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Review Article

The POCSO ACT 2012 : Stop the Abuse , Stop the Cruelty , Stop the Slaughter !

Perumal P*, Ravindra S Honnungar**, Lakshmibharathi M***

*Post graduate student, MD Forensic Medicine and Toxicology, Jawaharlal Nehru Medical College, KAHER, Belagavi, Karnataka

**Professor and Head , Department of Forensic Medicine and Toxicology, Jawaharlal Nehru Medical college, KAHER, Belagavi, Karnataka

***Postgraduate, Department of General Medicine, Madurai Medical College, Madurai, Tamil Nadu

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Correspondence:

Dr Perumal P

Post graduate student,

MD Forensic Medicine and Toxicology,

Jawaharlal Nehru Medical College, KAHER, Belagavi, India

Email: perumalp632@gmail.com

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Abstract: In India, Child sexual abuse (CSA) is a major issue in terms of public health. First contacts with abused children and their families are frequently made by pediatricians and other medical specialists. By offering immediate and ongoing care and assistance to the victims and their families, doctors play a crucial part in the detection of child sexual abuse. 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, by incorporating child friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts. The clinical examination of child sexual abuse, as well as its prevention, management, and reporting, need pediatricians and other health care providers to develop the necessary expertise. Regarding securing the future of our children, the law has also developed recently. But there hasn't changed much in terms of public awareness of this problem. In order to better understand this societal evil, the rights of our children and role of doctors, we aim to be as clear as possible in this paper.

Key words: The POCSO Act; Child Abuse; Medical Examination; Doctors; Mandatory reporting.

INTRODUCTION: With a child who is unable to understand or give consent, child sexual abuse as a coercive act can cause serious physical or psychological harm. The POCSO Act, 2012 in India, is a landmark law enacted in India on November 14, 2012 to protect the best interest and well-being of the children from all forms of sexual offenses such as sexual assault, sexual harassment, using the child for pornographic purpose, and abetment to commit such offense. Under this act, a comprehensive definition is given to all forms of sexual crimes and exploitation against children below the age of 18 years. As a supreme legislation, this act ensures safeguarding the best interest of the child at every stage of the judicial process through its child-friendly mechanisms in terms of reporting, recording of evidence, investigation, and speedy trial of offenses through designated Special Courts[1,2,3].The latest amendment to this act was done in 2019[4].The term "Child Sexual

Abuse" refers to a variety of sexual behaviours, including molestation, sodomy, exhibitionism, pornography, and cyber-sexual actions, as well as improper physical contact with a child or allowing the child to touch the victim's private areas. In this whole process the advantage is taken by an adult with the child. The POCSO Act of 2012, a gender-neutral law, set the legal age of consent at 18 for both boys and girls. Consensual sexual act with children by any person is illegal. When the severity of the punishment for sexual offences is in consideration, the Indian law discriminates against women depending on their age. Children between 5 and 12 years were found to be more at risk. Image 1 shows State/UT wise cases registered under POCSO ACT in the year of 2018 to 2020. The most vulnerable among them were those homeless on the streets, children recruited for child labour, and those in institutional care.[5] Goal participants of the POCSO act are Forensic Surgeon, Emergency Physicians, Psychiatrists, Paediatricians/Gynaecologists, Mental health Professionals, Child Welfare Committee, Advocates/Judicial officers.

Risk component: A potential risk factor identified is the concept of intergenerational transmission which showed that victims of child abuse during childhood later became the perpetrators of the same in their adulthood, thus forming a vicious cycle. In the same study, a childhood abuse potential (CAP) score has been deduced, considering their past history of child abuse. A strong predictor of CAP was also thought to be post-traumatic stress caused by intimate partner violence, its severity. [6]

Sexual abuse involves forcing, leading, or enticing anyone below the age of 18 years to participate in sexual activity of any kind, irrespective of the awareness of consequences. Activities could range from contact activities such as intercourse, buggery, oral sex, or could be non-contact activities such as watching pornographic materials or encouraging to behave in a sexually inappropriate way. [7]

The Protection of Children from Sexual Offences (POCSO) Act, 2012

Sexual offences -defined under THE POCSO ACT

- Penetrative sexual assault (S.3)
- Aggravated penetrative sexual assault (S.5)
- Sexual assault (S.7)

- Aggravated sexual assault (S.9)
- Sexual harassment (S.11)
- Using a child for pornographic purposes (S.13)
- Sexual offences - Punishment under THE POCSO ACT
- Penetrative sexual assault (S.3) – (S.4)
- Aggravated penetrative sexual assault (S.5) – (S.6)
- Sexual assault (S.7) – (S.8)
- Aggravated sexual assault (S.9) – (S.10)
- Sexual harassment (S.11) – (S.12)
- Using a child for pornographic purposes (S.13) – (S.14)

Refer Image 1: State/UT wise cases registered under POCSO ACT in the year of 2018 to 2020. [17]

Refer Image 2: Flow chart to handle cases registered under POCSO ACT.[18]

Refer Image 3: Recording of statement of a child by police to handle cases registered under POCSO ACT. [18]

Role of Healthcare Professional:

One of our main responsibilities is to safeguard our children and we have a social obligation to act quickly when there are instances of child abuse that are obvious. Healthcare Professional should recognise child sexual abuse and situations and intervene quickly.

Refer Image 2 shows Flow chart to handle cases registered under POCSO ACT, and Image 3 shows Recording of statement of a child by police to handle cases registered under POCSO ACT to ensure the child friendly environment.

Refer Image 4: Procedure for Medical Professionals to handle cases registered under POCSO ACT. [18]

Vaginal bleeding, itching, discharge, or rectal bleeding could be important clues to further investigate. Children exposing excessive awareness about sexual activities which is unexpected for that age or enacting sexualized behaviour should also be considered seriously.[7]

In most cases, children do not complain about such events directly and comes to light when they are identified in pornographic materials, be pregnant, or have a sexually transmitted disease with no clear explanation. Head, face, and mouth should be thoroughly examined since injuries in these areas account for around 60% of the lesions noted. Within the mouth, injuries on frenulum, tongue, mucosa, and lips are the most common.[8]

Pierce et al. had suggested a mnemonic "TEN-4" which stands for Torso, ears, neck, and 4 stands for the age of 4 years. According to this, any bruises in these areas occurring during the first four years of life should raise suspicion in the minds of primary physicians. It was further enhanced to "TEN FACE sp," whereby any injury to Frenulum, Angle of jaw, Cheeks, Eyelids along with Sub-conjunctival haemorrhage and Patterned bruises were also added. This rule of thumb was 97% sensitive and 87% specific in predicting abuse.[9]

Apart from identifying these tell-tale signs, it is also important for a primary care physician to take an elaborate history from the parents and the child both together and individually. Any discrepancy could be an alarm toward a possibility of maltreatment. Observing the family relationship could also provide few clues. Socioeconomic status is never a factor, since children from all strata of society have been noticed to be victims of this evil.[10]

Indian doctors' current situation

Various initiatives and legislative acts, including the Indian penal code 1860, the Immoral Traffic (Prevention) Act, 1956, the Protection of Children against Sexual Offences (POCSO) Act 2012, etc., are being implemented in the country for addressing the issue of Child Abuse. Despite that, the prevalence of all forms of child abuse which includes physical abuse (66%), sexual abuse (50%) and emotional abuse (50%), is extremely high in India as per a survey conducted by the Government of India, Ministry of Women and Child Development (2007).[11]

Study conducted by the National Commission for Protection of Child Rights (NCPCR) shows, 6,632 children's respondents in seven states, revealed 99% of children face corporal punishment in schools. [12]

India is a country of youth, where more than forty percent of its population is below the age of 18 years. In fact, 19% of the world's children live in India. [13]

When providing treatment, doctors and nurses should keep the risk of child abuse in mind, seek any required consultations, and keep the child under surveillance if they are unable to reach a conclusion.

Child abuse, requires multi-disciplinary support from medical, legal, psychological and

sociological dimensions. Here, the role of healthcare professionals is vital to not only detect abuse but also to inform relevant interventions. [14]

Some of the major challenges reported by healthcare professionals to report child abuse are lack of knowledge, inadequate experience, the uncertainty of diagnosis, poor communication, fear of disconnecting therapeutic relationships, etc. [15]

In many cases, reporting was not done by clinicians in spite of knowing about the abuse, since they thought that the repercussions it may have on the child and the family would be devastating. Few clinicians also avoided reporting because of the intricacies in the legal formalities which could disrupt their smooth practice. [16]

INFORMED WRITTEN CONSENT OF THE VICTIM

For the following reasons, the parent or legal guardian of the minor victim's consent may be required:

1. Examination,
2. Sample collection for forensic and clinical analysis,
3. Medical care,
4. Police notification.

Informed consent the individual providing the consent should be informed about the purpose, anticipated risks, side effects, and advantages of the examination, as well as how long it would take. Under three conditions, a child victim and their family may visit a medical facility, and informed consent must be obtained.

1) Alone, exclusively for treatment of assault-related injuries;
2) Following a police complaint and a police request; or
3) In response to a court order.

Even if the parent or child declines to allow a medical evaluation, you may still treat them medically.

According to the law, a child who needs reproductive health care can give consent and must get a guarantee of secrecy. The patient’s Consent must be given knowingly. Parents, guardians, or a surrogate decision-maker must consent if the patient is unable to give informed consent.

CHILD SEXUAL ABUSE EARLY MANAGEMENT

- Emergency medical care must be provided without any charge.
- Neither a document nor a prerequisite are required.
- The victim should go straight to a medical facility for care, with a police request

following a police report, or under court order

- Depending on the patient's age, the hospital must administer care and perform a medical examination with the patient's Consent.
- The victim has to be examined and treated for their injuries, whether or not they choose to report it.
- In certain situations, the doctor is required by law to notify the authorities.

IMMEDIATE MEDICAL ATTENTION

As soon as the police receive a report of an offence committed against the child, the child must sent to the hospital for emergency medical care.

- Medical attention for any genital injuries as well as cuts, bruises, and other wounds
- Prophylaxis for diagnosed STDs as well as therapy for exposure to sexually transmitted infections (STDs)
- Following any appropriate consultation with infectious disease specialists, therapy for exposure to the Human Immunodeficiency Virus (HIV), including HIV prophylaxis
- The pubertal child's parent or any other adult in whom the child has faith and trust should be consulted on any potential pregnancy and emergency contraceptives.
- Doctor must give emergency contraception and advise the patient about it.
- Whenever necessary, counselling for mental or psychological health or other issues should be referred to or consulted.
- Any forensic evidence must be gathered in conformity with section 27 of the Act while emergency medical services are being provided.
- Girl child should have pregnancy tests. A urine test is just as precise and sensitive as a blood test as well as patient-friendly
- In order to help the kid and family throughout the evaluation and for thorough care of CSA, mental health specialists play a crucial role.
- Psycho-emotional discomfort and a propensity for self-harming conduct are risks for CSA victims.
- Experts can provide the child counselling and assist in easing the emotional toll of trauma.
- It is necessary to take the proper precautions to stop abuse, trauma, and re-victimization.

What does a forensic examination serve to prove?

- Whether a sexual act has been performed or attempted.
- Sexual activities include any non-consensual sexual contact, including the genital, anal, or oral penetration by the penis, fingers, or other items.
- However, the lack of injuries does not always mean that there was no attack or that the child gave his or her consent.
- Whether such a sexual act was just recently.
- If the child's body has been injured in any way.
- In the case of adolescent females or boys, the age of the child ,Whether the Child has received alcohol or drugs

DUTY PRESCRIBED BY LAW

Section 27- Medical Examination:

(1) The medical examination of a child in respect of whom any offence has been committed under this Act, shall, notwithstanding that a First Information Report or complaint has not been registered for the offences under this Act, be conducted in accordance with section 164A of the Code of Criminal Procedure, 1973.

(2) In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.

(3) The medical examination shall be conducted in the presence of the parent of the child or any other person in whom the child reposes trust or confidence.

(4) Where, in case the parent of the child or other person referred to in sub-section [3] cannot be present, for any reason, during the medical examination of the child, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution

MEDICAL EXAMINATION

According to Section 27 of the POCSO Act, 2012 and Section 164A of the CrPC, 1973, a medical examination to be done.

An examination must be carried out by a registered physician working in a hospital run by the government or a local authority, or, in the absence of one, by any other registered physician, with the child's consent or the consent of a person authorised to act on her behalf.

Within twenty-four hours of receiving the information about the commission of the offense, the woman must be sent to the registered medical practitioner.

The Registered doctor who receives the child must examine her without delay and write up a

report of the findings that includes the information listed below:

1. The Child's name and address, as well as those of the person who brought her
2. The Child's age
3. A description of the samples of the Child's body used for DNA profiling
4. Any visible signs of harm on the Child's body
5. The Child's overall mental health
6. Additional significant details that are reasonably detailed.

- The report must expressly state, that the child or the person authorized to provide Consent on her behalf had given their assent to the examination.
- The report must also include the precise commencement time and completion time of the examination. The registered medical practitioner must provide the report to the investigation officer as soon as possible. The investigation officer will then send it along with the other papers mentioned in clause (a) of subsection (5) of section 173 to the Magistrate mentioned in that section.
- Nothing in this section should be interpreted as approving an examination without the woman ' s consent or the consent of a representative who is competent to give such consent on her behalf.
- According to the POCSO Act of 2012, the phrase "woman" in the legal clause above may be replaced by the term "child"
- The doctor is required under POCSO to notify the police if a minor victim arrives on their own without filing a police report but may need medical attention (Section 20). No aspect of the examination should be conducted with police officers in present.

NEVER SUBJECT VICTIMS OF SEXUAL ASSAULT TO THE " TWO FINGER TEST". NO RELATIONSHIP EXISTS BETWEEN THE CURRENT INSTANCE OF SEXUAL VIOLENCE AND PREVIOUS SEXUAL EXPERIENCES.

MODALITIES OF CHILDREN'S MEDICAL EXAMINATION:

The doctor's responsibilities may include:

1) Having a thorough understanding of sexual victimisation;
2) Obtaining the child's medical history in a supportive, non-judgmental, and empathic way;
3) Meticulously recording historical information;
4) Conducting a thorough examination to diagnose acute and chronic residual trauma and STDs, and to collect forensic evidence;

5) Considering a differential diagnosis of behavioural complaints and physical signs that may mimic sexual abuse;

6) Preparing a comprehensive medical report that includes a diagnosis and treatment suggestions

7) Testifying in court when necessary

WHEN A DOCTOR CAN HAVE SEXUAL ABUSE SUSPICIONS:

1. When a young person complains of something that might be directly connected to the likelihood of sexual assault, such a girl child with a vaginal discharge.
2. When a child has no complaints, but a doctor notices an unexpected finding- like an enlarged hymenal ring
3. when a child complains of something other than the potential for sexual assault, such abdominal pain or encopresis (soiling);

MANDATORY REPORTING:

- A doctor is expected to inform the proper authorities (i.e., the police or the right person within his or her organisation, who will then have to report it to the police) when they have cause to think that a child has been or is currently being sexually assaulted.
- Failure to do this would result in imprisonment of up to six months, with or without fine. (Sec21)
- Any person, being in-charge of any company or an institution who fails to report the commission of an offence shall be punished with imprisonment for a term which may extend to one year and with fine.

COMPLETING A MEDICAL HISTORY

1) Before starting the child's check-up, the doctor must obtain a comprehensive medical history of the patient's experiences.

2) The physician must keep in mind that the diagnosis of child sexual abuse frequently relies more on the patient's medical history than on objective physical evidence.

3) The physical examination will be based on the patient's medical history.

4) Its goal is to help with therapy and diagnosis while also ensuring the child's safety, not to gather data for forensic purposes.

TECHNIQUES FOR INTERVIEWS

1. An investigative tone shouldn't be used throughout the interview.
2. To get a thorough paediatrics history, pertinent questions need to be asked.

3. Assess the child's attention span, comfort level, and language and cognitive skills.
4. Keep a written record of the questions posed and the child's replies, as well as notes on the child's body language, demeanor, and emotional reactions to the questions.
5. It is important to record menstruation history, comprehensive medical history, and any instances of maltreatment or suspicious injuries in the past.
6. Ask the child to identify bodily parts, such as the names of the genitalia and the anus use an anatomically appreciate diagram.
7. Detail the results and place them on the diagram.

Please Refer Image 5: Images for ask the child to identify bodily parts

8. Include in your inquiry a variety of forms of touching, such as kisses, hugs, tickles, spankings, and pinches or bites.
9. Ask about any other instances (locations) it may have occurred and use the diagram to cover any potentially abusive touches.
10. Avoid leading and suggestive questions;
11. Instead, stick to a "tell-me-more" or "and-then-what-happened" style of questioning.
12. Refrain from displaying strong emotions like astonishment or dismay.

COLLECTION AND PRESERVATION OF EVIDENCE - SAFE Kit

1) Perform a complete medical and forensic examination since repeated exams cause important evidence to disappear.
2) Keep the clothing and any pertinent items the child was wearing when the incident occurred.
3) Before washing, cleaning, or before the child defecates or urinates, gather materials, swabs, and samples from hair, nails, body surfaces, orifices, or any products of conception for DNA profiling and forensic evidence.
4) Gather blood samples to check for alcohol and blood type.
5) Make that samples and materials being given over for forensic investigation are properly labelled, stored, preserved
6) CHAIN OF CUSTODY SHOULD BE ESTABLISHED.

MEDICAL OUTLAYS COMPENSATION

As stated in Section 33(8)

1. Direct payment of any compensation required by the child's prescription for any bodily or psychological harm

2. Compensation be provided not only at the conclusion of the trial but also on an interim basis, to satisfy the immediate needs of the child for relief or rehabilitation at any point.

3. When determining the amount of compensation to be provided, consider the seriousness of the child's bodily or mental sufferings or injury.

Please Refer Image 6: Punishments for sexual assault cases registered under POCSO ACT. [19]

MEDICO-LEGAL AND ETHICAL ISSUES

1) The POCSO Act mandates the reporting of sexual offences committed against children, making it necessary for any adult, including a doctor or other health care provider, who knows that a child has been sexually assaulted to do so (Sections 19, 20, 21).

2) He or she is not required to look into the incident or even know who the offender is.

3) The police and other investigating authorities should handle this. The Special Juvenile Police Unit or the neighbourhood police station may receive the report.

4) No reports in any media shall disclose, the identity of a child including his name, address, photograph, family details, school, neighbourhood or any other particulars which may lead to disclosure of identity of the child

5) As an alternative, the informant can call the Child Helpline at the toll-free number 1098 in India, where someone will help them with the report.

ONE STOP CENTERS (OSC)

The Ministry of Women & Child Development, Govt. of India is establishing One Stop Centres (OSC) to provide support and assistance to victims of gender violence.

There are further provisions to preserve the confidentiality and to conduct trial through camera.

As a result, complete services including medical, police, psychological therapy, legal help, housing, referral services, and video conferencing facilities are offered “under one roof”.

POCSO Related Initiatives

1. Child Abuse Prevention and Investigation Unit
2. Juvenile Justice Act/Care and Protection Act, 2000
3. Beti Bachao, Beti Padhao
4. Child Labour Prohibition and Regulation Act, 2016
5. Child Marriage Prohibition Act (2006)

Conclusion

The prevalence of child abuse instances in our nation may be decreased as a result of all

these efforts. More research on the economic effects of child abuse, such as child trafficking, child labour, commercial sexual exploitation, the direct financial costs of abused children seeking medical attention, and the relationship between socioeconomic factors and child protection will go a long way toward persuading governments to fund local child protection and prevention services.

Increasing awareness and understanding regarding child abuse through ongoing education initiatives in order to find solutions to the issues encountered throughout the diagnostic and reporting process A crucial initial step is the creation of a multidisciplinary team made up of professionals from many professions who have obtained the requisite training regarding child abuse, and this team's review of the cases.

To enhance the diagnosis and reporting of CSA, all healthcare professionals urgently need to maintain their education and advances. The benefits to the child should always come first when evaluating a case of child abuse. Physicians and nurses should have actual training in the procedures that must be followed for these situations in polyclinics and emergency rooms.

There is a need to concentrate on preventative measures in addition to managing child abuse instances.

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References

1) Swagata R, Anuroopa G, Geeta S, et al. Frequently asked questions on the Protection of Children from Sexual Offences Act, 2012, and the Criminal Law (Amendment) Act, 2013. Bengaluru: National Printing Press, 2015

2) Belur J and Singh BB. Child sexual abuse and the law in India: a commentary. Crime Sci 2015; 4: 26.

3) Ministry of Women and Child Development GoI. Model guidelines under section 39 of the Protection of Children from Sexual Offences Act, 2012 for the use of professionals and experts. Ministry of Women and Child Development GoI, 2013, 75

4) India TGo. The Protection of Children from Sexual Offences (Amendment) Act, 2019. In: Department) MolajL, (ed.), 2019.

5) Veena AS, Chandra PS. A review of the ethics in research on child abuse. Indian J Med Ethics 2007; 4:113-5.

6) Anderson RE, Edwards LJ, Silver KE, Johnson DM. Intergenerational transmission of child abuse: Predictors of child abuse potential among racially diverse women residing in domestic violence shelters. Child Abuse Negl 2018;85:80-90.

7) Lissauer T, Carroll W, editors. Illustrated Textbook of Paediatrics.

Elsevier Health SciencesLondon, United Kingdom; 2017.
8) Murali P, Prabhakar M. Mantle of forensics in child sexual abuse. J Forensic Dent Sci 2018;10:71.
9) Pierce M, Kaczor K, Lorenz D, Makoroff K, Berger RP, Sheehan K. Bruising clinical decision rule (BCDR) discriminates physical child abuse from accidental trauma in young children. In Pediatric Academic Societies' Annual Meeting 2017.
10) Inanici SY, Çelik E, Hıdıroğlu S, Özdemir M, İnanıcı MA. Factors associated with physicians' assessment and management of child abuse and neglect: A mixed method study. J Forensic Legal Med 2020;73:101972.
11) Ministry of Women and Child and Government of India. Study on child abuse India. 2007. Available from: https://cjp. org.in/wp-content/uploads/2017/11/MWCD-Child-AbuseReport.pdf.
12) Agrasa . Choking Child hood-School Corporal Punishment," 2018. Available from: https://agrasar.org/ corporal-punishment/.
13) National Institute of Urban Affairs. Status of Children in Urban India: Baseline Study 2016. Available from: https:// smartnet.niua.org/sites/default/files /resources/statusl.pdf
14) Maul KM, Naeem R, Khan UR, Mian AI, Yousafzai AK, Brown N. Child abuse in Pakistan: A qualitative study of knowledge, attitudes and practice amongst health professionals. Child Abuse Negl 2019;88:51–7.
15) Azizi M, Shahhosseini Z. Challenges of reporting child abuse by healthcare professionals: A narrative review. J Nurs Midwifery Sci 2017;4:110.
16) Kalichman SC, Brosig CL. Practicing psychologists' interpretations of and compliance with child abuse reporting laws. Law Hum Behav 1993;17:83-93.
17) GOVERNMENT OF INDIA MINISTRY OF HOME AFFAIRS;Publishes statistical data on crimes in its publication "Crime in India" (Internet).Available from: (Internet).Available from: https://www.mha.gov.in/MHA1/Par2017/pdfs/par2022-pdfs/LS-29032022/377.pdf
18) User handbook on protection of children from sexual offences act, 2012;The Pune Municipal Corporation (Internet).Available from: https://www.pmc.gov.in/sites/default/files/69301171.pdf
19) What is POCSO (Amendment) Bill 2019?;indiatoday magazine(Internet).Available from: https://www.indiatoday.in/education-today/gk-current-affairs/story/what-is-pocso-amendment-bill-2019-divd-1595473-2019-09-04

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State/UT-wise Cases Registered (CR) under Protection of Children from Sexual Offences Act (Secs.4&6 r/w sec. 376 IPC and 8&10 r/w sec. 354 IPC) during 2018-2020

SL	State/UT	2018		2019		2020	
		POCSO Act (Section 4 & 6) r/w Section 376 IPC	POCSO Act (Section 8 & 10) r/w Section 354 IPC	POCSO Act (Section 4 & 6) r/w Section 376 IPC	POCSO Act (Section 8 & 10) r/w Section 354 IPC	POCSO Act (Section 4 & 6) r/w Section 376 IPC	POCSO Act (Section 8 & 10) r/w Section 354 IPC
		CR	CR	CR	CR	CR	CR
1	Andhra Pradesh	241	46	265	62	272	102
2	Arunachal Pradesh	18	4	22	11	17	9
3	Assam	1224	372	1263	362	1049	322
4	Bihar	824	946	721	507	628	646
5	Chhattisgarh	1214	499	1377	580	1535	469
6	Goa	0	1	0	0	0	0
7	Gujarat	1456	407	1539	340	1871	274
8	Haryana	1068	641	1174	654	1101	545
9	Himachal Pradesh	22	3	1	4	0	2
10	Jharkhand	442	113	469	132	681	165
11	Karnataka	1408	361	1623	355	1601	337
12	Kerala	162	722	113	749	1273	509
13	Madhya Pradesh	1047	1307	3337	2669	3259	2260
14	Maharashtra	2832	3235	3117	3160	2785	2705
15	Manipur	28	13	47	9	55	14
16	Meghalaya	179	78	145	61	251	64
17	Mizoram	73	62	36	41	61	41
18	Nagaland	6	3	10	2	15	2
19	Odisha	1427	91	1417	72	1629	523
20	Punjab	288	85	232	122	549	138
21	Rajasthan	74	34	4	3	2	5
22	Sikkim	78	38	61	28	70	24
23	Tamil Nadu	1457	424	1742	474	2229	618
24	Telangana	1140	391	1180	751	1415	555
25	Tripura	76	47	107	63	86	54
26	Uttar Pradesh	2023	3014	3344	3819	2630	3897
27	Uttarakhand	294	23	231	100	396	157
28	West Bengal	1378	627	1469	578	1541	831
	TOTAL STATE(S)	**20479**	**13587**	**25046**	**15708**	**27001**	**15268**
29	A&N Islands	52	15	83	5	105	9
30	Chandigarh	1	1	1	4	0	0
31	D&N Haveli and Daman & Diu+	18	4	47	3	39	2
32	Delhi	994	687	969	604	721	376
33	Jammu & Kashmir*	13	14	75	19	152	24
34	Ladakh	-	-	-	-	0	0
35	Lakshadweep	1	3	14	7	3	3
36	Puducherry	47	9	48	0	44	10
	TOTAL UT(S)	**1126**	**733**	**1237**	**642**	**1064**	**424**
	TOTAL (ALL INDIA)	**21605**	**14320**	**26283**	**16350**	**28065**	**15692**

Source: Crime in India
Note : '+' Combined data of erstwhile D&N Haveli UT and Daman & Diu UT for 2018
'*' Data of erstwhile Jammu & Kashmir State including Ladakh for 2018

Image 1: State/UT wise cases registered under POCSO ACT in the year of 2018 to 2020. **[17]**

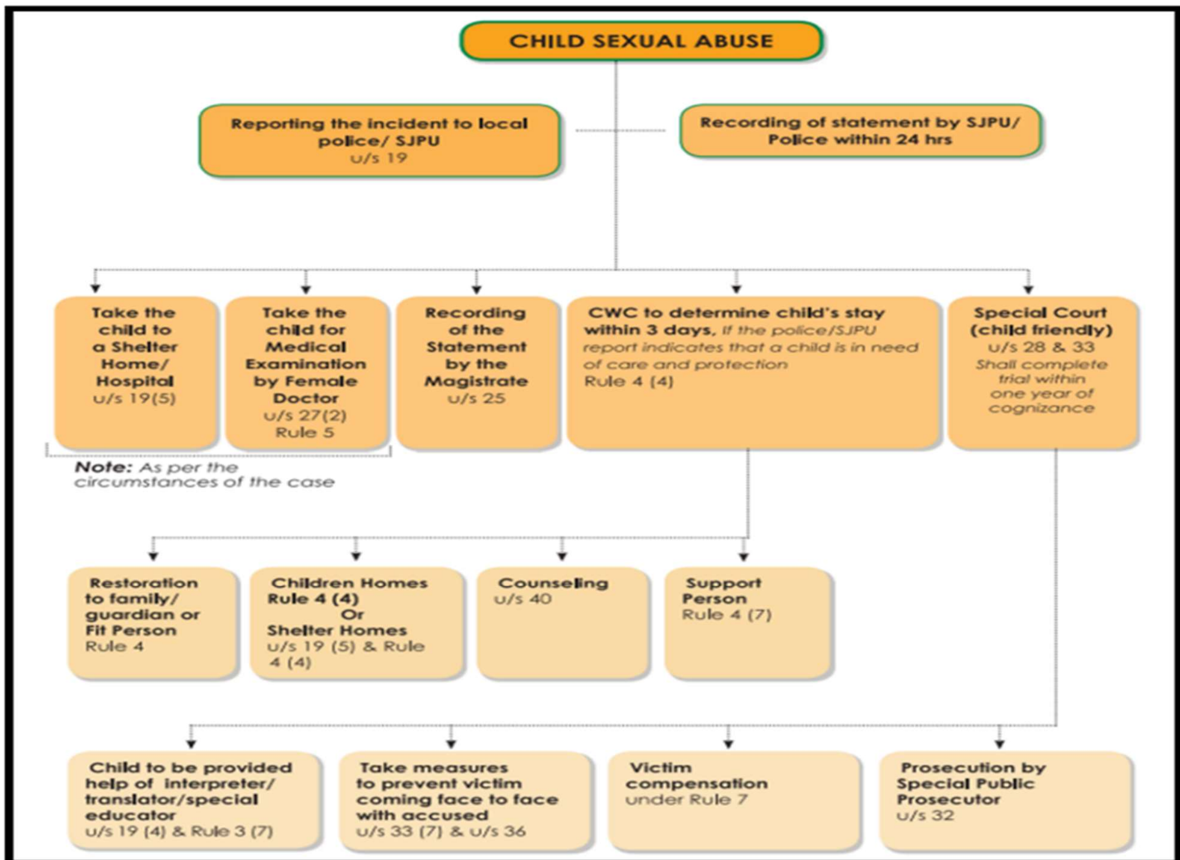

Image 2: Flow chart to handle cases registered under POCSO ACT. **[18]**

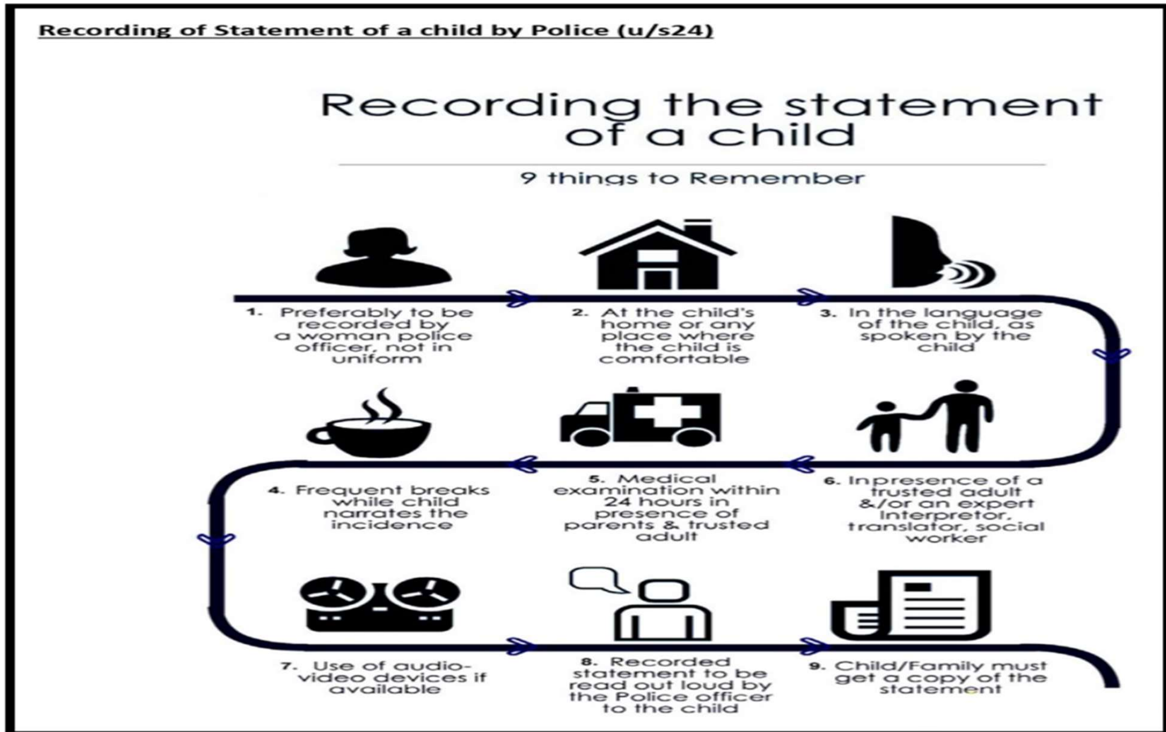

Image 3: Recording of statement of a child by police to handle cases registered under POCSO ACT. **[18]**

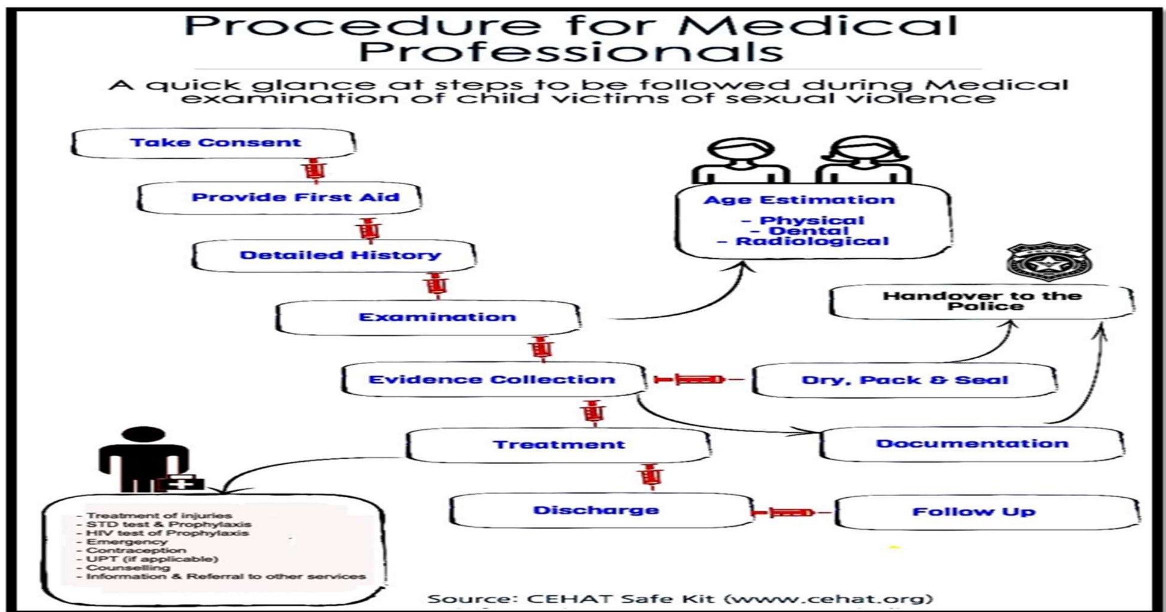

Image 4: Procedure for Medical Professionals to handle cases registered under POCSO ACT. **[18]**

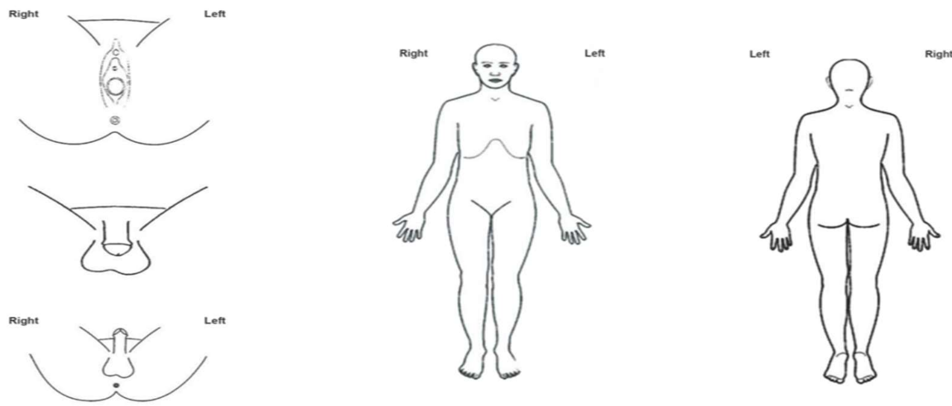

Image 5: Images for ask the child to identify bodily parts

Offence	POCSO Act, 2012	2019 Bill
Use of child for pornographic purposes	· Maximum: 5 years	· Minimum: 5 years
Use of child for pornographic purposes resulting in penetrative sexual assault	· Minimum: 10 years · Maximum: life imprisonment	· Minimum: 10 years (in case of child below 16 years: 20 years) · Maximum: life imprisonment
Use of child for pornographic purposes resulting in aggravated penetrative sexual assault	· Life imprisonment	· Minimum: 20 years · Maximum: life imprisonment, *or* death.
Use of child for pornographic purposes resulting in sexual assault	· Minimum: Six years · Maximum: Eight years	· Minimum: Three years · Maximum: Five years
Use of child for pornographic purposes resulting in aggravated sexual assault	· Minimum: Eight years · Maximum: 10 years	· Minimum: Five years · Maximum: Seven years

Image 6: Punishments for sexual assault cases registered under POCSO ACT. [19]