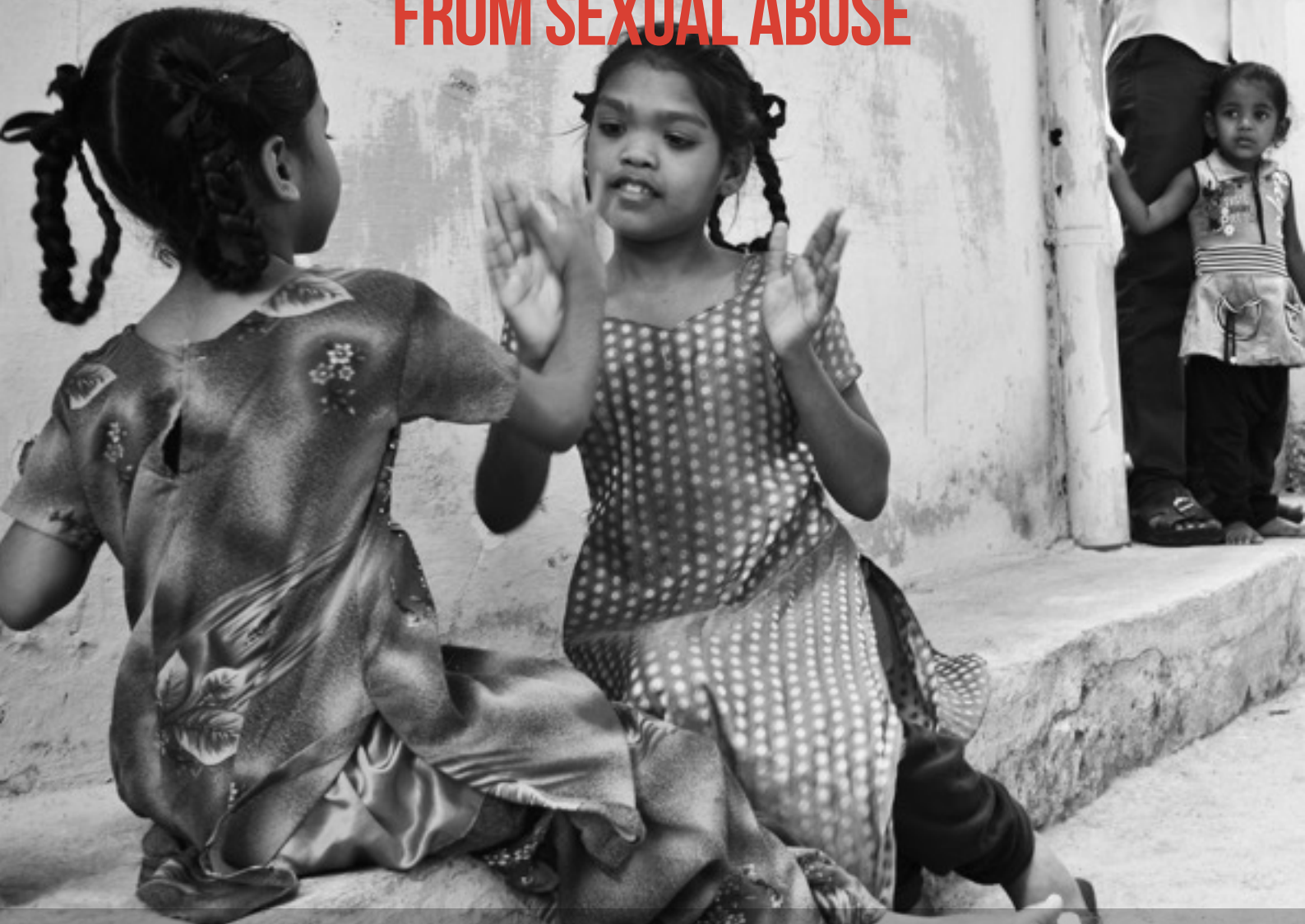




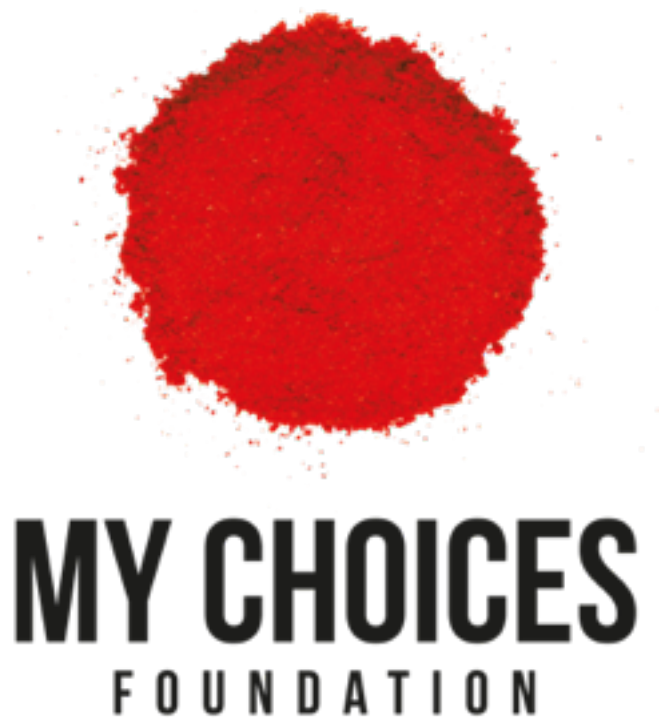
MY CHOICES
FOUNDATION

KEEPING OUR CHILDREN SAFE FROM SEXUAL ABUSE



A Handbook to Prevent Child Sexual Abuse and Support Survivors in India

Understanding the law, legal systems and processes in India; knowing the stakeholders in the Indian child welfare system; and suggestions to protect children from abuse



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My Choices Foundation makes every effort to provide the most accurate information on Child Abuse. However, due to various limitations, the information contained within the handbook is not guaranteed to be correct, complete, current, or to reflect recent legal developments and/or legal variances among different state jurisdictions. This handbook is not intended to be a substitute for legal advice, and should not be used for this purpose.

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CASE PROTOCOL

The protocol for all Child Sexual Abuse (CSA) cases that reach My Choices Foundation, whether through Operation PeaceMaker or Operation Red Alert must be uniform. While this document is meant to serve as a best practices guide to teams on both Operations, it does not replace any internal protocols for the management of CSA cases.

All CSA cases are to be handled with the full inclusion of Operation PeaceMaker specialists. While CSA case reporting is a likely result of the field work of Operation Red Alert, their management is not part of the direct mandate of that Operation. Thus, to ensure that all received CSA cases receive the best care that My Choices Foundation can provide, **ALL CASES SHALL BE REFERRED TO OPERATION PEACEMAKER**, regardless of the mechanism to receive them.

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WHY WE SHOULD BE ON RED ALERT!

- About 53 per cent of children in India face some form of abuse.
- Child abuse is almost always done by someone the child knows.
- A child can be abused in the home, by a parent, step-parent, sibling or other close relative.
- Offenders are from all walks of life. They can be educated, school drop-outs, illiterate, rich, poor, or of any religious belief and gender. An abuser cannot be defined by appearance or status.
- It does not matter if the abuse happens in school, on the street, in institutional care homes, at home, or in a temple, church, mosque, or at the workplace; it is abuse, and it is wrong.

WHAT IS CHILD ABUSE ?



Verbally abusing a child



Teasing a child unnecessarily



Exposing a child to pornographic acts or literature.



Touching a child where he/ she doesn't want to be touched.



Forcing a child to touch you.



Breaking down the self-confidence of a child.



Hitting or hurting a child - often to relieve your own frustration.



Manipulating a child



Not taking care of a child, for example: unclean, unclothed, unfed child



Using a child as a servant



Not listening to a child



Neglecting emotional needs of a child



Making your own child a 'servant' depriving of time for education/leisure



Hitting and ridiculing a child at school



Neglecting a child's medical needs



Neglecting a child's educational needs



Leaving a child without supervision



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CHILD ABUSE IS...

Subjecting a person under the age of 18 years to any one or more of the following behaviour and practices:

1. Speaking offensive words, cursing and being generally rude to the child.
2. Teasing, making fun, and bullying a child due to her/him being physically or mentally challenged, or for poor performance in a test, sport, game or household chore.
3. Breaking the self-confidence of a child by constantly and intentionally putting her/him down in front of others or in private, and telling her/ him they are good for nothing.
4. Venting your frustration on a child by hitting her/him.
5. Making the child do daily chores without play and study time.
6. Leaving a child unattended and without supervision of a capable adult.
7. Poor child care by not feeding balanced meals, making sure she/he is clean, or clothing her/him according to the weather.
8. Not meeting child's educational needs or sending child to school.
9. Not listening to the child.
10. Not meeting the child's emotional needs.
10. Not taking care of the child's medical needs.
12. Sexually abusing a child involves exposing a child to pornographic literature, acts or movies. It also includes forcing the child to touch you or touch your private parts. Touching the child where she/he does not want to be touched, or in a way that is confusing and uncomfortable for him/her, or by manipulating him/her through threats, treats or gifts with ulterior or unclean motives also constitute child sexual abuse.
13. When parents, step-parents, siblings, cousins, grandparents, and other relatives force children into sexual activities.
14. Child labour wherein children are forced to earn money by begging, engaging in manual work, or are sold to traffickers.
15. Child marriage, wherein children are married off before they attain adulthood.

CHILD SEXUAL ABUSE...

Violates the laws or norms of society, and refers to the involvement of a child in any sexual activity that the child:

- **Does not understand,**
- **Cannot give informed consent to,**
- **Is not developmentally prepared for.**

Any sexual activity with a child, i.e someone below 18 years, boy or girl, is a crime.

Under Protection of Children from Sexual Offences (POCSO) Act, 2012, sexual offences include but are not limited to:

- Penetrative Sexual Assault (Section 3)
- Sexual Assault i.e. Non-Penetrative (Section 7)
- Sexual Harassment (Section 11) and
- Use of a Child For Pornography (Section 13)

EFFECTS OF SEXUAL ABUSE ON CHILDREN:

Child sexual abuse affects the child in several ways, and often the child will carry the physical and psychological scars long into adulthood.

PSYCHOLOGICAL

- Confusion
- Guilt
- Shame
- Fear
- Grief
- Anger
- Helplessness
- Depression
- Nightmares
- Lack of concentration

PHYSICAL

- Sexually transmitted diseases
- Pregnancy
- Unsafe abortions
- Complaints of pain/ itching in genital area
- Difficulty in walking, sitting
- Experiencing pain while urinating or defecating
- Frequent yeast infections
- Repeated unusual injuries

LONG-TERM

- Heart disease
- Liver disease
- Depression
- Substance abuse
- Lung disease
- Foetal death

PSYCHOLOGICAL EFFECTS OF CHILD SEXUAL ABUSE:

- **Behavioural changes:** Problems in sleeping and eating, irrational fears, an inability to concentrate in school, macho or seductive behaviour, and or sexual aggression are signs that the child has been abused.
- **Confusion:** Mixed feelings about what happened during the abuse and what happened after they reported it.
- **Guilt:** Feeling he/she is in some way responsible for the abuse.
- **Shame:** Feelings of being worthless.
- **Fear:** The abuser may have threatened to harm the child or his close family if the child reports the abuse, and the child is fearful of revealing the abuse.
- **Grief:** The child may mourn the loss of the relationship with the abuser if there had been a close bond between them, especially family ties.
- **Anger:** The child may feel angry about the abuse, and because they can't strike back at the abuser, they may lash out at another person or may hurt themselves, others or a pet.
- **Helplessness:** As the child felt helpless at the time of the abuse, he/she may feel unable to avoid being sexually abused in the future.
- **Depression:** The child may feel sad and less playful. They may lose interest in school, friends and activities.

Even if there are no symptoms, it does not mean that the child doesn't need help. It only indicates there are no immediate or outward signs of abuse.

CHILD SEXUAL ABUSE: WHAT PARENTS SHOULD KNOW

Abusers use **Grooming** as a method of building trust with a child to gain access to the child. Through grooming, the abuser:

- Reduces the likelihood of a disclosure
- Reduces likelihood of the child being believed
- Reduces likelihood of being detected
- Manipulates the perceptions of other adults around the child.
- Manipulates the child into becoming a cooperating participant/ into feeling complicit.

TO PREVENT ABUSE, IT IS IMPORTANT TO:

- Teach your children about their personal space and privacy by age three or earlier.
- Teach your children the concept of "Okay" and "Not Okay" touching.
- Teach your children to tell if anyone touches their private parts for a reason other than to provide care during baths or cleaning after use of toilet.
- Teach your children not to keep secrets.
- Limit the individuals who provide genital, peri-anal and bathing care for your children, and allow only those who you trust, so as to reduce risk.
- Teach your children the appropriate names for their private parts so they have the correct language to communicate and report if need be.
- Look for signs that a child is being abused and take necessary action.

YOUR CHILD/ WARD MAY HAVE BEEN OR IS BEING ABUSED IF YOU NOTICE:

- Abrupt changes in behaviour
- Strong refusal to undress for physical examination
- Reports of sexual involvement with an adult or child
- Excessive fear of specific places, men or women
- Fearful or startled response to touch
- Recurrent physical complains without physiological basis
- Tendency to harm himself or herself
- Wearing many layers of clothing regardless of the weather
- Recurrent nightmares or disturbed sleep patterns and fear of the dark or being alone
- Regression to more infantile behaviour like bed-wetting, thumb-sucking or excessive crying
- Poor peer relationships
- Eating disorders
- An increase in irritability or temper tantrums
- Negative coping skills, such as substance abuse and or causing harm to herself or himself (in older children)
- Fears of a particular person or object
- Disrespectful behaviour and aggression towards others or a particular person
- Poor school performance
- **Advanced sexual knowledge**, i.e. knows more about sexual behaviour than is expected of a child of that age
 - The child may hate his or her own genitals or demand privacy in an aggressive manner;
 - The child may dislike being his/her own gender
 - The child may use inappropriate language continuously in his/ her vocabulary or may use socially unacceptable slang
 - The child may carry out sexualised play (i.e. simulating sex with other children).

HELPING THE CHILD TALK ABOUT ABUSE

Disclosure refers to when a child opens up and says that he/she has been sexually abused. The factors influencing capacity to disclose are:

- Age
- Sense of safety
- Available resources
- Other factors relevant to each case or child.

There are two types of disclosure:

1. **Direct:** When the child tells someone about the abuse
2. **Indirect:** When the abuse is discovered as a result of the child becoming pregnant, contracting a sexually transmitted disease, or mild questioning.

EMOTIONS OF AN ABUSED CHILD

- "How do I say it? What words should I use?"
- "Mummy and Daddy won't believe me!"
- "I don't even know how to say what happened, I just feel weird about it"
- "Uncle didn't really mean to be bad to me or did he?"
- "My teacher might fail me if I tell Mummy"
- "I am scared, Uncle told me not to tell anyone, it's a secret."

Disclosure is difficult for children. It may take days, months, years or even longer, before a victim or survivor to be able to talk about sexual abuse. Be patient and supportive.

WHY ABUSED CHILDREN TALK, EVENTUALLY

- Awareness and understanding of the abuse.
- Discussion with an understanding parent or other adult with whom they are comfortable.
- Inability to bear the abuse anymore.
- Physical illnesses following sexual abuse.
- Secure adult relationships that provide confidence to deal with prior trauma.
- Revelation during counselling for any other reason.
- Desire to prevent abuse of other children.

When children do talk about the abuse, it is important to handle it carefully.

RULE #1:

Remember, the child is not at fault.

RULE #2:

Make sure the child understands Rule#1.

DO

- Keep calm
- Believe the child
- Listen to the child
- Answer the child's questions honestly
- Respect the child's privacy by not telling other people
- Give positive messages: "I know you could not help it", "It is not your fault", "I am with you" or "I am proud of you for telling".
- Get professional help from counsellors and doctors after taking the child into confidence.
- Arrange a medical exam if necessary.

DON'T

- Blame the child
- Panic or overreact
- Pressure the child to talk
- Confront the offender in presence of the child.
- Make the child repeat the story.

Parenting Tip: Create an understanding and open environment to help the child talk about the abuse.

SEEKING PROFESSIONAL SUPPORT TO HELP THE CHILD HEAL

Sexually abused children often feel guilt, anger, sadness, shame and confusion. Child sexual abuse is not the child's fault, but the child does not understand that.

Professional counselling usually helps the child:

- Realise that abuse is NOT his/ her fault
- Reduce the feelings of shame and guilt
- Feel accepted, safe, secure
- Rebuild their self-esteem and confidence
- Minimise focus on the traumatic past, heal and move on
- Come to terms with the consequences for the abuser when reported and action is taken.

The family also needs counselling to cope with the abuse situation and help the child heal.

TIPS FOR DISCUSSING ABUSE WITH CHILDREN

Many adults are uncomfortable about talking with children who have questions about child abuse or who, unfortunately, may be victims themselves. This tip sheet was developed by experts to suggest language appropriate for communicating effectively with children about this sensitive subject. Its aim is to answer children's questions in a way that they can understand without frightening or confusing them.

Don't assume that a child will behave or react in any particular way. Every situation that involves child abuse is different, and every child responds differently. Simply being an available, responsible adult may provide the support a child needs. Establishing or maintaining a sense of normalcy or routine may help to reassure a child and start the healing process.

QUESTIONS THAT CHILDREN OFTEN ASK

"What is child abuse?"

Child abuse is when an adult hurts a child, and it is not an accident. Hitting, constant yelling, or unwanted touching can all be child abuse. If someone is hurting you or making you uncomfortable, ask the person to stop or leave and tell someone you trust about what happened.

- Physical abuse is when an adult hurts a child by hitting, shaking, choking, burning, pinching, beating, or any other action that causes pain or injury. If you are physically abused, you may notice cuts, bruises, or other marks on your body.
- Emotional abuse is when an adult hurts a child by always yelling at the child, threatening to leave, or saying mean things. If you are emotionally abused, you may feel like you are all alone and that no one cares about you.
- Sexual abuse is when an adult or someone older than a child touches the private parts of a child's body or has a child touch the older person's private parts. Private parts are the parts covered by bathing suits or underwear. It is also sexual abuse if an adult shows a child pictures or movies of people without their clothes on or takes these types of pictures of a child. If someone is sexually abusing you, you may feel uncomfortable, scared, or confused.
- Neglect is when an adult does not give the food, care, and place to live that a child needs. If you are neglected, you may not have clean clothes, a bed to sleep in, or medicine when you are sick.

“Who abuses children?”

Some children are abused by strangers, but most are abused by someone they know—a parent or stepparent, another relative, a babysitter, a teacher, or an older kid. Abuse can happen to all kinds of children, no matter where they live or how much money their families have. It can happen just about anywhere—at home, school, day care, or the playground.

“Why would someone abuse a child?”

Most adults care about children and never hurt them. It can be hard to believe that someone you love or someone who is nice can hurt you or other children, but some adults lose their tempers or can't control the way they act. Drinking alcohol or using drugs can also make it hard for some people to control how they act. An adult who hurts children has a problem and needs to get help to stop.

“Is it my fault that this happened to me?”

No. No matter what, abuse is never your fault and you don't deserve it. It's normal to feel upset, angry, and confused when someone hurts you. But don't blame yourself or worry that others will be angry with you. Even if you think you've done something wrong, that does not make it okay for someone to hurt you. All children deserve to have adults in their lives who love and support them as they grow up.

“How can I stop it?”

If you think that you are being abused, the bravest and most important thing you can do is tell someone you trust. Never keep it a secret, even if the person hurting you tells you that something bad will happen if you tell. Trusting someone after you've been hurt can be hard to do. If you can't trust anyone at home, talk to someone at school (like a teacher, counsellor, or school nurse) or a friend's mom or dad. And if that person cannot help you, keep telling until you get the help you need to feel safe.

“What will happen to the person who hurt me if I tell?”

An adult who hurts children needs special help to learn to stop. While this person is getting help, you may see less of him or her. This may be tough for you, especially if that person is a part of your family. Your whole family may need help, too.

LEGAL ROLE OF MEDICAL PRACTITIONERS, AND OTHER HEALTH PERSONNEL

Dual Role of Doctors under the POCSO Act 2012

1. **DETECTING** that a child has been or is being abused. For instance, if they come across a child with a sexually transmitted disease.
2. **CONFIRMING** that the child has indeed been the victim of sexual abuse.

When Reporting Abuse, Provide Details of:

- Nature of abuse.
- Identify involved parties, if aware.
- Name, address, and telephone number of the child.
- Name of parents/caretaker, if known.

Mandatory Duties under POCSO Act

- Doctors and other medical professionals should be involved in conducting a Medical Examination as well as in providing Emergency Medical Care to the sexually abused child.
- **Section 21(1)**: Requirement for medical professionals to report sexual abuse of a child to the appropriate authorities.
- **Section 21(2)**: Failure to report punishable with imprisonment of up to six months, with or without fine.

The doctor and other medical professionals owe no obligation to inform the child and the parents or guardian about their duty to report, but this should be done as a matter of good practice. The doctor's examination should not be delayed for any reason. When possible, examinations should be completed by specially trained physicians.

MEDICAL EXAMINATION: Informed Consent for the Medical Examination should be taken from the child (if 12 years and older) or the parents/ guardian.

Prior to taking consent, the doctor should explain the purpose of examination, expected risks and side effects if any, benefits of the examination, and the amount of time it will take.

This explanation should be given in all cases, or when the person comes on his/her own only for treatment for effects of abuse, or with a police requisition after police complaint, or a court directive.

EMERGENCY MEDICAL CARE includes:

- Treatment for cuts, bruises, and other injuries including genital injuries, if any.
- Treatment for exposure to sexually transmitted diseases (STDs) including prophylaxis for identified STDs.
- Treatment for exposure to Human Immunodeficiency Virus (HIV) including prophylaxis for HIV, after necessary consultation with infectious disease experts.
- Possible pregnancy and emergency contraceptives should be discussed with the pubertal child and the parent, or any other person in whom the child has trust and confidence.
- As is often necessary, a referral or consultation for mental or psychological health or other counselling.

Provisions under POCSO Act for Medical Examination:

- Section 27 states that a medical examination is to be conducted as per the provisions of Section 164A of the Criminal Penal Code.
- Where the victim is a girl, medical examination to be conducted by a female doctor.
- The medical examination is to be conducted in the presence of the parent of the child or any other person in whom the child reposes trust or confidence.
- If such a person cannot be present, the examination is to be conducted in the presence of a woman nominated by the head of the medical institution.

Provisions under POCSO Act for Emergency Medical Care

- Rule 5 of the POCSO Rules, 2012, states that emergency medical care is to be provided by the nearest medical facility, private or public.
- No magisterial requisition or other document is to be demanded as a precondition to providing emergency medical care.
- Rule 7 of the POCSO Rules, 2012, states that expenses incurred in providing medical care to the child may be recovered in the compensation awarded to the child.

PROCEDURE OF MEDICAL EXAMINATION

- The examination starts with compiling the child's medical history.
- The interview for the medical history should be according to the age and the child's level of understanding.
- There should be a focus on any ano-genital complaints such as bleeding, discharge, pain, or past genital injury.
- Past incidents of abuse or suspicious injuries, and menstrual history should be documented.
- Complete physical examination must always be performed, and should include growth, development, social, and emotional state of the child.
- There should be a direct genital examination for specific signs or physical indicators.
- All symptoms must be documented.
- Blood tests may have to be ordered to check for sexually transmitted diseases, such as syphilis and HIV, and pregnancy in females.

Forensic Tests

- Forensic evidence includes blood, semen, sperm, hair or skin fragments that could link the assault to an individual person, as well as debris (e.g. carpet fibres, lint from furniture) that could link the assault to a location.
- Evidence collection should be performed if sexual contact occurred within 96 hours prior to physical examination. The purpose is to ascertain:
 - Whether a sexual act (penetrative or non-penetrative) has been attempted or completed.
 - Whether such a sexual act is recent.
 - Whether any injury has been caused to the child's body.
 - The age of the survivor, in the case of adolescent girls/ boys, and
 - Whether alcohol or drugs have been administered to the child.

Absence of physical findings can be explained by several factors:

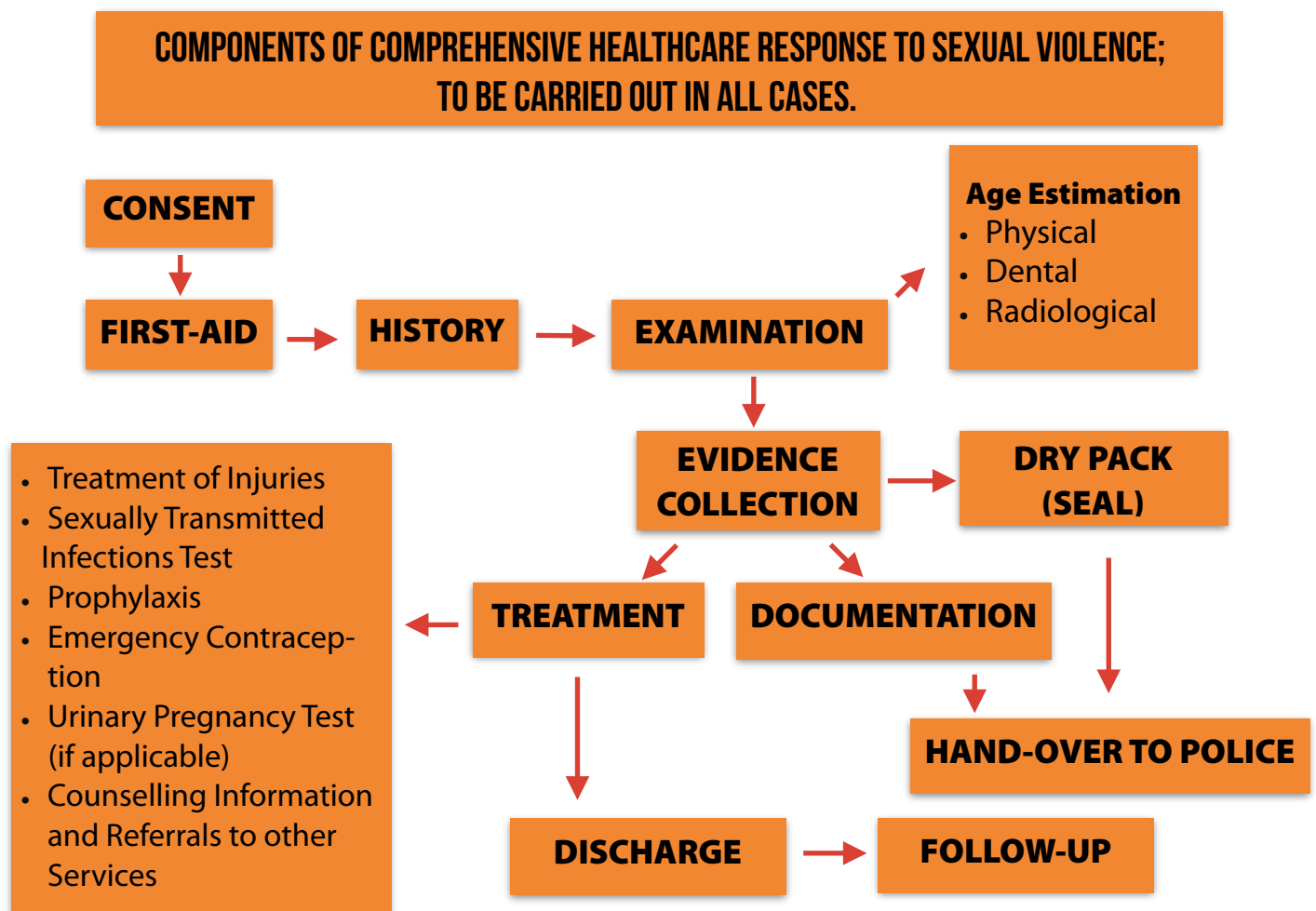
- Nature of assault may not be physically damaging.
- Level or perception of penetration.
- Disclosures are often delayed.
- Healing may have occurred.
- The hymen changes with puberty.
- Physical violence is not always associated with child sexual abuse.

Doctors handling sexual abuse cases should:

- Treat sexually transmitted diseases (STDs) with appropriate medications.
- In post-menarche children, consider the possibility of pregnancy and the need for emergency contraception.
- Recognise the overriding need for emotional support and attention.
- When sexual abuse is seriously suspected or has been diagnosed, ensure that it is reported to the appropriate authorities.
- Keep well-documented medical records.
- Make appropriate referrals to a mental health specialist.

Role of Mental Health Practitioners:

- Assessment of psycho-social issues
- Assessment of lethality and tendency to self-harm
- Catharsis by helping the child narrate the incident
- Psychological debriefing to provide emotional support to the child and to prevent development of post-traumatic stress disorders and other forms of negative health consequences
- Normalise the feelings of the child and provide assurance
- Instil hope through an attempt at positive resolution of the traumatic experiences of the child.



WHAT TO DO IN A CASE OF CHILD ABUSE

If You Are a Civil Society Organisation...

Civil society organisations (i.e. independent institutions, non-governmental organisations (NGOs) and independent experts) have a positive role to play in the effective implementation of the POCSO Act, 2012. It includes not only raising public awareness on children's rights and disseminating a new culture of child-adult relationships, but also preventing and responding to violence against children by providing active support to reported cases through individual and group counselling and services for rehabilitation of abused children.

The POCSO Act, 2012, and POCSO Rules, 2012, envisage the involvement of NGOs as support persons for the child, as well as under various other provisions.

Under Section 19 (1) of the POCSO Act, 2012, any person, including a member of an NGO, may make a report. Many NGOs work closely with vulnerable children and are in a position to detect child abuse. In several cases, a child may feel more comfortable disclosing abuse to an NGO worker rather than someone in his/her own family. An NGO that has knowledge of the sexual abuse of a child is also bound by the principle of mandatory reporting under section 21(1) of POCSO Act, 2012.

An NGO worker is included in the term "person of trust and confidence". Thus, such a person's presence can be requested at the time of recording a statement before the Police or Magistrate [Section 26 (1)], medical examination [Section 27(3)], and Special Court proceedings [Section 33 (4) and 37].

An NGO worker may be appointed as a support person by the CWC to assist the child through the pre-trial and trial procedure (Sub-rule 7 of Rule 4 of POCSO Rules, 2012).

Also, the parents, guardian or other person in whom the child has trust and confidence can approach an NGO to act as a support person (proviso to Sub-rule 7 of Rule 4 of POCSO Rules, 2012).

Where an NGO is appointed as the support person, its worker has a right to be informed under Sub-rule 11 of Rule 4 of POCSO Rules, 2012, of the developments, including the arrest of the accused, applications filed and other court proceedings.

The NGO support person in turn communicates this information to the child and his/her family. The NGO assisting a child can, under Rule 7 of POCSO Rules, 2012, file an application for interim and final compensation with the Special Court, as well as with the Legal Services Authority.

It has been noted that victims of child sexual abuse, and often their families, prefer to approach and seek advice from an NGO even before they report the matter to the police. Thus, in such situations, the NGO becomes the first point of contact for the child, providing counselling, legal advice and assistance to report the matter.

NGOs must maintain regular contact with the SJPU and local police stations in their areas of operation. Cooperation between the police and NGOs would facilitate speedy action and reduction of secondary trauma. Where an NGO is approached by a child and/or his/her parents or guardian or other person in whom the child has trust and confidence before the latter approaches the police, the NGO can arrange contact with the police. On the other hand, where the child and/or his/her parents or guardian or other person in whom the child has trust and confidence approach the police on their own, the police can inform and refer them to NGOs that offer support and guidance. This course of action has been recommended for the police in many districts, and is followed in some.

Where an NGO worker is appointed as the designated support person under Rule 4 of POCSO Rules, 2012, such person should refer to the guidelines for support persons.

In addition to these support functions, an NGO can also play a vital role in identifying child sexual abuse concerns. A number of NGOs work with children closely, and are aware of the particular problems and behaviour of each child. The NGO worker is in a position to keep a watch on these children, and to look out for children who are at risk of sexual abuse as well as for signs of sexual abuse even before the child discloses it himself. In this way, an NGO worker can contribute to the detection of sexual abuse and to the initiation of remedial measures, including judicial processes, in respect of the sexual abuse.

NGOs are the primary channel for awareness-generation and proactive monitoring of government policies and action. They can contribute to the objectives of the POCSO Act, 2012, by providing technical support to children's institutions in developing child protection policies, addressing issues of recruitment, monitoring, complaints mechanism, disciplinary proceedings, and police reporting within their own organisational or institutional setting, and training their staff in this regard. They can also train the CWC, lawyers, doctors and other professionals who come in contact with children about the POCSO Act, 2012, and in communicating with children. In addition to this, they can set up education and training programmes for children and youth. They can hold consultations with children and youth to understand their views and perspectives on the issue of child sexual abuse and provide them with opportunities and ways to put recommendations forward as well as opportunities to get involved in implementation.

In addition to this, NGOs can monitor media coverage and ensure sensitive handling of the issue. They can also develop and disseminate position papers and other academic and awareness materials. They can create alliances with other NGOs, business groups, private organisations and the local, national and regional media networks, share best practices, submit articles, involve the press in relevant events and lobby with the media to raise awareness with the general public. NGOs can thus play a vital role in the implementation of the provisions of the POCSO Act, 2012, and in combating the problem of child sexual abuse.

REMEMBER:

1. You should not take a vulnerable or abused child out of the home. Alert the appropriate authorities first.
2. You can take a sexually abused child to the hospital for medical examination because, under the POCSO Act, doctors in private or public institutions are under obligation to detect and confirm abuse. They are also bound to report the same to the police. You do not need to provide a magisterial requisition or any other document and, it should not be demanded as a pre-condition for providing emergency medical care.
3. The doctor's examinations will include a complete physical and medical examination, and also forensic tests, depending on the nature of the abuse.
4. Once a child has been sent to a safe home, you can only follow up with the permission of the CWC, but you must also report back to the CWC. It is the CWC that is required to do the follow-up and update each child's file accordingly. Only the parents or guardian of the child are allowed to visit.

Talk to Parents About The Importance of:

- Teaching their children about their personal space and privacy by age three or earlier.
- Teaching their children the concept of "Okay" and "Not Okay" touching.
- Teaching their children to tell if anyone touches their private parts for a reason other than to provide care during baths or cleaning after use of toilet.
- Teaching their children not to keep secrets.

- Limiting the individuals who provide genital, peri-anal and bathing care for their children, and allow only those who they trust so as to reduce risk.
- Teaching their children the appropriate names for their private parts so they have the correct language to communicate and report if need be.
- Looking for signs that a child is being abused and take necessary action.

PeaceMakers, Counsellors, Organisations and individuals trying to help a vulnerable or abused child can take any of the following options:

- I. **Contact CWC:** The CWC has the sole responsibility of handling Children in Need of Care and Protection (CNCP) in conjunction with the State Government. If at the time of the report, the CWC is sitting, then the child can be brought before them immediately. If they are not sitting and even one member is not available, the child must be placed at a reception centre, shelter home, special adoption agency, children's home in the district and other fit institutions within 24 hours (excluding travel time) and never in a prison or jail.

The CWC has the same powers as a metropolitan magistrate or a judicial magistrate of the first class. A child can be brought before the committee (or a member of the committee) if necessary by a police officer, any public servant, or social worker.

The CWC meets and interviews the child to learn about his/her background and also understand the problem the child is facing. The first meeting with the child is complete when an initial order is given. The CWC usually sends the child to a children's home while the inquiry into the case is conducted for the protection of the child. The probation officer in charge of the case must also submit regular reports of the child.

The purpose of the CWC is to determine what is in the best interest of the child and find the child a safe home and environment either with his/her original parents or adoptive parents, foster care or in an institution.

A final order must be given within four months of the admission of the child before the CWC. The CWC also has powers to hold people accountable for the child such as in the case of child labour, the employers are fined or made to give bonds to the children. CWC also has the power to transfer the child to a different CWC closer to the child's home or in the child's state to dispose of the case and reunite the child with his family and community.

2. **Contact the District Child Protection Unit (DCPU):** This unit is headed by a District Child Protection Officer (DCPO), who coordinates and implements all child rights and protection activities at the district level. He/She also contributes to effective implementation of child protection legislations, schemes and achievement of child protection goals laid out in the National Plan of Action for children. In doing so, the DCPO will follow national and state priorities, rules and guidelines.

The DCPO will organise quarterly meetings with all stakeholders at the district level including *Childline Services*, SAA, superintendents of homes, NGOs and members of the public to review the progress and achievement of child protection activities. She/He maintains a database of all children in institutional care and non-institutional care at the district level. This Data Management System will ultimately be uploaded onto a comprehensive, integrated, live database for children in care and in need of care in the country, called "TrackChild."

She/He is also to supervise and monitor all institutions/agencies providing residential facilities to children in the district; network and coordinate with voluntary and civil society organisations

working in the field of child rights and protection; facilitate effective implementation of other legislations for child protection in the district, viz. Hindu Adoption and Maintenance Act (HAMA) 1956; Guardians and Wards Act (GAWA) 1890; Child Labour (Prohibition and Regulation) Act 1986; Child Marriage and Restraint Act 1979, Immoral Traffic Prevention Act 1986, Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994, Protection of Children from Sexual Offence Act, 2012, CPCRC Act, 2005, and any other Act that comes into force for protecting child rights.

The DCPO ensures effective implementation of the Juvenile Justice (Care and Protection of Children) Act, 2000, and its Amendment Act, 2006 at district/city levels by supporting creation of adequate infrastructure, viz. setting up JJBs, CWCs, SJPU in each district, and homes in a cluster of districts as required.

In view of this, the DCPO is basically responsible for Children in Need of Care and Protection in his/her district because he/she coordinates and networks between the District Magistrate, District Judge, Superintendent of Police, Child Development Project Officer (CDPO), Labor Officer, Education Officer, Chief Medical Officer (CMO), Municipal Authorities, and Members of Zilla Parishad and other local bodies. He also networks and coordinates with voluntary organisations, hospitals/nursing homes, CWCs, JJBs, Childline services, and other authorities at the district level, who have direct or indirect impact on child protection programmes/ services.

3. **Contact the Station House Officer (SHO) in any Police Station:** For children who suffer abuses that come under the Protection Of Children against Sexual Offences (POCSO) Act, the SHO can be contacted directly to take immediate action if the CWC or DCPO does not respond fast or cannot be reached for any reason. From experience, SHOs have been seen to act faster when they receive a call from a member of the CWC.
4. **Contact the nearest police station:** If the CWC or DCPO does not respond promptly, visit the nearest police station. At the police station, you should ensure the complaint is filed without delay and appropriate action commences, e.g contacting the CWC or DCPO, taking the child for medicals, and to a safe home, etc. If you accompany a child alone or with parent or guardian to the police station, you should help with correct narration of the abuse. You should boost the child's morale, ensure the child is not ridiculed, and that he or she is not made to unnecessarily repeat the abuse he or she went through. You must also ensure non-advertisement of the child to the media or the press and taking of his/her photographs. The police must also present the child before the CWC.
5. **Call the child help line-1098:** This (1098) is a 24-hour free emergency phone outreach service for children in need of care and protection. These could be street children and youth living alone on the streets, child labourers working in the unorganised and organised sectors, domestic help, particularly female child domestic help, children affected by physical, sexual, or emotional abuse in the family, schools or institutions.
Others such as children who need emotional support and guidance, children of commercial sex workers, victims of child trafficking, children abandoned by parents or guardians, missing children, runaway children, and those children who are victims of substance abuse. Also, differently-abled children, children in conflict with the law, children in institutions, mentally challenged children, HIV/ AIDS-infected children, those affected by conflict and disaster, child political refugees, and children whose families are in crises, among others.

On getting a call, the Childline services ought to reach the child within one hour at the most, pick up the child if necessary, and also contact relevant bodies or agencies, such as the police, hospital, CWC or JJB, as needed for the particular case. In practice, this may sometimes not happen exactly as stated. The caller is sometimes asked or permitted to go and pick up the child.

6. **Contact State Commission for Protection of Child Rights:** Under the provision of the Commissions for Protection of Child Rights Act, 2005, every state has to establish State Commissions for Protection of Child Rights (SCPCR). The aim of this commission is to protect, promote and defend child rights in each state. The Commission consists of a chairperson and six members who are well-versed in child welfare. At least one member should be a woman. The state commission is required to submit an annual report to the state government as well as special reports when an issue needs immediate attention.

The Functions of the Commission are:

- Examine and review the safeguards provided by law for the protection of child rights and recommend measures for their effective implementation.
- Provide the state government with recommendations to improve and correct the safeguards.
- Inquire into violation of child rights and recommend initiation of proceedings in such cases.
- Examine all factors that inhibit the enjoyment of rights of children affected by terrorism, communal violence, riots, natural disaster, domestic violence, HIV/AIDS, trafficking, maltreatment, torture and exploitation, pornography and prostitution, and recommend appropriate remedial measures.
- Look into matters relating to the children in need of special care and protection, including children in distress, marginalised and disadvantaged children, children in conflict with the law, children without family and children of prisoners, and recommend appropriate remedial measures.
- Study treaties and other international instruments and undertake a periodic review of existing policies, programmes and other activities on child rights and make recommendations for their effective implementation in the best interest of children.
- Undertake and promote research in the field of child rights.
- Spread literacy on child rights among various sections of society and promote awareness of the safeguards available for protection of these rights through publications, the media, seminars, and other available means.
- Inspect or cause to be inspected any juvenile custodial home, or any other place of residence or institution meant for children, under the control of the central government or any other authority, including any institution run by a social organisation; reformation or protection and take up with these authorities for remedial action, if found necessary;
- Inquire into complaints and take suo motu notice of matters relating to;
 - a. Deprivation and violation of child rights;
 - b. Non-implementation of laws providing for protection and development of children;
 - c. Non-compliance of policy decisions, guidelines or instructions aimed at mitigating hardships and ensuring welfare of children, and provide relief to such children;

INDIAN LAWS THAT PROTECT ABUSED AND VULNERABLE CHILDREN

Juvenile Justice Act 2000

The Juvenile Justice (Care and Protection of Children) Act 2000 conforms to the United Nations Minimum Standards for Administration of Justice to Children. It is an Act to consolidate and amend the law relating to juveniles in conflict with the law and children in need of care and protection, by providing for proper care, protection and treatment by catering to their development needs, and by adopting a child-friendly approach in the adjudication and disposition of matters in the best interest of children and for their ultimate rehabilitation through various institutions established under this law.

Under the Juvenile Justice Act 2000, juvenile means a boy or a girl who has not attained the age of 18 years.

Under the Juvenile Justice Act 2000, vulnerable children are grouped into two categories:

- 1) **Children in Need of Care and Protection (CNCP):** These are children suffering or likely to suffer any form of abuse. These groups of children are to be handled and taken care of by the State Government and Child Welfare Committee (CWC).

When the CWC is considering child cases, the focus is on whatever is in the best interest of the child. The child's best interest may involve taking the child out of abusive situations, rescuing the child from a marriage, searching and rescuing trafficked girls. On the basis of the child's best interests, next steps are taken and decisions made, backed by the powers acquired by the CWC through the judiciary or magistrates.

The CWC is usually a five-member Board and must have at least one female member. It serves a four-year term. (*See appendix for the list and contact of current CWC members*).

The Hyderabad CWC meets every Thursday at Girls' Observation Home, Nimboliadda, Kachiguda, and every Friday at Boys' Home, Saidabad.

The Rang Reddy CWC meets every Thursday at Boys' Home, Saidabad, and every Friday at Girls' Observation Home, Nimboliadda.

- 2) **Children in Conflict with the Law (CCL):** These are children accused of committing a crime or an offence. These groups of children are to be handled and taken care of by the State Government and the Juvenile Justice Board (JJB).

The JJB is usually headed by a Metropolitan Magistrate with special knowledge or training in child psychology or child, and includes two social workers, one of whom must be a woman.

If a child is arraigned or brought before other magistrates, such magistrates can only record the information and forward the child to the competent authority with jurisdiction over the matter.

Accused children or those who actually commit a civil or criminal wrong come under the custody of the Special Juvenile Protection Unit (SJPU) through the police. Every police station appoints one or more Sub-Inspector (SI) as the SJPU representative. The present General Head of Department for this unit is DCP Anusuya. Her office is at the Crime Control Station (CCS) Nampally.

Under the Juvenile Justice (Care and Protection of Children) Amendment Act, 2005, the following amendments were introduced and applicable to all cases involving detention, prosecution or sentence on imprisonment of juveniles under any such law:

- “Juvenile in conflict with law” means a juvenile who is alleged to have committed an offence and has not completed his 18th year as on the date of the offence being committed.
- Whenever a claim of juvenility is raised before any court, or a court is of the opinion that the accused person produced before it was a juvenile on the day the offence was committed, the court shall make an inquiry, take such evidence as may be necessary (but not an affidavit) so as to determine the age of the person, and shall record a finding as to whether or not the person is a juvenile or a child, stating his age as nearly as may be.
- An important provision is that a claim of juvenility may be raised before any court, and it shall be recognised at any stage even after disposal of the case in terms of the provisions. If the court finds a person to be a juvenile on the day the offence was committed, it shall forward the juvenile to the JJB.

It has been observed that, in practice most police officers take juveniles into custody and by mere looking at the stature or built of the child, police officers enter them as adults. As such, these children are denied the beneficial provisions of the juvenile justice system. The fact that, most Indians do not have birth certificates has also contributed to this practice.

Minimum Age of Criminal Responsibility (MACR)

In India, **any person under the age of 18 years, is a child.** The legal definition of a child also affects how the courts deal with offenders, so age is significant. A person who is a minor or a child cannot be convicted in the same manner as an adult.

For instance, if a juvenile is accused of an offence under the provisions of the Narcotic Drugs and Psychotropic Substances (NDPS) Act, he is entitled to necessary benefits under the special enactment of the Juvenile Justice Act.

If there is a legislation dealing with the criminal liability of minors, the accused should not be tried under the ordinary law for adults. Children have to be dealt with under the juvenile justice system and not the adult criminal justice system. Children should never be imprisoned or given the death sentence.

Age Verification of Rescued Victims of Trafficking

The age of a rescued victim is an important factor in law enforcement and justice delivery. Anyone under 18 years is a child under the Juvenile Justice Act 2000 and cannot be sent to jail. He/she has to be looked after in a home and treated according to the provisions of the Act.

However, it has been found that traffickers and brothel owners make sure that the age of the rescued minor is entered as 18 years or above, making her an adult in the records. So, when they are sent to jail, the traffickers/ brothel owners bail them out and the victims are returned to their effective confinement as prostitutes.

There is a need to ensure the accountability of doctors who carry out age verification, and also of police officers who record the age immediately after a rescue. Age verification reports usually place the victims within an age bracket. There are countless police records where the age of the girl is recorded as “appears to be of 18-19 years of age”. Even medical examinations place the age within a bracket.

The Supreme Court has held that when the expert’s opinion is given in an age bracket, the lower age in the bracket should be the one taken into consideration, so that the benefit of doubt favours the victim. Therefore, if the age verification report says that the girl is in the age bracket 17-19 years, for the purposes of law enforcement, the age has to be taken as 17 years.

It is important to note that this is also because most births are not registered and most people do not have birth certificates in India. Hence, estimation is relied upon.

Age of Consent for Sexual Intercourse

In India, the law generally considers anyone less than 18 years to be a child/minor, not competent to take major decisions affecting herself or others for the purposes of the Indian Majority Act, Contract Act, Juvenile Justice Act, Child Marriage Restraint Act, or Representation of Peoples Act.

Also, under the Integrated Child Protection Scheme (ICPS) each district shall have a Child Protection Officer known as DCPO (District Child Protection Officer)

(See appendix for contact details of DCPOs of Hyderabad, Ranga Reddy)

The implementation of the Juvenile Justice Act 2000 is the responsibility of the state government.

APPENDIX A: PHONE NUMBERS, ADDRESSES

Child Welfare Committee, Hyderabad

	CHAIRPERSON IN-CHARGE	MEMBER	MEMBER	MEMBER
Name	P. Shyamala Devi	Annapurna Dasaka	Kamala Kshetty	T. Chetan Pillai
Phone	9989686730	9885020876	9010688080	9704233351

Child Welfare Committee, Ranga Reddy

	CHAIRPERSON	MEMBER	MEMBER	MEMBER	MEMBER
Name	V. Padamavathi	Venkateshwarlu	Mamidi Vijaya Devi	Balaraju	K. Krishna
Address	Plot No. 87, Near United Church, Nirman Nagar, Defence Colony, Secunderabad		Plot No.148, Netaji Nagar, Kapra		55/2, LIGH Phase-III, KPHB, Kukatpally, Hyderabad-72
Phone	9391011282	9247437538	9848031091	9652973336	9032511909

Key persons in District Child Protection Units

- District Child Protection Officer, Hyderabad: Mr. Imtiaz - 8520043943/ 040-23202351
- Law & Probationary Officer, Hyderabad: Ms. Rafiya Bano - 9441106814
- District Child Protection Officer, Ranga Reddy: Mr. Satish Babu - 8332988623/ 9949022787
- Law & Probationary Officer, CWC member, Ranga Reddy: Mr. Nihal - 8008867779

Key persons in NGOs:

- 1) Mr. Isidore Philips, Director (Divya Disha) Childline: 9848186982
- 2) Mr. Tirupathi Rao, Coordinator (Divya Disha) Childline: 8885028606
- 3) Dr. Mamta Raghuveer, Founder NILA and Tharuni: 040-2407038/ 9849418592
- 4) Mr. David Raj, State Programme Officer, UNICEF: 9440894841
- 5) Mr. Ramalu, Retired Public Prosecutor / Legal Advisor to the Commissioner