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Case Series

Survivors of Child Sexual Violence in India and Their Search for Justice: A Case Series and Review of Literature

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Abstract

The Protection of Children from Sexual Offences (POCSO) Act, formulated to deal with all forms of sexual offence against children, was notified on November 14, 2012. POCSO Act is gender neutral, in that crimes committed against children will be governed by this act regardless of their gender. Reporting of abuse to Police is mandatory under this Act. The Act has laid down child-friendly practices to mitigate the consequences of reporting child sexual abuse (CSA), especially the associated social stigma. The Act prescribes for special courts, expedited trials, provisions to prevent secondary victimization of the survivor and ensuring confidentiality. Upon a cursory glance, the POCSO Act may seem like the ideal legislation to protect children from sexual offences. Unfortunately, our experiences from managing survivors of CSA have revealed a different truth. The harsh reality is that investigating authorities often blatantly disregard protocols, causing secondary victimization. These authorities sometimes fail to consider health issues and the long-term consequences, like sexually transmitted infections, pregnancy, and post-traumatic stress disorder. Survivors and their families feel frustrated with and alienated from the criminal justice system. We present here a series of 4 survivors of CSA, highlighting their plight after experiencing an adverse life event and discuss the relevant review of literature. Though POCSO act is a comprehensive law addressing the huge public health malady of CSA, there is scope for amending the law based on evolving medical and social research.

1. Introduction

The Protection of Children from Sexual Offences (POCSO) Act is a gender-neutral law, against all forms of child sexual abuse (CSA). It

came into force on November 14, 2012, making reporting of a CSA case mandatory.¹ The Act prescribes child-friendly practices to

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mitigate the consequences of reporting CSA, setting up of special courts, expedited trials, and guidelines to prevent secondary victimization and ensure confidentiality.

The POCSO Act seems like the ideal legislation to protect children from CSA; unfortunately, our experience reveals a different truth. The harsh reality is that investigating authorities often blatantly disregard protocols, causing secondary victimization. They fail to consider health issues and the long-term consequences, like sexually transmitted infections, and post-traumatic stress disorder. As a result, survivors and their families feel frustrated with the criminal justice system. We present here a series of cases of survivors of CSA, highlighting their plight.

2. Case presentations:

Case 1: Eight-year-old Ms. B was brought by her parents with an alleged history of digital penetration by an unknown adult male in the school toilet during lunch break. The child recounted the assailant inserted his fingers "near the place where she passes urine". When she cried out, he slapped her, threatened her with further violence and warned her not to tell anybody. When she went home, she had pain during urination and narrated the incident to her parents, who brought her to our hospital the following day. On examination, she was cooperative but anxious and withdrawn. Systemic and genital examinations were normal. The incident was reported to the police. The child was, however called to the police station to give a statement during which time she was interviewed alone and was not allowed to answer in the presence of her parents. She was also told that she should be truthful otherwise her parents would get in trouble.

Case 2: Twelve-year-old Ms. A was brought by her parents with an alleged history of digital penetration by a local godman, who had convinced the parents to perform a special religious ritual. He sent the parents to procure ingredients for the ritual, and when he was alone with the child, he made her remove her undergarments and inserted fingers into her genitalia. When she cried in pain, he threatened her with a "death curse" and warned her to not tell her parents. However, she confided in her parents and was taken to a private practitioner who referred her to our centre. On examination, she was alert and cooperative but appeared very anxious. In the genitalia, there was an abrasion measuring 5mm x

2mm over the posterior fourchette. Anus and oral cavity revealed no injuries. Systemic examination was unremarkable. The incident was reported. In view of her anxiety, she was hospitalized for 2 days, during which time she was stable. On discharge, she was treated with regular therapy under Child & Adolescent Psychiatry. She now seems well-adapted and doing well in academics. However, the accused has political connections and made death threats against the survivor and family and tried to pay money to the father of the survivor to withdraw the case.

Case 3 & 4: Eleven-year-old & seven-year-old master's C & D respectively were brought by their mother who noted aggression, frequent night terrors and declining interest in academic and religious activities, in her previously well-mannered sons. They would cry whenever a particular male relative visited. On enquiry, the elder son revealed repeated sexual abuse by his father, uncle, grandmother, and another male relative. Also, he recounted that before these incidents, he was given a drink, which made him sleepy. He recalled his paternal grandmother exposing her naked body to him and multiple incidents of anal penetration by the men. The abuse had started 3 years ago and occurred three to four times a month. He was also shown pornographic material and forced to perform oral intercourse. When he tried to resist, he was beaten and threatened that they would be hurt badly.

On examination, they both were well-oriented but withdrawn and wouldn't maintain eye contact. General and systems examinations, including oral cavity, genitalia and anus were normal. They tested negative for sexually transmitted diseases (STI). The incident was reported to the police, family received regular psychiatric treatment and support over several months. The mother was determined to get justice for her sons. According to the son's most of the abuse happened when they were abroad in their father's house, however recently it had happened in their maternal grandparent's house in India as well. The police called the children to the police station for an interview however the mother refused to take her children to the police station. During the court proceedings which happened 3 years after the complaint, the survivors were made to face the accused many times who tried to intimidate them on every occasion. The lawyer for the accused cross-examined the survivors for many hours making the

children very uncomfortable, to the extent that the children cried in court. This brought up memories of the past trauma to the boys who were otherwise adjusting well. The defense lawyer emphasized that the children had made up the allegations and were mentally ill or brainwashed by the mother.

3. Discussion & Review of Literature

a. Directives regarding medical examination of survivors of CSA

Previously, medical officers were reluctant to examine and treat a child survivor of CSA, unless a case was registered and a request for examination came from the investigating officer.¹ Supreme Court in 2000, condemned such practices and described the examination of a case of CSA as a "Medico-Legal emergency."² Section 27 of POCSO Act and rule 6, subsection 3 of POCSO Rules 2020 mandates an examination irrespective of registration of a case, to prevent delay in examination and loss of crucial evidence.³⁻⁶

b. Challenges related to police inquiry

A child survivor is often too young or in shock so as to recount all the details. When a child presents with indicators of CSA without verbalizing details of abuse, a diagnosis of 'suspected CSA' should be made. A child may not be able to recount details accurately. If the exact location, date, and time of the incident are not documented in the MLC form, it is usually not accepted by the police. As per the POCSO Act, the doctor then is at risk for penalty for not reporting. With such refusal by the Police, the MLC intimation form would then be scanned and sent as an email attachment to the Superintendent of Police and the Local Police Station.

POCSO Act specifies guidelines for police interaction with a child. Unfortunately, these instructions are not strictly followed. As per the Act, Police should not wear uniforms when visiting the child and family, which they often neglect to follow. In case 1, the child was called to the police station to give a statement. Also, the child had to undergo police questioning while the parents had to wait outside, which is against the guidelines. In another case, we had a survivor who was made to go to multiple police stations in one day and more than 30 male police officers asked her questions over the duration of the entire day. There is no mechanism available to rectify such violations of guidelines by the Police and to protect the survivors from secondary trauma. In one instance when the parents refused to

file a police complaint, two police officers went to their house late in the night to convince the father to file a complaint. This resulted in the father suffering a panic attack and refusing further cooperation.

In another instance, police transported both the survivor and the accused in the same vehicle to the court and made them wait in the same room, which is against the guidelines and such arrangements had been allegedly made due to lack of finances. Prevalence of inappropriate practices during police enquiry have been noted by the National Commission for Protection of Child Rights (NCPCR). In 2018, The NCPCR instructed the Director General of Police of all States/Union Territories to cease such harassment as it is a violation of the Act.⁷ Such practices are said to be done possibly due to Section 173 CrPC, which mandates completion of investigation within 3 months.⁸

The Tamil Nadu Commission for Protection of Child Rights (TNCPCR) has acknowledged that POCSO Act applies to boys, girls and third gender children. However, most stakeholders are unaware that children of all genders are vulnerable to sexual abuse.⁹ Certain State Commissions for Protection of Child Rights (SCPCR) have blamed child survivors and their families for being uncooperative.^{10,11}

c. Issues related to child safety and protection by various agencies:

SCPCR monitors the functioning of the Child Welfare Committee (CWC), District Child Protection Unit (DCPU), and other agencies in the state. Police should inform CWC and Special Courts about a case within 24 hours.¹² If the child needs care and protection, the police should within 24 hours ask CWC for an assessment report which should be furnished within 3 days. If a child needs protection, CWC assigns a support person, and informs the police/Special Juvenile Police Unit (SJPU) who then informs the Special Courts within 24 hours.¹³

In our experience, sometimes the children were left in an unsafe environment causing further trauma. In case 2, the alleged accused had political clout and made several death threats against the family. However, the police and CWC did not take any action on the complaint from the father. This raises questions on the ability of CWC and other agencies to protect a child survivor.¹⁴ In cases 3 & 4 the child survivors had to face the accused many times when they visited the court. The accused used the opportunity to intimidate the survivors. In many

instances if the reporting happens from a police jurisdiction but the incident happened in another state, there seems to be no efficient method to ensure that filing of complaint and investigation happens in a time bound manner.

d. Issues related to judicial proceedings:

The POCSO Act lays down guidelines for judicial proceedings including creating special courts in each district to fast track the cases. However, in our experience, there was an undue delay in court proceedings in several cases. In a case, the child was unable to identify the model of car used to kidnap her and the accused was acquitted. In one case, forensic lab analysis revealed the presence of semen, but the accused was acquitted based on a technicality.¹⁵ In some cases, during the court proceedings, child had to face the accused, causing additional trauma. In some cases, acquittal of accused by lower courts has been reversed by the higher court. The Supreme court has commented that judicial reliance on the testimony of the survivor for corroboration is not a requirement of the law but rather “a guidance of prudence under given circumstances.”^{16,17}

Courts should consider the effects of even a seemingly minor form of sexual abuse on a child and should be cognizant of the difficulty a very young child may have in recalling details of the event. It is difficult for a child to recollect details and POCSO Act lays the burden of proof on the accused. Hence, reliance on child’s testimony should be avoided especially if they are very young. The parents do not want undue attention on their child because of the abuse and want to protect their child’s future and thus are often hesitant to pursue the case in court. In one instance, the father stated that the whole family would commit suicide if police came to their house. This is a challenging situation for the doctor, who is mandated to report and on the other hand, must be vigilant about the mental condition of an entire family threatening suicide. Provisions under POCSO do not address such peculiar but not uncommon situations.

In majority of cases due to delayed reporting to hospital, there may be no physical evidence to suggest sexual violence, and this could be used as a defence by the alleged accused. For example, children present to a pediatrician or a child psychiatrist due to a fall in grades or behavioural changes which could be due to sexual abuse. Young children just a few years old are also survivors of child sexual abuse and often are not able to recall details

of the incident. Children who are not sexually active if presented with sexually transmitted disease, then it is beyond reasonable doubt that he/she was a survivor of sexual abuse. Such young children are often unable to recount graphic details of the abuse and forcing them to recall such detail leads to secondary victimization. The judiciary should be made aware of such scenarios, and also to recognize the psychological effect of such traumatic incidents in a child and to admit those symptoms as a sign of child sexual violence.^{18,19}

e. Clarity on legal age for sexual activity under POCSO

POCSO Act clearly labels all sexual activity involving a child as illegal. However, it does not consider the developmentally normal sexual exploratory activity in children. The law also criminalizes certain tribal customs where sexual activity among children younger than 18 years is culturally acceptable. Tribal communities are greatly affected by the POCSO act because the provisions of the act doesn’t approve of their practices.^{20,21} Also, in a case Hon’ble Karnataka high court has clarified “Intent of POCSO Act not to punish teens in love” whereas in another case the Hon’ble Delhi High court said “its hands were tied” when dealing with relationships involving teenagers that came under the POCSO Act, till parliament amends the law. Hence, it is evident that there is an urgent need to lay down clear guidelines about dealing with such scenarios and amend the act for social justice.^{22,23}

f. Misuse of the POCSO act

Sometimes the girl’s family files a POCSO case against a boy because they don’t approve of the boy and the relationship between them. Since the age for consent for sexual activity is 18 years, any consensual activity among teenagers is deemed illegal. There is scope for the judiciary to consider these aspects while deciding on the verdict. Judiciary should also be aware of the stages of Child Sexual Abuse Accommodation Syndrome (CSAAS) i.e., secrecy, helplessness, accommodation, disclosure, and retraction²⁴; and the cultural background of our country where a survivor fears social discrimination and stigma.

Despite the burden of proof being on the accused, the accused is often acquitted due to lack of evidence, inconsistencies in medico-legal documentation and survivor deposition, overambitious prosecution, and inconclusive

presentation of trace evidence.²⁵ The court proceedings should be completed in one year as per Section 35 of the POCSO Act, but it rarely happens. Data from 2016 to 2020 reveals the national conviction rate to be abysmally low (33.66%). This is another reason why the family is reluctant to seek legal remedy.²⁶⁻²⁸

g. Issues related to awarding compensation:

The Supreme Court has ruled that compensation is a constitutional right of survivors of sexual assault.²⁹ The Criminal injuries compensation board provides compensation to the survivor irrespective of the verdict, while the court of law awards compensation for the survivors only if the accused is convicted. While calculating the compensation, the Board takes into consideration the pain and suffering of the family, loss of earnings due to pregnancy, expenses of childbirth that was secondary to CSA, etc.

Guidelines categorize compensation into two parts: Interim and Final compensation based on factors like age, gravity of the injuries sustained, non-pecuniary loss (emotional or mental trauma), treatment costs, etc.^{12,13} Compensation also depends on the offence committed under the POCSO Act, 2012. Under these guidelines, survivors are entitled to receive half the compensation amount decided by the special court at any stage after the FIR is registered. According to rule 7 of POCSO, the State Government should discharge the amount from the Victim compensation scheme or any other scheme within 30 days from the order of the special court.⁵ Supreme court had stated explicitly that the compensation amount should be discharged without any discrimination among the survivors.³⁰

4. Recommendations:

1. Police officers & Members of the Judiciary should undergo regular training sessions on the POCSO Act and Rules and other relevant legislations and guidelines.
2. Government can formulate a system to certify Police officers who have been trained in child-friendly practices. Only such officers should be allowed to interview a child survivor.
3. Regular training for Registered Medical Practitioners to manage their medico-legal duty while handling a case of CSA
4. RMPs should be oriented towards a multidisciplinary approach while handling a case of CSA

5. One Stop Centre's (OSC) with facilities for complete management of all cases of sexual offences, could be made functional across the country.
6. While managing CSA cases, all stakeholders must implement a holistic approach in providing comprehensive care and preventing further victimization of a survivor, so that long-term consequences can be avoided.^{31,32}
7. Strengthen legal aid services to provide support and guidance to those in need and enhance protection measures for both victims and witnesses of such cases.^{33,34}
8. Increase the education/awareness drive for school children and their parents and guardians, medical professionals and to promote the inculcation of good moral values and attitudes.³³⁻³⁵

5. Conclusion:

Though POCSO act is a comprehensive law addressing the huge public health malady of CSA, there is scope for amending the law based on evolving medical and social research. Although, OSCs are intended to curtail several challenges faced by the survivors, the practical feasibility and use of such facilities are far beyond reach at the moment. Stakeholders should make serious efforts to develop such facilities and ensure the functionality across India to help the afflicted.

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