the medical examination (Section 164A of CrPC 1973) | Allow the doctor to start the medical examination without your consent |

28



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| Ensure that the doctor conducts medical examination in the presence of the parent of the child or any other person in whom the child reposes trust or confidence {Section 27 (3)}. | Allow the doctor to start the medical examination without the consent of your child |
|  | Force the child to undergo medical examination under any circumstances |
| Medical examination of girl child victim shall be conducted by a women doctor  {Section 27 (2)}. | Be obliged to say yes if you or your child don’t feel comfortable with the way the doctor is handling the case |
| Be present with your child through the history taking and medical examination if the child is comfortable having you around | Insist on being present if the child is uncomfortable in your presence |
| Collect a copy of all the medical reports and medical certificate | Pay for getting a copy of the medical certificate or the medical reports |
| **E- sPOT iDENTiFiCATiON & iDENTiFiCATiON OF THE ACCUsED** | |
| **Dos** | **Don’t** |
| Keep in touch with the Investigating officer to know in advance the dates for the procedures. Be present with your child throughout these procedures | Don’t let your child go alone for spot identification or identification of the accused |
| File an NC – Non-Cognizable Offence with the nearest police station if you receive threats from the accused or his/her relatives or well wishers. Get a copy of the filed complaint from the police free of cost | Ignore threats or pressure from the accused and his/her family |
| Make sure that the child and the accused do not come in contact with each other after the registration of the complaint | Let police take you to the hospitals or courts along with the accused in the same vehicle |
| **F- GiviNG sTATEMENT & EviDENCE iN COURTs** | |
| **Dos** | **Don’t** |
| Ensure that the police inform you of all the court dates in advance. Check if they have filed the charge sheet in court within 90 days of registration of your complaint | Stop the communication with the police officers after the evidence has been collected and the statement is given |
| Be present with your child during the recording of the statement in front of the magistrate | Leave the courtroom unless you have been asked to leave. If you feel your child will be more comfortable with you around you can ask the judge for permission to be present |

29

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| Talk to your lawyer and/or Special Public Prosecutor to ensure that the child is not directly questioned by the defense counsel – the questions have to be asked to the judge and the judge will ask the questions to your child | Let the child be asked questions by the defense lawyer and his counsel |
| Ensure that there are adequate measures taken by the police and the magistrate to ensure privacy and confidentiality of the case | Let the child be exposed to the accused or the details of the case be opened in front of a packed courtroom |
| **G- COMPENsATiON & REHAbiLiTATiON OF YOUR CHiLD** | |
| **Dos** | **Don’t** |
| Ask the investigating officer, a local NGO or the lawyer about existence of a compensation scheme for your child | Assume that the child will or will not get compensation |
| Continue with the counseling sessions to deal with trauma | Stop the counseling sessions abruptly |
| Ensure that the child gets back to his/her normal routine as soon as possible post the incident | Unnecessarily relocate the child from the school or the community post the incident |
| Talk to your child on a regular basis and ensure him/her that you are there to protect them and love them | Ignore the child’s needs once you feel the child has come back to the normal routine |

**2.0. ROLE OF sPECiAL JUvENiLE POLiCE UNiT (sJPU)/LOCAL POLiCE**

The police play an important role for protection of children. The POCSO Act, 2012 mandates police to adopt child friendly procedures while dealing with cases of child sexual abuse.

**2.1. steps to be taken by police on receiving a report of child sexual abuse are given in the subsequent paragraphs.**

A police station that is aware of the various procedures can not only reduce the time taken to process a case but also ensure that the child does not have to go through any secondary trauma.

**2.2. Recording the statement**

The statement of the child should be recorded at a place preferred by the child [Section 24 (1)]. This can be at the child’s home or if a child feels more comfortable in a garden nearby, then the statement must be recorded at that spot.

30



As far as practically possible, the child’s statement should be recorded by a woman police officer not below the rank of Sub-Inspector [Section 24 (1)]. The officer recording the statement of the child must be in plain clothes. They should not be wearing police uniform{Section 24 (2)].

The statement of the child must be recorded in the presence of the child’s parent/s or in the presence of an adult whom the child trusts [Section 26 (1)]. However, if a parent is also the accused they must not be present during the statement recording of the child.

The police officer recording the statement must ensure that the child does not come in contact with accused during statement recording and also investigation [Section 24 (3)].

The child cannot remain at the police station at night for any reason cited [Section 24 (4)]. The magistrate or the police officer may take the assistance of a translator or an interpreter

while recording the statement of the child [Section 26 (2)]. Further, the magistrate or the

police officer may seek the assistance of special educator or any person familiar with the manner of communication of child having a mental or physical disability to record the statement of the child {Section 26 (3)}. The list of such personnel is to be available with the District Child Protection Unit (Rule 3 POCSO Rules, 2012).

As far as possible, the statement can be recorded by audio-video electronic means [Section

26 (4)]. However, before using this technology, the police needs to check if the device is functioning properly, there is enough battery back-up and that the information is stored securely. The police must maintain privacy and confidentiality of the child from public and media [Section 24 (5)].

Recording of the statement of the victim child is a time taking process and needs to be handled sensitively. Give the child adequate breaks. Ensure that they are not hungry. Don’t force answers out of them by asking close-ended questions. Patience is the key.

**2.3. Assessing the Child**

If the police are convinced that the child is without support or, in case of is living with the abuser or is in a situation of extraordinary risk at home, they need to record the reasons in writing [Section 19 (5)].

They need to make immediate arrangements for the child’s care and protection. This may include admitting the child to a hospital or shelter home within 24 hours of the report. If the child is living with the abuser, or is in an institution or is without a home and parental support, the police shall produce the child before the Child Welfare Committee within 24 hours [S. 19 (6) of Act and Rule 4 (3) POCSO Rules, 2012)].

If the police has assessed that the child needs emergency medical care, they must make immediate arrangement to take the child to the nearest hospital, either private or government [Section 19 (5)].

31

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**2.4. Medical examination**

The police must take the child to the hospital for medical examination within 24 hours of having received the report in accordance with Rule 5. They must ensure that the samples received for forensic testing are sent to the Forensic Laboratory at the earliest. Ensure that the child and the accused do not come in contact during medical examination.

No police person should be in uniform (including the constable) while taking the child to the hospital.

Liaison with the doctors and social workers can reduce trauma of the child.

The extracts of the **Guidelines and Protocols: Medico-legal** care for survivors/victims of Sexual Violence, prepared by the Ministry of Health and Family Welfare, Government of India (19th March, 2014) are attached.

**2.5. Recording of statement by Magistrate**

While recording the statement of the child under section 164 of the Code of Criminal Procedure, 1973, the Magistrate recording such statement shall, record the statement as spoken by the child in the presence of the parents of the child or any other person in whom the child has trust or confidence. {Section 25 (1) & Section 26 (1)}

Provided that the provisions contained in the first proviso to Section 164 (1) of the Code shall, so far it permits the presence of the advocate of the accused shall not apply in this case

{Section 25 (1)}

The Magistrate shall provide to the child and his parents or his representative, a copy of the document specified under Section 27 of the Code of Criminal Procedure, 1973, upon the final report being filed by the police under section 173 of that Code {Section 25 (2)}.

The Investigating Officer should record the date and time at which they learnt about the offence taking place and the date and time at which they took the victim to the Magistrate.

In case of a child having a mental or physical disability, the Magistrate or the police officer may seek the assistance of a special educator or any person familiar with the manner of communication of the child or an expert in that field, having such qualifications, experience to record the statement of the child {Section 26 (2)}.

Wherever possible, the Magistrate or the police officer shall ensure that the statement of the child is also recorded by audio-video electronic means {Section 26 (4)}.

**2.6. Reporting to special Court and Child Welfare Committee**

The SJPU or local police shall report the Child Welfare Committee and the Special Court about every case of POCSO within a period of 24 hours. If the child was assessed as a child in need of care and protection, information of the steps taken to provide the same to the child must be sent along with the information about the case.

**(Note: in the absence of a special Court, the report must be submitted to the session’s**

**Court) [section 19 (6)].**

32



**2.7. information to informant and victim**

The Police must inform the informant about their own name, designation, address, telephone number and also their supervisor’s {Rule 4 (1) (iii)} POCSO Rules, 2012). They must inform the child victim and family about:

• Right of the child to legal aid and representation and contact information of District Legal

Services Authority (DLSA) [Section 40 of POCSO Act and Rule 4 (2) POCSO Rules, 2012)].

• Availability of private and public health services and emergency crisis services.

• Procedures related to the case.

• Status of investigation

• Status of arrest of accused and status of the bail application

• Availability of compensation,

• Filing of charge-sheet

• Schedule of Court proceedings including information about time, date and venue.

• Contents of judgment and its implications.

**2.8. Do’s and Don’ts for Police**

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| **Do’s** | **Don’ts** |
| **A- REGisTRAsTiON OF COMPLAiNT** | |
| Register every complaint regarding sexual offence committed against children | Refuse the registration of the complaint on any grounds |
| Believe the child and the family. Be sensitive towards them irrespective of religion, race, caste, sex or place of birth or any of them. | Be judgmental of the child or the family. Blame the child or the family for the incident |
| Take down the complaint in detail from the complainant | Insist on talking to the child or interviewing the child before registration of the complaint |
| Ascribe an entry number, read over the complaint to the informant and enter the complaint in a book to be maintained by the police unit | Make a random entry of the complaint in your records |
| Ensure you write the complaint in a simple language if the child is the complainant | Use legal language or jargons which the child cannot understand |
| Seek help from a local NGO or an expert in case you cannot understand the language or the mode of communication of the child | Try to do this yourself with a child with special needs or who doesn’t understand your language |

33

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| **b- PROTECTiON OF THE CHiLD** | |
| **Do’s** | **Don’ts** |
| Make immediate arrangements for the care and protection of the child including health needs or need for a shelter home if required. | Ignore the needs of care & protection of the child. |
| Report the matter to the local Child Welfare Committee & the Special Court within 24 hours of registration of the complaint | Ignore reporting the matter to the Child Welfare Committee since it plays a crucial role in appointing support persons for the case and ensuring care & protection of the child |
| Provide the victim | victim’s family information regarding availability of free legal aid and other support services in the district | Assume that they would know of the procedures and services to help the child |
| **C- RECORDiNG THE sTATEMENT OF THE CHiLD** | |
| **Do’s** | **Don’ts** |
| Record the statement of the child in a place of comfort and choice of the child | Insist on recording the statement of the child in the premises of the police station |
| Be sympathetic and patient towards the child during the process | Ask leading questions or make derogatory remarks about the child or the incident during your interaction. |
| **Ensure**  • Inform the parents/guardians in advance of the date of recording of the statement  • You are not in uniform  • As far as practicable, statement of the child shall be recorded by women police officer not below the rank of Sub-Inspector at the residence of child or at a place where he usually resides or at the place of his choice.  • Record the statement in the language of child and as spoken by the child  • Allow the parents/guardians, support persons or any other trusted adults to be present during the recording  • Statement is written/typed as the child speaks  • Child get’s frequent breaks and is comfortable during the recording of statement  • In a case of a special child or a disabled child seek help of experts  • While recording the statement using a audio-visual device, assess the quality of the equipment beforehand and ensure the child is comfortable speaking in front of the camera  • After statement is recorded, read out the statement loudly to the child and its parents/  guardians. If there are any changes or corrections make it then and there.  • Provide a copy of the statement to the child and the family  • Provide them with your complete details especially your name, designation and telephone number | |

34



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| • Explain in brief the next steps that follow post the recording of the statement  • Provide full support and protection to the child  • Make sure that the child and the accused do not come in contact with each other after the registration of the complaint throughout the entire judicial process. | |
| **D- MEDiCAL EXAMiNATiON** | |
| **Do’s** | **Don’ts** |
| Make prior arrangements for the medical examination with the hospital and inform the parents/ guardians regarding the same | Take the child and the parent/guardian to the hospital without prior arrangements |
| Ensure adequate transport arrangements for the child and the family/guardian | Take them in a police van with the accused for medical examination |
| Ensure at no point do the accused and victim come in contact during medical examination | Let the accused and the victim come in contact during medical examination |
| Check the nature of the assault before insisting on complete medical examination | Insist on genital examination in case of sexual harassment |
| Provide full protection and confidentiality to the victim and to parents/guardian when you accompany them for medical examination | Disclose the case details to persons who have no role to play during medical examination |
| Be proactive in collecting all the evidence and documentation from the hospital timely | Leave it to the hospital to send you the medical evidence. |
| **E- sPOT iDENTiFiCATiON & iDENTiFiCATiON OF THE ACCUsED** | |
| **Do’s** | **Don’ts** |
| Inform the child and the parents/guardians in advance of these procedures. Explain the procedures to the child and its parents/ guardians | Abruptly call child for spot identification or identification of the accused. The child might be traumatized and this might affect the investigation |
| Ensure parents/trusted adult the guardian is present with the child during the process. | Let anyone interfere with the process. If the spot identification is happening in a community, please ensure the child is protected from the community members. |
| **PROCEDURE AT CWC & COURTs** | |
| **Do’s** | **Don’ts** |
| Produce the child in front of the Child Welfare Committee in cases where you need their inputs on ensuring adequate care and protection to the child. | Produce every single victim under POCSO in front of the CWC. |

35

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| Inform the CWC that the detailed statement has been taken, provide them with the copy of the statement. | Let multiple stakeholders take repeated statement of the victim child |
| Take the child for a 164 Cr. PC statement wherever deemed necessary | Insist on 164 Cr. PC statement of every child victim under POCSO |
| Ensure that there are adequate measures taken to ensure privacy and confidentiality of the case | Let the child be exposed to the accused or the details of the case be opened in front of a packed courtroom |

**2.9. FURTHER MEAsUREs**

• While recording the FIR include the sub-sections of punishment if any.

• Protection of victim from the accused’s family - it is important for police to check from time to time and take appropriate measures to protect the victim and their family, especially in POCSO, since punishment is higher.

• Submit relevant documents for Compensation to DWCD/Social Welfare Department office (FIR, Medical).

• Information may also be given to District Legal Services Authority as at most places, the administering authorities in respect of compensation schemes are the DLSAs. The courts should be informed.

**3.0. ROLE OF MEDiCAL PROFEssiONALs**

In many cases of sexual offences parents and caregivers prefer to take their children to a nearest hospital or a clinic even before they go to the police. A medical professional and hospitals response is key to the child’s immediate well-being and long term recovery. The evidence collected in the course of medical examination of victims of sexual assault is core in most investigations in POCSO cases.

Rule 5 of the Protection of Children from Sexual Offences Rules, 2012 states that Emergency Medical Care is to be provided by any medical facility private or public. Sexual Assault is, therefore, a Medical Emergency.

**3.1. Taking Medical History**

The doctor has to take a detailed medical history of the child’s experience before beginning the examination of the child. The history should be obtained in a facilitating, non-judgmental and empathetic manner. It is important for the doctor to remember that child sexual abuse is often a diagnosis based on medical history, rather than on physical findings. The medical history will guide the physical examination. Its objective is not to obtain information for forensic purposes but for treatment and diagnosis and to ensure the safety of the child.

**3.2. interviewing techniques**

The interview should begin by assessing the child’s competence. This can be done by asking

36



questions unrelated to the abuse, such as favourite colours, school activities, and likes and dislikes.

• The interview should not have an investigative tone. Relevant questions need to be asked to obtain a detailed pediatric history.

• Determine child’s verbal and cognitive abilities, level of comfort, and attention.

• Document the questions asked and the child’s responses verbatim, take a note of their body language, demeanour and emotional responses to questioning.

• Detailed medical history, past incidents of abuse or suspicious injuries, and menstrual history should be documented.

• Ask the child to identify body parts; including names for genitalia and anus (use an anatomically appreciate diagram). Write the findings on the diagram in detail.

• Ask about different types of touch; include kisses, hugs, tickles, spankings, and pinches or bites. Use the diagram to ask about all possible abusive touches and ask about any other times (places) it happened.

• It is best to avoid leading and suggestive questions; instead, maintain a “tell-me-more” or

“and-then-what-happened” approach.

• Avoid showing strong emotions such as shock or disbelief.

**3.3. Features of a child’s account**

• The following are the features of a child’s account that increase its credibility:

• Explicit details of the nature of abuse

• Vocabulary and language consistent with the child’s age (which greatly minimizes the risk that the child has been tutored)

• Consistency in core elements of the child’s account

• Psychological response to abuse (e.g, fear, guilt, and low self-esteem)

• Absence of motivation or undue influence to indicate that the account may be fabricated

• Precocious knowledge of sexuality

• Sexualized themes in drawings and play

• Additional information to obtain includes changes in the child’s behaviour, specifically sexualized behaviours, and—especially in young children—the names the child uses for body parts (e.g., breasts, vagina, penis, and anus).

• The child and the parent should be informed and reassured that the pediatric forensic examination is not invasive or painful and does not routinely include the use of internal instrumentation or speculum insertion.

• Essential details in case of inflicted trauma include the size and type of penetrating object, the degree of discomfort associated with the act, the number of episodes of contact, whether any treatment was sought and received, and the interval of time that has elapsed between the last incident of abuse and the examination.

37

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**3.4. Consent of the victim**

Consent of parent or the guardian of the child victim may be asked for the following purposes: examination, sample collection for clinical and forensic examination, treatment and police intimation.

*(a) Informed consent*

• Consent should be informed, i.e. the person giving the consent should be told about the purpose, expected risks, side effects, and benefits of the examination, and the amount of time it will take. This information should be given before the examination is conducted, in a form, language and manner that the child and his parent/ guardian can understand.

• A child victim and family may approach a health facility under three circumstances, and informed consent must be taken in all:

a) On his/her own only for treatment for effects of assault;

b) With a police requisition after police complaint; or c) With a court directive.

• If a person has come directly to the hospital without the police requisition, the hospital is bound to provide treatment and conduct a medical examination with consent of the survivor/parent/guardian (depending on age) Rule 5 (3) POCSO Rules, 2012.

**Note: Even if the child or parent doesn’t give consent for medical examination you can still provide them with medical treatment.**

• If a child victim has come on his/her own without FIR, but may require a medical examination and treatment, even in such cases the doctor is bound to inform the police under POCSO (Section 20).

• Police personnel should not be present during any part of the examination.

*(b) Medical examination for legal purposes*

After taking the consent, the examination needs to be conducted in the presence of a person trusted by the child (eg. parent / relative / social worker), in the absence of which, a woman nominated by the hospital, needs to be present during examination (Section 27).

**3.5. Physical treatment**

Under Rule 5 of the POCSO Act, 2012 emergency medical care is to be provided by any medical facility, private or public; and no magisterial requisition or other document is to be demanded as a precondition to providing emergency medical care. Such care includes treatment for cuts, bruises, and other injuries including genital injuries, if any. Inpatient care is recommended if the child’s safety is in jeopardy or if the child has an acute traumatic injury requiring inpatient treatment.

38



*(i) As often child victims become pregnant or contract STD, it is therefore, suggested that to prevent Pregnancy and STDs in sexually abused children*

• Pregnancy test should be done on girls.

• Urine test is as sensitive and accurate as blood test, and easier for patient

• The doctor must provide information about emergency contraception, and, unless medically contraindicated, offer emergency contraception.

• Legally, the child can provide consent and must be given an assurance of confidentiality for reproductive health care. The patient must provide informed consent.

• If the patient is not able to give informed consent, consent must be obtained from parents, guardian, or surrogate decision-maker

*(iii) What is the purpose of a forensic examination?*

To ascertain:

• Whether a sexual act has been attempted or completed. Sexual acts include slightest genital, anal or oral penetration by the penis, fingers or other objects as well as any form of non-consensual sexual touching. However, the absence of injuries does not imply that no assault occurred or that the child had consented.

• Whether such a sexual act is recent.

• Whether any injury has been caused to the child’s body.

• The age of the child, in the case of adolescent girls/boys.

• Whether alcohol or drugs have been administered to the child.

**NOTE: Do not conduct “Two” finger test on victims of sexual assault. Past sexual experience has no bearing on the current case of sexual violence.**

**3.6. Collection and preservation of evidence**

Collection and preservation of evidence using the SAFE Kit -

• Do a thorough medical and forensic examination, as valuable evidence is lost after repeated examinations.

• Preserve the clothes and other relevant material that the child was wearing at the time of the incident.

• Collect materials, swabs and samples for DNA profiling/ forensic evidence from hair, nails, body surfaces or orifices, any product of conception, before washing /cleaning / before the child urinates / defecates. Collect blood samples for intoxicants and blood group.

• Ensure proper labeling, storage, preservation and chain of custody is established for samples and materials being handed over for forensic examination. Critical forensic evidence, especially DNA, could be lost or contaminated unless care is taken.

• For a girl who has attained menarche, Emergency Contraception is advised.

The report has to be prepared as per guidelines, namely: -

39

National Commission For Protection of Child Rights

• Demographic details of the child and the contact details of the person who brought the child.

• The approximate age of the child and two identifying marks.

• Materials taken from the child for DNA profiling / forensic evidence which includes:-

• Details about any injury, minor or major, on the body of the child. Absence of injuries, does not rule out sexual assault.

• Mental and emotional condition of the child.

• Any other useful information.

**3.7. Medico-legal and ethical issues**

POCSO Act provides for mandatory reporting of sexual offences against children, so that any adult, including a doctor or other health care professional, who has knowledge that a child has been sexually abused is obliged to report the offence (Sections 19, 20, 21).

However, he or she is not expected to investigate the matter, or even know the name of the perpetrator. This should be left to the police and other investigative agencies. The report may be made to the Special Juvenile Police Unit, or to the local police station. Alternatively, a call can be made to the Childline Helpline at toll free number i.e.1098 and they can then assist the informant in making the report.

The Act does not lay down that a mandatory reporter has the obligation to inform the child and/ or his parents or guardian about his duty to report. However, it is good practice to let parents/guardians know that action to report will be taken.

This will help establish an open relationship and minimize the child’s feelings of betrayal if a report needs to be made. When possible, the medical professional should discuss the need to make a child abuse report with the family and with the child if in his/her best interest, according to the age and maturity of the child. However, be aware that there are certain situations where if the family is warned about the assessment process, the child may be at risk for further abuse, or the family may leave with the child.

**3.8. Do’s and Don’ts**

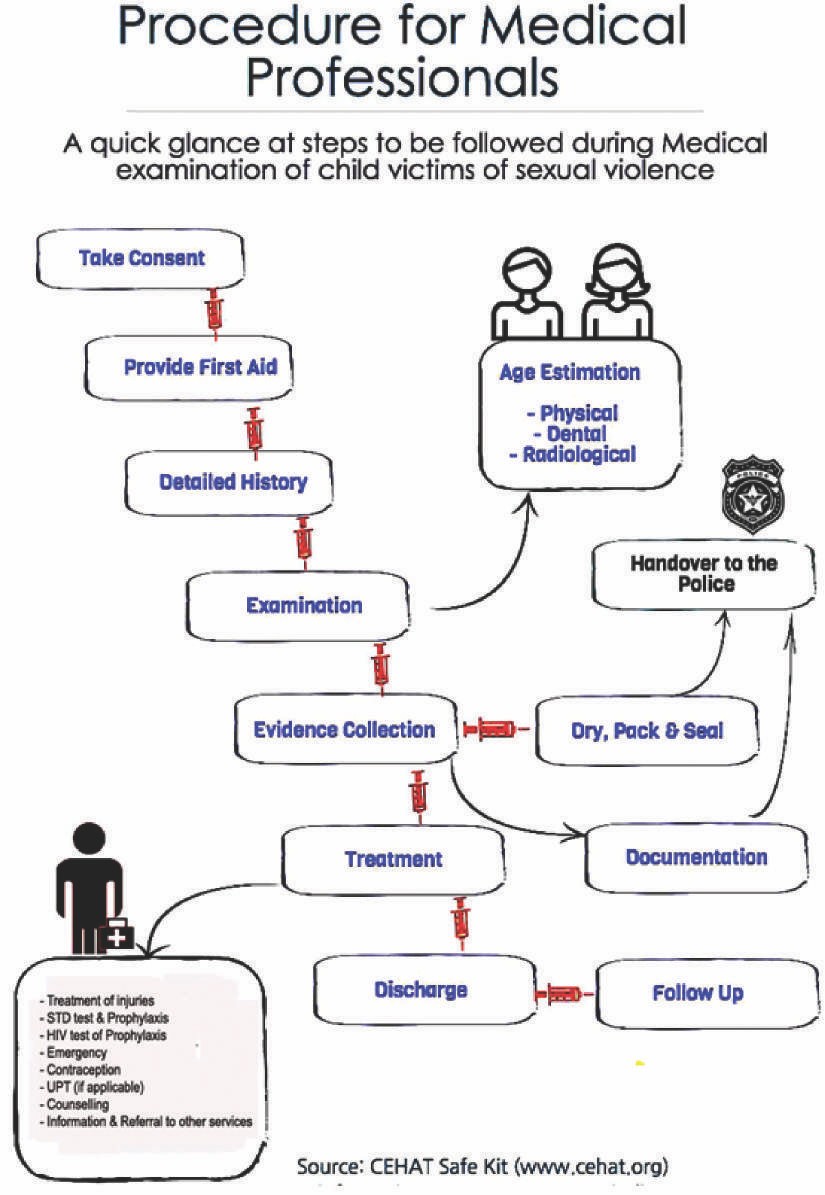
|  |  |
| --- | --- |
| **Do’s** | **Don’ts** |
| **How to Act** | |
| Be Patient and Calm | Don’t Pressurize the Victim for their Story. Don’t speak rapidly |
| Let the victim know you are listening. e.g:- Nod  Your head | Don’t look at your watch or cell phone. |
| Attitude |  |
| Acknowledge how the victim is feeling | Do not judge. Do not say “You should not feel this way” |
| Give the victim the opportunity to ask what they want. You may ask, ”How can we help you.” | Do not assume what you think would be best for them. |

40



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| --- | --- |
| Encourage victim to keep talking. You may ask, “Do you want to tell me more?” | Wait until victim has finished talking before asking questions. |
| Allow for silence. | Do not finish the victim’s thoughts. |
| Stay focused on the victim’s experience and offering them support. | Do not relate somebody else’s story or even your own experiences. |

**3.9.**



41

National Commission For Protection of Child Rights

**GUiDELiNEs FOR REsPONDiNG TO CHiLDREN**

The prevalence of child sexual abuse in India known to be high. A National Study on Child Abuse conducted by the Ministry of Women and Child Development showed that more than 53 per cent children across 13 states reported facing some form of sexual abuse while 22 per cent faced severe sexual abuse. Both boys and girls reported facing sexual abuse.

Most commonly, abusers are persons who are well known to the child and may even be living in the household. Children are considered soft targets for sexual abuse because they may not realize that they are being abused. Abusers are also known to use chocolates and toys to lure children. Further, children are more easily threatened and less likely to speak out about abuse.

While the principles of medical examination and treatment for children remains the same as that for adults, it is important keep some specific guidelines in mind:

• In case the child is under 12 years of age, consent for examination needs to be sought from the parent or guardian.

• Children may be accompanied by the abuser when they come for medical treatment, so be aware and screen when you suspect abuse. In such situations, a female person appointed by the head of the hospital/institution may be called in to be present during the examination.

• Do not assume that because the child is young he/she will not be able to provide a history.

History seeking can be facilitated by use of dolls and body charts.

• Believe what is being reported by the child. There are misconceptions that children lie or that they are tutored by parents to make false complaints against others. Do not let such myths affect the manner in which you respond to cased of child sexual abuse.

• Specific needs of children must be kept in mind while providing care to child survivors in addition the survivor themselves.

• Health professionals must make a note of the following aspects while screening for sexual abuse.

Assurance of confidentiality and provision of privacy are keys to enabling children to speak about the abuse. However genital and anal examination should not be conducted mechanically or routinely. A few indicators for routine enquiry are-

- Pain on urination and/or defecation

- Abdominal pain/generalised body ache

- Inability to sleep

- Sudden withdrawal from peers/adults

- Feelings of anxiety, nervousness, helplessness

- Inability to sleep

- Weight loss

- Feelings of ending one's life

42



**4.0. ROLE OF CHiLD WELFARE COMMiTTEE (CWC)**

The Child Welfare Committee plays a key role in ensuring that child victims of sexual offences receive necessary care and protection (Section 30 of J Act, 2015).

**4.1. Placement of the child**

On receiving the report of a child victim of sexual offences from the SJPU/Police the CWC must determine, within 3 days, whether or not the child must be removed from his family or household and placed in a Children’s Home under the JJ Act, 2015 (Rule 4 (4) of POCSO Rules,

2012).

**4.2. Key points to remember while assessing a ‘Child in Need of Care and**

**Protection’: -**

(a) Not every child who is a victim of sexual offences is a child in need of care and protection.

If the child’s family is supportive and fit to attend to his/ her care and protection needs, the child need not be removed or relocated from his/ her home.

(b) Circumstances where the child is in need of care and protection are as follows:-

(c) Child is living in the same house or shared household with the accused or with a person who is likely to commit the crime.

(d) Child is residing in a childcare institution and does not have any parental support. (e) Child who is without home and parental support.

(f ) Child is at extreme risk or danger if they continue to live in their house or household.

**4.3. steps to Follow When Assessing the Child’s situation {Rule 4 (5) of POCsO Rules,**

**2012}:**

(a) Inform child and parent/guardian that an assessment is underway. (b) Take the preferences and opinions of the child into account.

(c) Safety and confidentiality of the child should be maintained at all times.

(d) Assess the capacity of parents to provide care and protection including counseling and medical needs.

(e) Factor the age, maturity, gender, social and economic background of the child and family.

(f ) Check for history of violence and abuse. (g) Check for disability and/or chronic illness. (h) Check for other relevant factors.

(i) Ensure that the assessment is completed within 3 days.

**4.4. Appointing a support Person**

• If CWC feels that the child victim and family are in need of assistance during investigation and trial, it can appoint a Support Person. The child and his family/guardian can appoint a

43

National Commission For Protection of Child Rights

Support Person of their choice (Rule 4 (7) of POCSO Rules, 2012).

• The services of the Support Person can be terminated by the CWC if it receives a request for the same from the child and the family/guardian (Rule 4 (10) of POCSO Rules, 2012).

**4.5. Tips to interact with Children**

• While interviewing child victims of sexual abuse, Health Workers responsible for investigative interviewing of children in cases of alleged sexual abuse may find it useful to bear in mind the following: (based on WHO and UNICEF guidelines) -

• All children should be approached with extreme sensitivity and their vulnerability recognized and understood.

• Attempt to see things from the child survivor’s point of view and sharing that understanding with the child survivor.

• Empathy can be communicated through verbal and non-verbal communication. Negative, angry, accusatory reactions can further traumatize and harm a child who has disclosed sexual abuse, whereas a calm, affirming and supportive reaction can foster a child’s feeling of safety and acceptance - both of which help the process of recovery and healing.

• Try to establish a neutral environment and rapport with the child before beginning the interview.

• When gathering history directly from the child it may be worth starting with a number of general, non-threatening questions, for example, “What grade are you in at school?” and “How many brothers and sisters do you have?”, before moving on to cover the potentially more distressing issues.

• Try to establish the child’s developmental level in order to understand any limitations as well as appropriate interactions. It is important to realize that young children have little or no concept of numbers or time, and that they may use terminology differently to adults making interpretation of questions and answers a sensitive matter. Always identify yourself as a helping person.

• Ask the child if he/she knows why they have come to see you.

• Establish ground rules for the interview, including permission for the child to say he/she doesn’t know, permission to correct the interviewer, and the difference between truth and lies.

• Ask the child to describe what happened, or is happening, to them in their own words.

Always begin with open-ended questions.

• Avoid the use of leading questions and use direct questioning only when open-ended questioning/free narrative has been exhausted. Structured interviewing protocols can reduce interviewer bias and preserve objectivity.

• When planning investigative strategies, consider other children (boys as well as girls) who may have had contact with the alleged perpetrator. For example, there may be an indication to examine the child’s siblings.

• Also consider interviewing the caretaker of the child, without the child being present.

44



**4.6. Child Welfare Committee**

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| --- | --- | --- |
| **A. Do’s** | **Don’ts** | |
| Take a note of every report that is reported under POCSO Act by the police to the CWC | Insist on the meeting/every child to be produced in front of the CWC after a case has been registered under POCSO Act | |
| Read the documentation and statement of the child carefully before insisting on recording the statement of the child | Record the statement of every child victim who comes in contact with the CWC | |
| Determine within 3 days, on your own or with the assistance of a social worker, whether the child needs to be taken out of the custody of his family or shared household and placed in a Children’s Home or a Shelter Home | Unnecessarily delay the process of assessment of the child | |
| Ask an external agency for a thorough social investigation report of the child and the family in certain cases where deemed necessary. | Ask the external agency for a home investigation report without issuing them proper orders that state the purpose of the social investigation | |
| Assess the options for long term rehabilitation of the child within the family or the community. | Institutionalize children unless and until there is a high risk for the child in the community or the family | |
| **b. FACTORs TO CONsiDER WHEN DECiDiNG ON THE CUsTODY OF THE CHiLD** | | |
| • Best interests of the child at all given points, the child is not subjected to any inconvenience or injury during the inquiry process;  • Capacity of the parents, or of either parent, or of any other person in whom the child has trust and confidence, to provide for the immediate care and protection to the child; and their capacity to cater to medical needs and counselling;  • The need for the child to remain in the care of parents, family and extended family and to maintain a connection with them;  • Child’s age and level of maturity, gender, and social and economic background;  • Disability of the child, if any;  • Any chronic illness from which a child may suffer;  • Any history of family violence involving the child or a family member of the child; and  • Any other relevant factors that may have a bearing on the best interests of the child. | | |
| **C. Appointment of support Persons & their assessment** | | |
| **Do’s** | | **Don’ts** |
| Issue a proper order appointing NGOs as Support Persons or Support Agencies to support the child throughout the process of investigation and trial | | Get an NGO involved without issuing a proper order for the same |

45

National Commission For Protection of Child Rights

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| --- | --- |
| Ask the Support Agency/Support Person to give regular written updates about the status of the proceedings of the child’s case | Miss out on the regular updates on the rehabilitation and case proceedings |
| Terminate the services of the Support Agency/Support Person if you feel they are not performing their duties in the best interest of the child or if the child or their parents/guardians are requesting such termination | Continue to access the services of Support Agencies/Support Persons without a proper review and feedback from victims and families |
| Access the list of resources from the District Child Protection Units – NGOs, special educators, translators, experts who can help children in POCSO cases | Duplicate or create a new list of experts if there is already one available at the district |
| Summon the Investigating Officer incase you find the investigation is not proceeding according to the regular standards | Forget about the case after the initial social investigation and appointment of Support Person is made |

Suggested Template: Appointment of Support Person

Date:

To,

Name of the person:

Organization:

As per rules, section 4 sub-Section (7) of the Protection Of Children from Sexual Offences Act,

2012 has been appointed as a support person/support or- ganisation for child (name of the child) son/daughter/ward of

residing at (in case the child is in a child care institution) currently living at

You are hereby requested to submit a monthly/quarterly progress/update report of the above men-

tioned child.

(Signature) (Signature)

Child Welfare Committee Member Child Welfare Committee Member

46



**sUGGEsTED CHECK LisT FOR CWCs**

**D. FOR CAsEs UNDER POCsO ACT**

**CWC plays a crucial role in ensuring support, care, protection and rehabilitation of victims of sexual offences:**

• Take a note of every report made to you by the police under POCSO Act;

• Don’t insist on every child being produced in front of the Bench;

• Don’t record the statement of every child produced in front of you;

• Determine within 3 days whether the child need to be taken out of custody of institutionalized;

• Appoint an external agency for thorough Social Investigation Report when required;

• Issue a proper written order to the external agency for the visit and social investigation;

• Don’t institutionalize the child without proper assessment of all options of Rehabilitation.

**E. FOR DECiDiNG A CUsTODY**

**CWC has to thoroughly assess the following key factors before deciding on the custody of child victim**

• Ensure best interest of the child and with no inconvenience to the child;

• Capacity of parents/guardians to provide immediate care and protection;

• Capacity of parents/guardians to cater to medical needs and counseling;

• Need of child to remain in care of his parents/extended family and maintain contact with them;

• Child’s age, level of maturity, gender, social and economic background;

• Disability or any chronic illness from which the child may suffer;

• History of family violence involving a child or a family member of the child.

**F. FOR APPOiNTMENT OF sUPPORT PERsON**

**CWC has the authority to appoint a support Person/support Agency for helping a child victim through investigation and trial under the POCsO Act.**

• Ask the District Child Protection Unit to provide a list of Support Agencies, experts, interpreters and translators;

• Issue a written order with signatures of two Members and stamp stating the name of the

Person/Organization being appointed in the case;

• Seek regular monthly and quarterly updates on the status of the child and case proceedings;

• Assess the services of the Support Agency/Person through proper review;

• Seek feedback from the victim and their family/guardian on services of the Support

Person;

• Terminate the services of Support Person/Support Agency if they are not performing their duties or when the child/parents/guardians demand such termination.

47

National Commission For Protection of Child Rights

**5.0. ROLE OF NGOs AND sUPPORT PERsONs**

POCSO gives Non- Governmental Organizations (NGO), Social Workers, Special Educators, Counselors and other experts a legitimate role to support victims and families through the entire process starting from registration of a complaint to trial and long-term rehabilitation.

NGOs may play the roles of a “support person”, “expert”, “special educator”, [as defined under Rule 2 (c, d, f ) & 3 of POCSO Rules, 2012] or as interpreters and translators. A person familiar with the manner of communication of the child or whose presence is conducive to communicating with the child has also been defined under the Rules [Rule 2 (e)].

“Support Persons” have a two-fold role in cases of sexual offences against children -

• Throughout the legal proceedings – from investigation to trial; and

• Ensuring long term rehabilitation and well being of the child.

The “Support Person” may be engaged during any of the following stages:

**A:** From the time of registration of the complaint (parents might approach or the Child

Welfare Committee (CWC) might ask the Support Person to intervene)

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| **Role at the time of registration of complaint** |
| Accompany the parents/guardians to the police station to register the complaint  (make sure you do not take the child to the police station) |
| Approach the nearest CWC to get an official order appointing you/your agency as a  Support Person in the case |
| Be present through the statement recording of the child |
| Be present through the medical examination of the child |
| Conduct a thorough Needs Assessment/Home Study of the child with the prior permission of the CWC |
| Support the child throughout the process of investigation & trial in courts |
| Work towards a comprehensive care plan and long term rehabilitation of the child |

**b:** After the complaint has been registered and the case comes to the notice of the CWC

|  |
| --- |
| **Role after the complaint has been registered** |
| Be present through the statement recording & medical examination (if it has not been done already) |
| Approach the nearest CWC to get an official order appointing you/your agency as a  Support Person in the case |
| Conduct a thorough needs assessment/home study of the child with the prior permission of the CWC |
| Support the child throughout the process of investigation & trial in courts |
| Work towards a comprehensive care plan and long term rehabilitation of the child |

48



**5.1. Role of Person or Organization working in the field of child rights and support**

**Persons**

Under POCSO Rule 4 (7), CWC, on the basis of its assessment and with the consent of child and his parent or guardian or other person in whom the child has trust and confidence, may appoint a person or organization working in the field of child rights or child protection or an official of a children’s home or shelter home having custody of the child or a person employed by the DCPU, as a support person to render assistance to the child through the process of investigation and trial. Ensure you have a proper order (See Annexure template attached) from the CWC stating that you are a support person or a support organization assigned to the case. Carry the copy of the order with you at all times.

*(i) Recording the Statement of the Child:*

Ensure that the police do not come in uniform [Section 24 (2)]. They should come to a place of choice and comfort for the child [Section 24 (1)]. It could be the residence, a community centre or any other place where the child is comfortable.

As far as practicable a Woman Police Officer not below the rank of Sub-Inspector should record the statement of the child [Section 24 (1)].

Check if the police personnel are using any audio-video device to record the statement of the child [Section 26 (4)], if yes, take the consent of the child to speak on camera or recording.

Ask the child who can be present during the recording – you and any other person whom the child has trust and confidence in can be present throughout the statement of the child.

*(ii) During registration of the complaint:*

• Accompany the parents/guardians of the child to the police station (DO NOT TAKE THE CHILD TO THE POLICE STATION)

• Ensure that the police register an FIR, record the complaint the writing [Section 19 (2)]

• Read over the complaint to the informant/complainant [Section 19 (2)]

• Give them a copy of the complaint [Section 19 (2)].

Fix an appointment with the police for the next steps i.e. recording the statement of the child and medical examination. Inform them of the place of convenience for the child and ensure they agree to come to that place for recording the statement of the child.

*(iii) Thorough needs assessment & rehabilitation of the child*

As a support agency you must work with the Child Welfare Committee in ensuring that you conduct a thorough needs assessment of the child and the family. A few important aspects to be looked at while doing the needs assessment are:

• Mental health condition and need for counseling

• Medical needs (short term and long term)

• Educational needs of the child

49

National Commission For Protection of Child Rights

• Socio-economic profile of the family

• Protective factors in the family and community

• Immediate and perceived threats

• What does the child feel about his/her future?

• What does the family feel about the child’s future?

Based on the above a detailed care plan must be prepared by the agency and the child has to be supported through comprehensive long-term rehabilitation.

Make sure you submit regular reports to the Child Welfare Committee about the status of the child and your intervention.

**5.2. steps to be followed by support Persons:**

• Build rapport with the child, build the trust and confidence of the child and the family as you start interacting with them. Remember the abuser has broken the trust of the child, thus, it is going to take a while for the child to trust another adult who is potentially a stranger.

• Legal Proceedings: Inform the parents/guardians of the proceedings of the case with details of available assistance, judicial procedures and potential outcomes of the case.

• Inform the child of the role he/she may play in the judicial process.

• Constantly communicate and convey to the relevant authorities the concerns of the child/

family, if any, regarding his/her safety.

**Ensure:**

• You get a written order from the local Child Welfare Committee stating your role as a

Support Person in the case. Keep a copy of this order handy at all times.

• Inform the local police or the SJPU that they need to inform the Special Court in writing within 24 hours of your assignment as a Support Person in the case [Rule 4 (9) of POCSO Rules, 2012].

• Give a copy of the order to the child and the family and inform them of your role in supporting them in the case. Most importantly assure them of full guidance and support throughout the proceedings of the case.

**5.3. Coordination with the police**

Ensure that the police inform the parents/guardian of the child and yourself about the developments in the case:

• Arrest of the accused

• Applications filed

• Court Proceedings

The Police must give the child and the family information about:

• Availability of emergency services for the child and family. This includes crisis services

50



• Procedural steps involved in the criminal proceedings

• Availability of victim compensation benefits

• Status of the investigation of the crime (to an extent it is appropriate for the police to inform the victim and to the extent that it will not interfere with the investigation)

• Arrest of the suspected offender

• Filing of charges against the suspected offender

• Schedule of court proceedings that the child is required to attend

• Bail, release or detention of the offender

• Verdict of the trial and sentence imposed on an offender

**5.4. Tips for preparing the child:**

Usually a statement recording can take anywhere between 2 to 6 hours. Inform the child and the parents about the same.

• Ensure that the child has eaten well, is not feeling sick or uncomfortable.

• Inform the child that the police play an important role in punishing the perpetrator.

They are coming to ask the details of the case so that they can punish the perpetrators. Reinforce that you are there to help the child and the child need not feel uncomfortable.

• Most of the times children feel extremely uncomfortable and shy to talk about the nature of the sexual abuse and the details of the crime. Sometimes they might ask you, “Why do I need to give all these details?” Inform them that it is in their interest if the statement comes out in detail. The statement is used as an evidence to punish the perpetrator.

• Keep a bottle of water, some toys, and colouring paper handy for the child.

• Facilitate the interaction between the police and the child. Always remember to maintain a body language where the child feels that you are present to support him/her.

• Ensure that there is no aggressive questioning or leading questions posed to the child by the police. If they do so, politely ask them to stop.

• Ensure that the police take down the statement in the words of the child as described by the child. It is important to record the statement of the child in the language that the child is comfortable. E.g. If the child says “He touched me on the part from where I go to the bathroom” ensure that the police write this down as it is, they should not write it as “He touched me in my vagina/penis”

• Insist that the police should read over the statement to the child and the child approves of the statement.

• Throughout the entire process ensure that the child gets frequent breaks and rest.

**Note: You might have to sign the document as a witness. Do share your proper details with the police.**

*(i) Regarding Medical examination*

• Ensure that the child doesn’t feel threatened or scared during the process of a medical examination, spot identification or identification of the accused.

51

National Commission For Protection of Child Rights

• The medical examination of a girl child has to be done by a woman doctor in the presence of a trusted adult with the child [Section 27 (2)].

• Please note that it is important for the parents/guardians to give consent for medical examination if the child is below the age group of 12 years. If the child is above 12 years, the child can give consent.

• In case the parents/guardians or the child doesn’t want the medical examination to be conducted, they can refuse the same. The doctor has to document informed refusal. However, the doctor has to provide medical treatment to the victim if he/she is in need of it.

• The child/parents must get a copy of the medical certificate free of cost.

**Note: Medical examination is to be conducted as per the provisions of section 27 of the**

**POCsO Act, 2012 and section 164A of the Cr. PC, 1973.**

*(ii) Regarding Spot identification & identification of the accused*

Give enough time to prepare the child about the procedure and mention that he/she might have to see the accused only to tell the police who exactly is the person who did wrong to them. You or any other trusted adult should be allowed with the child during these procedures.

*(iii) Regarding 164 Cr. PC statement & Evidence in Courts*

As a Support Person/agency you must be allowed to be present with the child as the child’s statement and evidence gets recorded in court. Please make sure that you are in touch with the Public Prosecutor in the case and work with them to ensure that the court proceedings go smoothly. It is also their duty to take the children to the court and drop them back, take the child to the court in advance and make the child meet the judge, if possible, familiarize the child with the court atmosphere.

Inform the child about the need to give this statement/ testimony in front of a judge during trial.

Make sure that the child gets frequent breaks, is fed well and feels comfortable while deposing before the judge during trial.

52



**6.0. ROLE OF sCHOOL AUTHORiTiEs AND TEACHERs**

As the child grows and develops, they begin spending as much time at school as they do at home. The recent spate of reports of child sexual abuse in school premises or by people working in schools has been a worrying trend. In almost every case, the trauma of child is aggravated because of the school’s unpreparedness in the handling cases of the sexual abuse. The tragedy is not just that the abuse took place because of a lapse in the child protection system but it is doubled by the fact that schools are often trying to silence the incident to wash their hands off it; some schools even blame the child and the parents. As a caregiver or a teacher, children and parents trust school staff unconditionally. In many instances, children open up to them about their issues even before they talk to their parents. Safeguarding this trust is the responsibility of school authorities. It is crucial that the authorities act decisively, quickly and systematically in the face of a complaint of child sexual abuse.

A school that has not taken into account how it will protect its children and how it will respond to potential cases of sexual abuse is an unsafe school.

**6.1. Child Protection Policy of the school**

A school’s Child Protection Policy is a statement that defines the school’s commitment to safeguard children from harm and abuse. It specifies the staff and others’ responsibilities and roles in the protection of children. The child protection policy has to be a strong reflection of the schools commitment to protect its children. It has to be implemented through every aspect of the school administration and management. Schools must specify how the policy will be put into action.

**The policy must apply to all personnel and persons related to the school and who come in direct or indirect contact with children.**

**Direct Contact with Children:** Those personnel who are with and in the physical presence of a child or children as part of their professional or school related work, be it regular, occasional, temporary or long term.

**indirect Contact with Children:** Those personnel whose work does not require them to be in the physical presence of a child but encompasses access to personal details and information, data on children including photographs, case files etc.

**suggested Check List Child Protection Policy**

**Child Protection Policy (CPP)** is a document that highlights organizational position on child protection and mechanism to protect children. District Child Protection Unit, while selecting group foster care setting, shall also consider existence of Child Protection Policy

{Rule 23 (13) (iii) of JJ Rules, 2016}. Following checklist may help to self evaluate one’s workplace and start the process. **Does your organization have?**

• Child Protection Policy;

• Children Welfare Committee;

• Child Protection Officer;

53

National Commission For Protection of Child Rights

• Background Information/Police clearance for staff, volunteers, visitors;

• Workshops with children and others (including staff ) on Child Protection Policy;

• System to reinforce principles of Child Protection among your team members;

• System to evaluate and update your Child Protection Policy;

• Suggestions Box.

If you have ticked every box in the checklist your organizational policy is active and up- to-date.

If you have missed out on a few boxes your organizational needs to develop a CPP best suitable for your workplace.

**6.2 Proactive measures to prevent child sexual abuse**

• The Child Protection Policy must broadly cover the following actions:-

• Schools must conduct background check & police verification for all staff members including contract employees. In several cases of abuse that have occurred within schools, it has been observed that the abuser has had a previous history.

• All employees to sign a copy of the terms and conditions related to child protection after they join the school. They must be provided with ID cards.

• Clear boundaries need to be defined in interaction between staff and child. (e.g.:- No staff shall take the child to the bathroom alone without being accompanied by a helper, no teacher will lock the classrooms from inside).

• Install CCTVs in classrooms and in school premises and ensure that their feed is monitored.

• Lay down policies and safe boundaries around photographing children, using photographs of children, Internet and technology usage within the school premises.

• Arrange for regular sessions on personal safety with all children (this includes talking about body parts, online safety, and protection from abuse).

• Orient all staff members on detecting the warning signs of sexual abuse among children.

• Train all staff members and support staff on child protection norms and child sexual abuse prevention.

• Engage in active dialogue with parents and help ensure that parents are aware of the issues faced by children.

• Try and recruit a full time counselor or a visiting counselor to the school.

• Thorough monitoring of activities of all teachers, visiting faculty and strangers by their immediate supervisor; an internal vigilance committee may be constituted.

• Ensure children leave school only with parents or authorized personnel.

54



**6.3. Complaints mechanisms**

*(i) How to Respond to Child Safety Violations?*

A school needs to have a plan for handling crises within the school. The plan needs to assign roles and responsibilities for all stakeholders and lay down the system for reporting. The plan needs to pre-emptively assess and accommodate for any kind of crisis that can befall a child in their care - either within the school or outside the school. For example, situations when:

• A child may disclose something that has upset or harmed them

• Someone else might report something that a child has told them, or that they believe that a child has been or is being harmed

• A child might show signs of physical injury for which there appears to be no explanation

• A child’s behaviour may suggest he or she is being abused

• The behaviour or attitude of one of the workers towards a child may cause concern

• A child demonstrates worrying behavior towards other children.

• Have a Child Protection Committee and a Child Protection Officer who is a designated staff responsible for coordinating the Committee and the protection systems.

• Ensure that an academically or emotionally troubled student is identified and given quick attention.

• Keep a clear, written record of any concern identified.

• Lay down clear guidelines on how to discuss the concern with the child and/or family

– who will speak to the family, when should the family be involved, etc.

• Have a list of Organizations and “Support Persons” who can help the school handle cases of sexual abuse.

*(ii) Disciplinary action for misconduct*

Schools must have a strong system in place for taking swift action and reporting cases of sexual abuse. Allegations made against staff should trigger an investigation and formal disciplinary process (as appropriate). Immediate action must be taken to sever all contact between abuser and child and an inquiry must follow. Under the law, all cases of sexual offences against children need to be reported to the nearest police station [Section 19 (1)]. Holding an internal disciplinary inquiry cannot be a ground for not reporting the matter to the police. The process leading to decision making should be well documented and all facts or written allegations and responses kept on file.

*(iii) Written Child Protection Policy*

A Child Protection Policy should be clearly written, using words and phrases that will be easy to understand by the group or community concerned. The process of drafting the child protection policy should be collaborative and involve people working on different areas within the school. The process of drafting can include child participation also. When writing a child protection policy, it is useful to think about the ways that people in

55

National Commission For Protection of Child Rights

a school or group might raise a concern. The Child Protection Policy must be constantly revised and prominently displayed and always accessible.

**6.4. Child safe and Child Friendly school Environment**

The school’s physical surroundings make the first impact on a student. A sense of cleanliness, order, inclusiveness and openness can stimulate a child’s interest and curiosity in studies. e.g.:- fresh coat of paint, well-lit and monitored classrooms, toilets and passages etc. Orient and engage students and parents on the ways in which they can help make the school a safe and welcoming place. It needs to be done early in the school year and repeated throughout the year. e.g.:- Ensure that the parents are aware of the school’s child protection policy. It is essential that they have a copy of it with them.

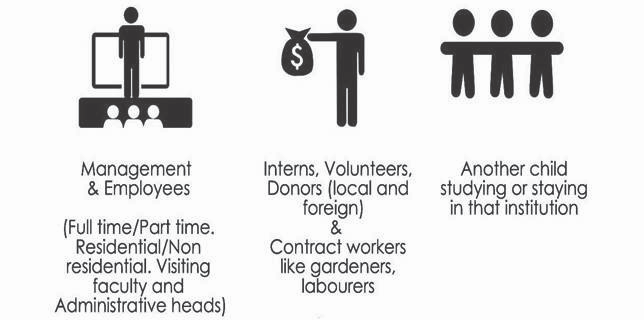
The foundation of co-operation between the home and the school is communication. Children learn best when the lessons provided in school are supported at home. e.g.:-Parents also too need to be oriented and engaged in issues like personal safety. This ensures that the school and the parent are on the same page and therefore, they are not confusing the child by contradicting each other. The simplest rules are the building blocks of school discipline. Enforcement of the rules, even those rules that seem least important towards learning, should be taken very seriously by all staff. It is therefore, important to have a Child Protection Policy for all organizations/ institutions.

**7.0. sEXUAL AbUsE iN CHiLD CARE iNsTiTUTiONs**

**A: Children are in danger of being abused by**

**iNsiDERs**

**i.e. individuals who are a part of the institutions**



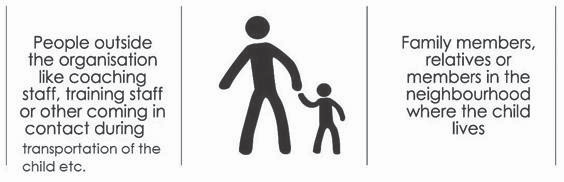
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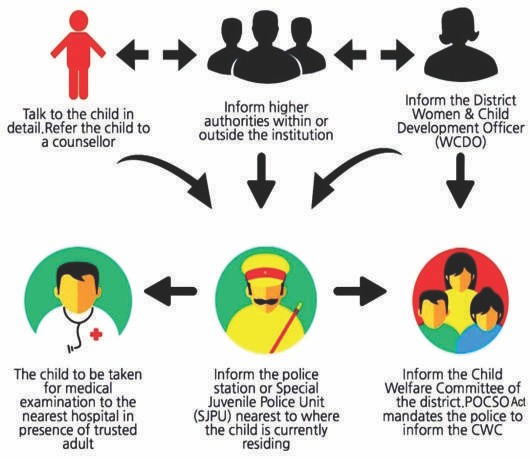
**and**

**OUTsiDERs**

indivi**i**duals who are external to the institutions



**b. When a child share/complains about an incident of CsA to anybody in an institution, adopt the following procedure:**



**Note: it is mandatory to report child sexual offence to the nearest police station. individuals/institutions failing to do so are liable for punishable under the POCsO Act,**

**2012.**

57

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**8.0. ROLE OF sPECiAL COURT**

To facilitate speedy trials, the State Governments have been given the mandate to designate a Sessions Court as a Special Court for trial of offences under POCSO [Section 28 (1)].

When a person is prosecuted for committing or abetting or attempting to commit any offence under Sections 3, 5, 7,9,12,13,14 & 15 of POCSO Act, 2012, the Special Court shall presume, that such person has committed or abetted or attempted to commit the offence unless the contrary is proved. Therefore, onus lies on the accused to prove innocence (Section 29). The Special Court will also presume culpable mental state of the accused unless it is proved contrary (Section 30).

**8.1. Recording of the statement**

During the recording of statements under Section 164 of Cr. PC, the Magistrate shall record it verbatim (in the words of the child). The statement shall be recorded in the presence of the parents of the child or any other trusted adult (Sections 25 and 26). The assistance of a translator, interpreter, special educator, an expert or any person familiar with the manner of communication of the child may be taken wherever necessary [Section 26 (2)]. Magistrate shall ensure that statement of the child is recorded by audio-video electronic means, wherever possible [Section 26 (4)]. Neither the accused nor the advocate of the accused may be present during the recording [Proviso to Section 25 (1)].

The Magistrate will provide the child and his parents or his representative, a copy of the document upon the final report being filed by the police [Section 25 (2)].

**8.2. POCsO Act provides procedure and powers of special Court (section 33):**

(1) A Special Court may take cognizance of any offence, without the accused being committed to it for trial, upon receiving a complaint of facts which constitute such offence, or upon a police report of such facts.

(2) The Special Public Prosecutor, or as the case may be, the counsel appearing for the accused shall, while recording the examination-in-chief, cross-examination or re- examination of the child, communicate the questions to be put to the child to the Special Court which shall in turn put those questions to the child.

(3) The Special Court may, if it considers necessary, permit frequent breaks for the child during the trial.

(4) The Special Court shall create a child-friendly atmosphere by allowing a family member, a guardian, a friend or a relative, in whom the child has trust or confidence, to be present in the court.

(5) The Special Court shall ensure that the child is not called repeatedly to testify in the court.

(6) The Special Court shall not permit aggressive questioning or character assassination of the child and ensure that dignity of the child is maintained at all times during the trial.

58



(7) The Special Court shall ensure that the identity of the child is not disclosed at any time during the course of investigation or trial:

Provided that for reasons to be recorded in writing, the Special Court may permit such disclosure, if in its opinion such disclosure is in the interest of the child.

*Explanation.*—For the purposes of this sub-section, the identity of the child shall include the identity of the child’s family, school, relatives, neighbourhood or any other information by which the identity of the child may be revealed.

(8) In appropriate cases, the Special Court may, in addition to the punishment, direct payment of such compensation as may be prescribed to the child for any physical or mental trauma caused to him or for immediate rehabilitation of such child.

(9) Subject to the provisions of this Act, a Special Court shall, for the purpose of the trial of any offence under this Act, have all the powers of a Court of Session and shall try such offence as if it were a Court of Session, and as far as may be, in accordance with the procedure specified in the Code of Criminal Procedure, 1973 for trial before a Court of Session.

**9.0. ROLE OF sPECiAL PUbLiC PROsECUTOR**

A Special Public Prosecutor (SPP) shall be appointed to every Special Court for conducting cases only under the provisions of the POCSO [Section 32 (1)].

A Public Prosecutor is believed to represent the public interest, and not to seek conviction of the accused. At the same time he is also expected to ensure that the real culprit should not escape conviction. Public Prosecutor’s duty is to assist the court by placing the entire material collected during investigation before the court. A Public Prosecutor has to be impartial, fair and truthful while conducting the prosecution in the court.

*(i) Remand*

The first stage of the trial is the production of accused for judicial remand.

The police must approach the Special Court directly for the purposes of judicial remand.

*(II) Bail*

As per Section 2 (33) of the Juvenile Justice (Care and Protection of Children) Act, 2015, Heinous offences includes the offences for which the minimum punishment under the Indian Penal Code (45 of 1860) or any other law for the time being in force is imprisonment for 7 years or more. The offences committed against children under the POCSO Act and grant of bail to the accused should be considered carefully by all stakeholders keeping in view the safety and security of child victims and their families.

While considering the bail application for offences committed by accused under the POCSO Act, the Special Public Prosecutors should take into account all probable circumstances for fair trial. Advance notice of application for bail of the accused should

59

National Commission For Protection of Child Rights

be given to the child victim as also to the Investigating Officer to take suitable necessary steps in the case.

**9.1. How a Child should be questioned in Court (suggested Guidelines)**

Acknowledging the child victims’ rights and dignity and treating them with respect and sensitivity is the first step towards a fair trial. For child victims of sexual offences, testifying in court can be a stressful and upsetting experience and a traumatic courtroom experience can put not just the child’s recovery in jeopardy but also the very idea of truth and justice.

**summary of suggested Guidelines as to how a Child may be questioned in the Court. These guidelines are not exhaustive in nature.**

• Substituting the word ‘promise’ for the word ‘oath’ when swearing in child witnesses has become increasingly more common and accepted throughout the legal system.

• It is essential to ascertain whether a child who is placed in the courtroom and asked questions about an event, they either witnessed or experienced, can distinguish what is the truth and what is a lie. All questions must be age appropriate.

• To ascertain whether the child can distinguish truth from lies, questions relevant to the situation should be asked. For instance, “If I told your mother that you shouted at me, would that be a truth or a lie?” or “If you told your teacher that something bad happened to you, but really it did not happen to you, would that be a truth or a lie?”

• Children should be asked what might happen to them and the other person if they say something occurred and it is not true. Examples of such questions are: “If you said that your sister hit you and it really did not happen, what would happen to you for telling a lie?” and “If you said that your sister hit you and it really did not happen, but your mother believed you, what could happen to your sister?”

• Young children are very literal in their use of language, so it is essential to find out what they mean when they use certain words and not assume that then words have the same meaning as an adult would give them.

• It takes children longer to process words, so it is essential to give them time to think and respond to the question. Pausing during questioning can be very productive.

• Children will not say they do not understand, whether because they do not realize that they do not understand or because they do not want to show ignorance; they may not be aware that this is an option unless expressly told that it is.

• Use one question for each idea and start the question with the main idea. For example, ask children, “Did the bell ring when you were eating?” rather than asking, “When you were eating, did the bell ring?”

• Avoid jumping from one topic to another during questioning.

• Do not use the word ‘any’ (including ‘anything’, ‘anyone’, ‘anywhere’) as these are not specific. For instance, a very young child will not know what ‘anyone’ means and if asked, “Did you see anyone” will answer “no”. Instead ask, “Who did you see?” or “Did you see X?”

• Avoid using ‘different’ or ‘the same’ while questioning children. Asking “Was it the same as this?” is confusing for the child. By age 5 or 6, children may be able to distinguish between “the same” toy – meaning the actual one they played with – and a similar one.

60



• The word ‘inside’ is problematic for children. In sex abuse cases involving suspected penetration, a child may need to be asked if an object was inserted ‘inside’ an orifice. This is fraught with difficulties. It is essential to find out what the child understands by ‘inside’. For example, anything between the legs could be perceived as ‘inside’ by the child and the question needs to be asked in an age-appropriate way.

• Avoid using either/or questions. Adults recognize that neither choice may be accurate but this is difficult for children to do.

• Avoid using how/why questions. In relation to ‘why’, this is seen by a child as requiring them to defend themselves to justify why something happened. ‘Why’ also requires a child to be able to look at motivations, reasoning from effect back to cause, which children cannot do until about ages 7 to 10. ‘How’ may require memory of concepts; “How many times did that happen?” may require the ability to recognize intention and flow of events. Instead of asking, “How did he do that?”, ask “What did he do?” or “Show me what he did?”

• Leading questions are confusing for children and result in them giving incorrect responses.

• Pronouns (‘he’, ‘she’, and ‘they’) confuse children. It is better to name the person being talked about or to ask the child to do so.

• For a young child, questions about family, school, counting, and knowledge of the alphabet and colours can provide a sense of the child’s intelligence and memory.

• Examples of recent experiences that can be used as questions could include what the child ate or who the child saw that day. An example of past events could include what happened on the child’s birthday or holiday. These questions should be put keeping in view the socio-economic background and literacy level of the child.

**10.0. viCTiM COMPENsATiON sCHEME**

*(i) Interim Compensation*

Special Court may order compensation on an interim basis to meet immediate needs of the child for relief and rehabilitation at any stage after registration of FIR (Rule 7 (1) of the POCSO Rules, 2012).

*(ii) Final Compensation*

Courts must record reasons not only for providing compensation but also for denying it. Special Court may, in addition to the punishment, direct payment of compensation to

the child for physical or mental trauma [Section 33 (8)].

The Special Court shall account for severity and gravity of the offence, medical expenditure, relationship with perpetrator, loss of education/employment, contraction of STDs/HIV, pregnancy, financial condition of victim and other relevant factors while awarding compensation (Rule 7 (3) of the POCSO Rules, 2012).

The compensation is payable by the State Government from the Victims Compensation Fund or other schemes or funds established for the purpose (Rule 7 (4) of the POCSO Rules, 2012).

61

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The State Government shall pay the compensation ordered by the Special Court within 30 days of receipt of such order (Rule 7 (5) of the POCSO Rules, 2012). Each State government has its own Vitim Compensation Scheme. For details, check with NCPCR website: [www.ncpcr.gov.in](http://www.ncpcr.gov.in).

**11.0. REGisTERED CHiLD CARE iNsTiTTiONs (CCis)**

All Child Care Institutions whether run by government or voluntary or NGOs shall be registered under the JJ Act (Section 41).

**11.1. Reception and placement of children**

The reception and placement of children in Shelter Homes/Children Homes (CCIs) in respect of POCSO Act, has been laid down in Section 19 (5) and (6) of the Act. The SJPU or local police shall in cases where an offence has been committed is a CNCP, after having recording reasons, make the arrangements of care and protection of such child within a period of 24 hours which also includes bringing the child to a Shelter Home (CCI) or nearest hospital {Section

19 (5)}. Further, the SJPU/local police is mandated to report the need of the CNCP and steps taken to the CWC, as well as the Special Court within 24 hours.

POCSO Act, 2012 has made mandatory reporting of offences under the Act; further, the reporting of offences can be done by any person (including a child) who has the apprehension of any offence committed or likely to be committed under the Act {Section 19 (1)}. In doing so, the Act has tried to uncover heinous crimes against children, which would previously go unreported, such as, instances of incest, of sexual abuse of boys, sexual abuse in an institutional set-up, etc.

**11.2. steps to be followed**

Rule 4 (3) of the POCSO Rules, 2012 pertaining to ‘Care and Protection’ contemplates that the SJPU/Local Police on receiving complaint of offence under the Act and with the reasonable apprehension of the same being perpetuated shall produce the child before the concerned CWC together with reasons and also a request for detailed assessment by CWC. The CWC is to make an assessment within 3 days either on its own or with the assistance of a social worker as to whether the child is to be removed from the family/household and placed in a Children’s Home/Shelter Home (CCI) [Rule 4 (4) of POCSO Rules, 2012].

**11.3. Key points to remember**

The CWC while making an assessment to whether the child is to be removed from the family/ household and placed in a Children’s Home/ Shelter Home (CCI) shall vide Rule 4 (5) after having conducted an inquiry without inconvenience/injury to the child and with information to the parent/guardian take into account along with the preference/opinion of the child, the following:

• Capacity of the parents, or of either parent, or of any other person in whom the child has trust and confidence, to provide for the immediate care and protection needs of the child, including medical needs and counseling;

62



• need of the child to remain in the care of his parent, family and extended family and to maintain a connection with them;

• child’s age and level of maturity, gender, and social and economic background;

• disability of the child, if any;

• chronic illness from which a child may suffer;

• history of family violence involving the child or a family member of the child; and,

• other relevant factors that may have a bearing on the best interests of the child.

**11.4. Minimum standards of care of CCis**

The minimum standard of care for children received and placed in Shelter Homes/Children Homes (CCIs) in respect of POCSO Act, 2012 is commensurate with the standards of care and protection perceived in the Juvenile Justice (Care and Protection of Children) Act, 2015 and the rules to be framed therein. It may be noted that CCI’s for the purpose of the POCSO Act,

2012 refers to Children Homes/Shelter Homes; in this context, Section 50 of the Juvenile Justice (Care and Protection of Children) Act, 2015 envisages the standard and nature of services to be provided based on the individual care plans of each child. Further, under Section 43 of the JJ Act, 2015, Open Shelters (established and maintained by the State) are to function as a community based facility for children in need of residential support on short- term basis.

**12.0. Role of District Child Protection Units (DCPUs)**

**12.1. Role of DCPU under POCsO Act**

The District Child Protection Society under the Integrated Child Protection Scheme (ICPS) and the District Child Protection Units (DCPUs) under the JJ Act, 2015 envisages a detailed role and responsibility for protection of rights of children.

The DCPU in each district shall coordinate and implement all child rights and protection activities at district level. Rule 85 of the JJ Rules 2016 provides following functions of the District Child Protection Unit:

(i) maintain report of quarterly information sent by the Board about children in conflict with law produced before the Board and the quarterly report sent by the Committee;

(ii) arrange for individual or group counselling and community service for children;

(iii) conduct follow up of the individual care plan prepared on the direction of the Children’s Court for children in the age group of sixteen to eighteen years found to be in conflict with law for committing heinous offence;

(iv) conduct review of the child placed in the place of safety every year and forward the report to the Children’s Court;

(v) maintain a list of persons who can be engaged as monitoring authorities and send the list of such persons to the Children’s Court along with bi-annual updates;

(vi) maintain record of run- away children from Child Care Institutions;

(vii) identify families at risk and children in need of care and protection;

63

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(viii) assess the number of children in difficult circumstances and create district-specific databases to monitor trends and patterns of children in difficult circumstances;

(ix) periodic and regular mapping of all child related services at district for creating a resource directory and making the information available to the Committees and Boards from time to time;

(x) facilitate the implementation of non-institutional programmes including sponsorship, foster care and after care as per the orders of the Board or the Committee or the Children’s Court;

(xi) facilitate transfer of children at all levels for their restoration to their families;

(xii) ensure inter-departmental coordination and liaise with the relevant departments of the State Government and State Child Protection Society of the State and other District Child Protection Units in the State;

(xiii) network and coordinate with civil society organisations working under the Act;

(xiv) inquire into, seek reports and take action in cases of death or suicide in child care institutions and under other institutional care and submit the reports to the State Child Protection Society;

(xv) look into the complaints and suggestions of the children as contained in the children’s suggestion box and take appropriate action;

(xvi) be represented on the Management Committees within the Child Care Institutions; (xvii) maintain a district level database of missing children in institutional care and uploading

the same on designated portal and of children availing the facility of Open Shelter and

of children placed in foster care;

(xviii) maintain a database of child care institutions, specialised adoption agencies, open shelter, fit persons and fit facilities, registered foster parents, after care organisations and institutions etc. at the district level and forward the same to the Boards, the Committees, the Children’s Courts and the State Child Protection Society, as the case may be;

(xix) maintain a database of medical and counselling centres, de-addiction centres, hospitals, open schools, education facilities, apprenticeship and vocational training programmes and centres, recreational facilities such as performing arts, fine arts and facilities for children with special needs and other such facilities at the district level and forward the same to the Boards, the Committees, the Children’s Courts and the State Child Protection Society;

(xx) maintain a database of special educators, mental health experts, translators, interpreters, counsellors, psychologists or psycho-social workers or other experts who have experience of working with children in difficult circumstances at the district level and forward the same to the Boards and the Committees and the Children’s Court and the State Child Protection Society;

(xxi) generate awareness and organise and conduct programmes for the implementation of the Act including training and capacity building of stakeholders under the Act;

(xxii) organise quarterly meeting with all stakeholders at district level to review the progress and implementation of the Act;

(xxiii) submit a monthly report to the State Child Protection Society;

64



(xxiv) notify the State Government about a vacancy in the Board or the Committee six months before such vacancy arises;

(xxv) review reports submitted by Inspection Committees and resolve the issues raised through coordination among the stakeholders;

(xxvi) provide secretarial staff to the Committees and the Boards;

(xxvii) all other functions necessary for effective implementation of the Act including liaising with community and corporate for improving the functioning of Child Care Institutions.

(2) The District Child Protection Officer shall be the Nodal Officer in the district for the implementation of the Act and the rules.

**12.2. REGisTER/LisT OF EXPERTs/iNTERPRETERs/TRANsLATORs/sPECiAL EDUCATORs:**

Under Rule 3 (1) of POCSO Rules, 2012, the DCPU shall maintain a register with names, addresses and other contact details of interpreters, translators and special educators for the purposes of the POCSO Act, and this register shall made available to the Special Juvenile Police Unit (SJPU), local police, magistrate or Special Court, as and when required. Further, payment for the services of an interpreter, translator, special educator or expert whose name is enrolled in the register maintained under Rule 3 or otherwise, shall be made by the State Government from the Fund maintained under Section 105 of the Juvenile Justice Act, 2015, or from other funds placed at the disposal of the DCPU, at the rates determined by them, and on receipt of the requisition in such format as the State Government may prescribe in this behalf.

**12.3. AWARENEss GENERATiON/TRAiNiNG :**

The ICPS envisages that State Child Protection Societies (SCPS) in association with District Child Protection Societies/ DCPU shall facilitate/help State Governments in organization of awareness programme and training to be conducted at district level as envisaged in Section

43 of POCSO Act, 2012.

65

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**Contact details of state Commissions for Protection of Child Rights**

|  |  |  |  |
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66