TNFOG

Tamilnadu Federation of Obstetricians & Gynaecologists

POCSO ACT

e News Letter

13 MAY 2022

TNFOG Team

President
Dr Anjalakshi Chandrasekar

Secretary
Dr S Sampath Kumari

Treasurer
Dr Vijay

Vice President
Dr Revathy Janakiraman

Joint Secretary
Dr Radha Madhavi

Joint Treasurer
Dr S Saravanakumar

EC Members

OGSSI
Dr N Palaniappan
Dr Vijayalakshmi Seshadri

Krishnagiri
Dr E Chitra
Dr Rekha Rajesh

Tirunelveli
Dr Sheeba Jeyaseelan
Dr Nirmala Vijayakumar

Nagercoil
Dr Mary Ann
Dr Mini Gopal

Karur
Dr R Uma
Dr Nithya

Namakkal
Dr Chandra Ponnusamy
Dr R Vairamani

Tiruvannamalai
Dr Radha Madhavi
Dr Alamelu

Salem
Dr Vidhya Prabhakar
Dr Saravanakumar

Viruthunagar
Dr Aarthi
Dr Vinothini

Vellore
Dr Elsy Thomas
Dr Preethi R N

Madurai
Dr S Sumathi
Dr Ambigai Meena

Dindigul
Dr J Amala Devi
Dr Saroja Veluchamy

Trichy
Dr T Ramani Devi
Dr Deepa Mukundan

Theni
Dr Shanthi Rani
Dr Vanitha Rukmani

Thoothukudi
Dr S Pethukani
Dr Archana Arulraj

Thanjavur
Dr Thendral
Dr Uma Brindha

Erode
Dr. Nancy
Dr. Purnima

Coimbatore
Dr Suma Natarajan
Dr T V chitra

President's Message

Dr. Anjalakshi Chandrasekar

President TNFOG

Dear Comrades
Warm and rainy welcome to everyone .in this month we are going to learn what is POCSO Act and enrich our knowledge and preach our adolescents and protect our young ones THE PROTECTION OF CHILDREN FROM SEXUAL OFFENCES ACT, 2012 NO.32 of [2012]

An Act to protect children from offences of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for trial of such offences and for matters connected there with or incidental thereto

WHEREAS clause (3) of article 15 of the Constitution, inter alia, empowers the state to make special provisions for children.

AND WHEREAS, the Government of India has acceded on the 11th December ,1992 to the Convention on the Rights of the Child, adopted by the General Assembly of the United Nations, which has prescribed a set of standards to be followed by all state parties in Securing the best interests of the child.

AND WHEREAS it is necessary for the proper development of the child that his or her Right to privacy and confidentiality be protected and respected by every person and through all stages of a judicial process involving the child.

AND WHEREAS it is imperative that the law operates in a manner that the best interest and wellbeing of the child is regarded as being of paramount importance at every stage, to Ensure the healthy physical, emotional, intellectual, and social development of the child.

AND WHEREAS the State parties to the Convention of the Rights of the Child are Required to undertake all appropriate national, bilateral, and multilateral measures to prevent.

(a) The inducement or coercion of the child to engage in any unlawful sexual activity.
(b) The exploitative use of children in prostitution or other unlawful sexual practices.
(c) The exploitative use of children pomographic, performances and materials.

In this CME we are going to have a talk by our star speaker Dr. Geetendra Sharma and Dr, MC Patel sir who is always with us in medicolegal problems conducting the beautiful informative panel. I request all of you to learn and help our children
Thank you!
Jai Hind!!

Secretary's Message

Dr S Sampath Kumari
Founder Secretary, TNFOG

Dear Members

Happy to share the TNFOG E-NEWSLETTER –10TH Newsletter on an important topic **'POCSO ACT'**. This act was formulated by the GOVERMENT in the year 2013 to convict all sexual abuses of under 18 yr olds.

The number of rape incidents in INDIA per 100,000 citizens is 22,172 as of 2020 according to World Population Data. Indian children, numbering about 440 million constitute 19% of world's population. One in 9 girls & one in 53 boys under the age of 18 experience sexual abuse or assault at the hands of adult- known or unknown. 82% of all victims under 18 are females. Many cases go unreported due to poor or no knowledge about this act, or because of fear and societal pressures.

This Newsletter will be helpful to all practitioners to understand better about the POCSO ACT- What gynaecologists should do when they receive a patient, what forms to be filled & how to refer the case to other institutions.

Adolescents should be made aware of this ACT such that perpetrators of this heinous crime are punished and at the earliest.

Future INDIA are todays Adolescents, and we should help them to be healthy & courageous and enable them to shine in their chosen fields proudly.

KINDLY CIRCULATE ANS SHARE THIS NEWSLETTER TO ALL GYNAECOLOGISTS IN YOUR REACH.

START DOING SCHOOL HEALTH PROGRAMS AND CONTRIBUTE TO HEALTHIER INDIA !

The Protection of Children against Sexual Offences Act easily explained

Dr Selvakumar
Senior Professor of Forensic Medicine of India

The Protection of Children against Sexual Offences Act (POCSO) came into effect on Children's Day, November 14, 2012.

Salient features of POCSO

1. It is gender neutral.
2. It makes the reporting of abuse mandatory.
3. It makes the recording of sexual abuse mandatory.
4. It lists all known types of sexual offences towards minors.
5. It provides for the protection of minors during the judicial process.

The new POCSO rules became effective from **9 March 2020**

New POCSO amendment lays down following guidelines

Medical aid and care.––

(1) Where an officer of the SJPU, or the local police receives information under section 19 of the Act that an offence under the Act has been committed, and is satisfied that the child against whom an offence has been committed is in need of urgent medical care and protection, such officer, or as the case may be, the local police shall, within 24 hours of receiving such information, arrange to take such child to the nearest hospital or medical care facility center for emergency medical care: Provided that where an offence has been committed under sections 3, 5, 7 or 9 of the Act, the victim shall be referred to emergency medical care.

(2) Emergency medical care shall be rendered in such a manner as to protect the privacy of the child, and in the presence of the parent or guardian or any other person in whom the child has trust and confidence.

(3) No medical practitioner, hospital or other medical facility center rendering emergency medical care to a child shall demand any legal or magisterial requisition or other documentation as a pre-requisite to rendering such care.

(4) The registered medical practitioner rendering medical care shall attend to the needs of the child, including:

(a) treatment for cuts, bruises, and other injuries including genital injuries, if any;

(b) treatment for exposure to sexually transmitted diseases (STDs) including prophylaxis for identified STDs;

(c) treatment for exposure to Human Immunodeficiency Virus (HIV), including prophylaxis for HIV after necessary consultation with infectious disease experts;

(d) possible pregnancy and emergency contraceptives should be discussed with the pubertal child and her parent or any other person in whom the child has trust and confidence; and,

(e) wherever necessary, a referral or consultation for mental or psychological health needs, or other counseling, or drug de-addiction services and programmes should be made.

(5) The registered medical practitioner shall submit the report on the condition of the child within 24 hrs to the SJPU or Local Police.

(6) Any forensic evidence collected in the course of rendering emergency medical care must be collected in accordance with section 27 of the Act.

(7) If the child is found to be pregnant, then the registered medical practitioner shall counsel the child, and her parents or guardians, or support person, regarding the various lawful options available to the child as per the Medical Termination of Pregnancy Act 1971 and the Juvenile Justice (Care and Protection of Children) Act 2015 (2 of 2016).

(8) If the child is found to have been administered any drugs or other intoxicating substances, access to drug deaddiction programme shall be ensured.

(9) If the Child is a divyang (person with disability), suitable measure and care shall be taken as per the provisions of The Rights of Persons with Disabilities Act, 2016 (49 of 2016). 7. Legal aid and assistance.––(1) The CWC shall make a recommendation to District Legal Services Authority (hereafter referred to as "DLSA") for legal aid and assistance.

(2) The legal aid and assistance shall be provided to the child in accordance with the provisions of the Legal Services Authorities Act, 1987 (39 of 1987).

Special relief.

(1) For special relief, if any, to be provided for contingencies such as food, clothes, transport and other essential needs, CWC may recommend immediate payment of such amount as it may assess to be required at that stage, to any of the following:- (i) the DLSA under Section 357A; or; (ii) the DCPU out of such funds placed at their disposal by state or; (iii) funds maintained under section105 of the Juvenile Justice (Care and Protection of Children) Act,2015 (2 of 2016);

(2) Such immediate payment shall be made within a week of receipt of recommendation from the CWC.

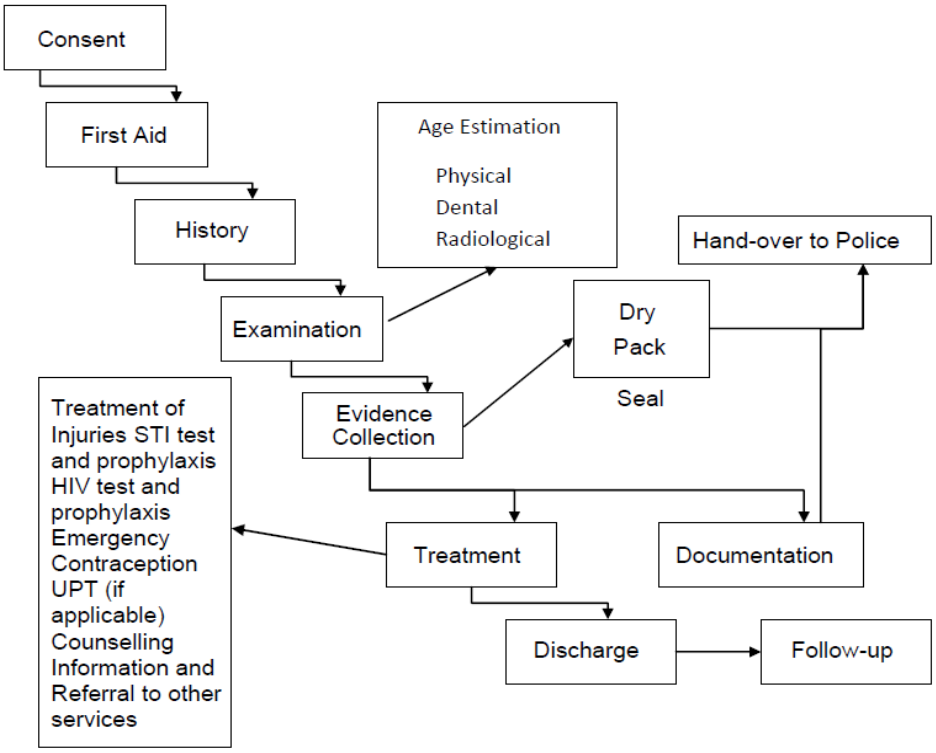
Medical examination of child according to section 27 of the POSCO act 2012 Medical examination of a child is to be conducted as per the provisions of section 27 of the POCSO act, 2012 and section 164-A of the CrPC, 1973.

A medical examination of a child shall be conducted;

1. Even before a FIR or a complaint is registered.
2. By a government doctor in a government hospital or a hospital run by a local authority. If government doctor is not available, the examination can be conducted by any other registered medical practitioner.
3. With the consent of the child or of a person competent to give consent on behalf of child.
4. In the presence of the parent of the child or any other person in whom the child reposes trust or confidence.

5. Within 24 hours from the time of receiving information about the offence.
6. In case the victim is a girl child, the medical examination shall be conducted by a female doctor
7. For any reason, the parent of the child or other person referred to in sub-section (3) could not be present, the head of the medical institution will nominate a woman and the medical examination shall be conducted in the presence of that woman.
8. The doctor shall forward the report to the investigation officer without any delay, who shall forward it to the Magistrate.

The following are the components of a comprehensive health care response to sexual violence and must be carried out in all cases:



CONFIDENTIAL

Medico-legal Examination Report of Sexual Violence

1. Name of the Hospital ..... OPD No. ..... Inpatient No .....
2. Name ..... D/o or S/o (where known).....
3. Address.....
4. Age (as reported) ..... Date of Birth (if known).....
5. Sex (M/F/Others) .....
6. Date and Time of arrival in the hospital .....
7. Date and Time of commencement of examination.....
8. Brought by..... (Name & signatures)
9. MLC No. .....Police Station..... .....
10. Whether conscious, oriented in time and place and person.....
11. Any physical/intellectual/psychosocial disability .....

(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability.)

12. Informed Consent/refusal

I.....D/o or S/o.....

hereby give my consent for:

a) medical examination for treatment Yes ☐ No ☐
b) this medico legal examination Yes ☐ No ☐
c) sample collection for clinical & forensic examination Yes ☐ No ☐

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes ☐ No ☐

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in ..... language with the help of a special educator/interpreter/support person (circle as appropriate) .....

If special educator/interpreter/support person has helped, then his/her name and signature.....

.....
.....
.....

With date, time & place
Name & signature/thumb impression of Witness
.....
.....
.....

With Date, time and place

13. Marks of identification (Any scar/mole)
(1) .....
(2) .....

Left Thumb impression

14. Relevant Medical/Surgical history

Onset of menarche (in case of girls) Yes No Age of onset.....
Menstrual history – Cycle length and duration ..... Last menstrual period.....

Menstruation at the time of incident - Yes/ No, Menstruation at the time of examination - Yes/ No

Was the survivor pregnant at time of incident - Yes/No, If yes duration of pregnancy ..... weeks

Contraception use: Yes/No..... If yes – method used: .....

Vaccination status – Tetanus (vaccinated/not vaccinated), Hepatitis B (vaccinated/not vaccinated)

15 A.History of Sexual Violence

(I) Date of incident/s being reported (ii) Time of incident/s (iii) Location/s
(iv)Estimated duration : 1-7 days…….. 1 week to 2 months….. 2-6 months…..…… >6 months….. Episode: One…….. Multiple ……..……Chronic (>6 months) ……..Unknown…….
(v) Number of Assailant(s) and name/s…… (vi) Sex of assailant(s)…….....Approx. Age of assailant (s)…….. If known to the survivor – relationship with the survivor.....……
(vii) Description of incident in the words of the narrator: Narrator of the incident: survivor/informant (specify name and relation to survivor) ……   If this space is insufficient use extra page

15 B. Type of physical violence used if any (Describe):

Hit with (Hand, fist, blunt object, sharp object)	Burned with
Biting	Kicking
Pinching	Pulling Hair
Violent shaking	Banging head
	Dragging
Any other:	

15 C.

i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).....
.....
ii. Use of restraints if any .....
iii. Used or threatened the use of weapon(s) or objects if any.....
.....
iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:
.....
v. Luring (sweets, chocolates, money, job) if any: .....
vi. Any other:.....

15 D.

i. Any H/O drug/alcohol intoxication:
ii. Whether sleeping or unconscious at the time of the incident: .....

15 E. If survivor has left any marks of injury on assailant/s, enter details: .....

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) **Mention and describe body part/s and/or object/s used for penetration.**

	Penetration			Emission of Semen		
Orifice of Victim	By Penis	By body part of self or assailant or third party (finger, tongue or any other)	By Object	Yes	NO	Don't know
Genitalia (Vagina and/or urethra)						
Anus						
Mouth						

Oral sex performed by assailant on survivor	Y	N	DNK
Forced Masturbation of self by survivor	Y	N	DNK
Masturbation of Assailant by Survivor, Forced Manipulation of genitals of assailant by survivor	Y	N	DNK
Exhibitionism (perpetrator displaying genitals)	Y	N	DNK
Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)?	Y	N	DNK

If yes, describe where on the body			
Kissing, licking or sucking any part of survivor's body	Y	N	If Yes, describe
Touching/Fondling	Y	N	If Yes, describe
Condom used*	Y	N	DNK
If yes status of condom	Y	N	DNK
Lubricant used*	Y	N	DNK
If yes, describe kind of lubricant used			
If object used, describe object:			
Any other forms of sexual violence			

*** Explain what condom and lubricant is to the survivor**

Post incident has the survivor	Yes/No/Do Not know	Remarks
Changed clothes Changed undergarments Cleaned/washed clothes Cleaned/washed undergarments Bathed Douched Passed urine Passed stools Rinsing of mouth/Brushing/ Vomiting (Circle any or all as appropriate)		

Time since incident..... H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence.....

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence.....

H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other part since the incident of sexual violence

16. General Physical Examination-

i. Is this the first examination.....
ii. Pulse..... ..... BP.....
iii. Temp.....Resp. Rate.....
iv. Pupils .....
v. Any observation in terms of general physical wellbeing of the survivor.....

17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks) Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

Scalp examination for areas of tenderness (if hair pulled out/ dragged by hair)	
Facial bone injury: orbital blackening, tenderness	
Petechial haemorrage in eyes and other places	
Lips and Buccal Mucosa / Gums	
Behind the ears	
Ear drum	
Neck, Shoulders and Breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limbButtocks	
Other, please specify	

18. Local examination of genital parts/other orifices*:

A. External Genitalia: Record findings and state NA where not applicable.

Body parts to be examined	Findings	
Urethral meatus & vestibule		
Labia majora		
Labia minora		
Fourchette & Introitus		
Hymen Perineum		
External Urethral Meatus		
Penis		
Scrotum		
Testes		
Clitoropenis		
Labioscrotum		
Any Other		

*** Per/Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.**

P/S findings if performed .....
P/V findings if performed .....
Record reasons if P/V of P/S examination performed .....

C. Anus and Rectum (encircle the relevant)
Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant)
Bleeding/ discharge/ tear/oedema/ tenderness

19. Systemic examination:

Central Nervous System: .....
Cardio Vascular System: .....
Respiratory System: .....
Chest: .....
Abdomen:

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

1) Blood for HIV, VDRL, HbsAg
2) Urine test for Pregnancy/
3) Ultrasound for pregnancy/internal injury
4) X-ray for Injury

21. Samples Collection for Central/ State Forensic Science Laboratory

1) Debris collection paper
2) Clothing evidence where available – (to be packed in separate paper bags after air drying)

List and Details of clothing worn by the survivor at time of incident of sexual violence

3) Body evidence samples as appropriate (duly labeled and packed separately)

	Collected/Not Collected	Reason for not collecting
Swabs from Stains on the body (blood, semen, foreign material, others)		
Scalp hair (10-15 strands)		
Head hair combing		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Oral swab		
Blood for grouping, testing drug/alcohol intoxication (plain vial)		
Blood for alcohol levels (Sodium fluoride vial)		
Blood for DNA analysis (EDTA vial)		
Urine (drug testing)		
Any other (tampon/sanitary napkin/condom/object)		

4) Genital and Anal evidence (Each sample to be packed, sealed, and labeled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected/Not Collected	Reason for not collecting
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Vaginal swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		
Vaginal smear (air-dried) for semen examination		
Vaginal washing		
Urethral swab		
Swab from glans of penis/clitoropenis		

*Samples to be preserved as directed till handed over to police along with duly attested sample seal.

22. Provisional medical opinion

I have examined (name of survivor).....M/F/Other.....aged..... reporting_ (type of sexual violence and circumstances)....., XYZ days/hours after the incident, after having (bathed/douched etc)..... My findings are as follows:

- Samples collected (for FSL), awaiting reports
- Samples collected (for hospital laboratory)
- Clinical findings
- Additional observations (if any)

23. Treatment prescribed:

Treatment	Yes	NO	Type and comments
STI prevention treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counselling			
Other			

24. Date and time of completion of examination .....

This report contains ..... number of sheets and ..... number of envelopes.

Signature of Examining Doctor

Name of Examining Doctor

Place: Seal

25. Final Opinion (After receiving Lab reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings and Laboratory reports of ..... bearing identification marks described above, ... hours/ days after the incident of sexual violence, I am of the opinion that:

Signature of Examining Doctor

Name of Examining Doctor

Place: Seal

COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVOR/ VICTIM FREE OF COST IMMEDIATELY

Genital injuries	Physical injuries	Opinion	Rationale why forced penetrative sex cannot be ruled out	What can FSL detect
Present	Present	There are signs suggestive of recent use of force/forceful penetration of vagina/ anus. Sexual violence cannot be ruled out.	Evidence for semen and spermatozoa are yet to be tested by laboratory examinations in case of penile penetration.	Evidence of semen except when condom was used
Present	Absent	There are signs suggestive of recent forceful penetration of vagina/anus.	Evidence for semen and spermatozoa are yet to be tested in case of penile penetration. The lack of physical injuries could be because of the survivor being unconscious, under the effect of alcohol/drugs, overpowered or threatened. It could be because, there was fingering or penetration by object with or without use of lubricant - which is an offence under Sec 375 IPC	Evidence of semen or lubricant except when condom was used
Absent	Present	There are signs of use of force, however vaginal or anal or oral penetration cannot be ruled out.	The lack of injuries could be because of the survivor being unconscious, under the effect of alcohol /drugs, overpowered or threatened or use of lubricant.	Evidence of semen or lubricant
Absent	Absent	There are no signs of use of force; however final opinion is reserved pending availability of FSL reports. Sexual violence cannot be ruled out.	The lack of genital injuries could be because of use of lubricant. The lack of physical injuries could be because of the survivor being unconscious, under the effect of alcohol/drugs, overpowered or threatened. It could also be because, there was fingering or penetration by object with use of lubricant- which is an offence under Sec 375 IPC	Evidence of semen, lubricant and drug/alcohol

23. FINAL OPINION: To be formulated after receiving reports from the FSL

S.No.	Genital	Physical injuries/ diseases	FSL report injuries/ diseases	Final opinion
FOR PENILE PENETRATION				
1.	Present	Present	Positive for presence of semen	There are signs suggestive of forceful vaginal/anal intercourse.
2.	Present	Absent	Positive for presence of semen	There are signs suggestive of forceful vaginal/anal intercourse.
3.	Absent	Present	Positive for presence of semen	There are signs suggestive of forceful vagina/anal intercourse.
4.	Absent	Absent	Positive for presence of semen	There are signs suggestive of vagina/anal intercourse.
5.	Absent	Absent	Positive for drugs/ alcohol and semen	There are signs suggestive of vagina/anal intercourse under the influence of drugs/alcohol.
FOR NON-PENILE PENETRATION				
6.	Present	Present	FSL report is negative for presence of semen/ alcohol/ drugs/lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of physical and genital assault.
7.	Present	Absent	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of genital assault.
8.	Absent	Present	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of physical assault.
9.	Absent	Absent	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of penetration of vagina/anal.
10.	Absent	Absent	FSL report is positive for presence of lubricant only	There is a possibility of vaginal/anal penetration by lubricated object.

OPINION FOR NON-PENETRATIVE ASSAULT

1.	Bite marks present and /or FSL detects salivary stains	There are signs suggestive of evidence of bite mark/s on _____ site(time the injury)
2.	Sucking marks (discoid, subcutaneous extravasation of blood, with or without bite marks) present and /or FSL detects salivary stains	There are signs suggestive of sucking mark/s on _____ site (time the injury).
3.	Forceful fondling, with presence of bruises or contusions with or without fingernail marks	There are signs suggestive of forceful physical injuries on _____ site (time the injury) (which may be due to fondling)
4.	Only forceful kissing and FSL detects salivary stains	There are signs suggestive of salivary contact (which may be due to kissing)
5.	If the history suggests forced masturbation of the assailant by the survivor and if there is evidence of seminal stains detected on the hands	There are signs suggestive of the survivor of seminal fluid contact (which may be due to masturbation)
6.	In case there are no signs of sucking, licking..... detected, but the history suggests some such form of assault	It is still important to document a good history because the survivor may have had a bath or washed him/herself.

POCSO

Dr. S Anurathna DGO

Chief Medical officer

Ponneri GH, Tiruvallur District

1)Protection of children from sexual offences came in to enforce in 2012.

2)POCSO Protects children Boys and Girls below 18years.

3)Punishments in pocso:-

penetrative offences -7years

Aggravated penetrative offences-10years

Sexual Assault-5years

Aggravated sexual assault-7years

Sexual haraassment-3years

Pornography-5years

Not telling the truth-1year

Publishing wrong photos and news-6months

4)New Amendments in law:-

Death penalty, up to life sentence.

Present scenario in Government hospitals:-

1)When we receive a POCSO case immediately we are putting AR entry and informing local police if the case comes to hospital directly.

2)We will inform the case details to DCPO,CWC

3)We will inform local AWPS immediately.

4)As per the request letter of police we do medical examination including PV examination for the victims.

5)As per the latest GOI norms up to 24weeks we can do MTP.

Government institutions must do it with full privacy and confidentiality.

6)Collecting the RPOC and sending for forensic analysis for DNA test.

CHALLENGES Facing in POCSO

1)Not all the POCSO cases are get registered (AR entry)

Not all the Registered POCSO cases are coming to court.

2)Practically 1 in 25 cases only coming to Mahila court.

3)How to proove the VIRGINITY in court of law??

How to proove the penerated sexual course??

4)Does the virginity lies only in Hymen?

In police memo they ask the question "பாதிக்கப்பட்ட சிறுமி கன்னித்தன்மை உடையவரா?".

Is it a right question?

5)Deaf and Dumb, low IQ, MR children are the real challenges in POCSO.

6)Few parents of physically challenged children esspecially MR childrens parents voluntarily asking help for permenent sterlisation procedure to those children who attained menarche.

But as per GOI FW norms permenent sterlisation is allowed only for married.

The Health System's Response to POCSO:

Experiences of Child Victims

Mrs. Vidya Reddy

Executive Director of Tulir-CPHCSA

My colleagues and I have accompanied children and young people who have been sexually offended against, to various kinds of medical settings from the time the organization was founded in, in 2004.

But even earlier while researching to help organize the first Conference on Child Abuse for Multi – Disciplinary Professionals, which eventually happened very appropriately at SRMC, it was quite a revelation to learn that the Health Sector in many countries are at the forefront of addressing child sexual abuse. Not just in terms of clinical response but actively involved in policy, advocacy, research and even prevention programs like Anticipatory Guidance. Besides curriculum which includes in-depth training on various kinds of violence against children during undergraduate medical education, there are even specialized Pediatric Residencies and Fellowships.

From the World Medical Association to WHO to CDC, to Royal Colleges and Professional Associations of various Medical Specializations, It has now been firmly recognized that childhood sexual violence is a Public Health issue - with the epidemic proportions it has reached and the far reaching and often long lasting impact of Adverse Childhood Experiences.

The Health Sector is a crucial aspect in the redress of sexual offenses by the Criminal Justice System (CJS) which is already a complex and intimidating labyrinth. Besides the medical treatment which has always been expectedly exceptional, the experiences of we and other civil society practitioners assisting child victims/survivors and their families with their navigation of the system, indicate a need for better understanding and response by the Health Sector.

Unfortunately this lack of appreciation of human sexuality, dynamics of sexual violence, child and adolescent development is shared by others in the CJS, as well. This situation is compounded by collective discomfort with these pertinent areas and personal and subjective bias born from individual perception and knowledge, due to limited education and training.

There are three distinct scenarios which can present to health professionals necessitating the invoking of POCSO.

Scenario 1 – the young person alone or accompanied by family or friends visit a health facility seeking treatment for a sexually related situation.

Scenario 2 – the child or young person is brought to the health facility for treatment of an illness and during investigation for diagnosis, history of sexual activity involving the child or young person is discovered.

Scenario 3 – the police make a requisition for examination and collection of evidence of a case reported to them which attracts POCSO.

While each is a unique situation and requires a different management within presentation specificities, they also share similarities with regard to experiences of the child and family with the concerned health professionals and allied staff.

Due to the constraints of a word limit, a listing of some issues are

Only the physical well being of the child is considered with hardly any regard for the best interests of the child, or that they also have emotional and cognitive capabilities

Examination in labour wards by understandably harried doctors, who therefore cannot spend the time or have the attitudinal approach required

Long waiting periods in the hospital which from a lay person's point of view is inexplicable considering the number of doctors working at that point in time in the facility. Often these children and young people are reffered within public and victim/survivor earshot as "POCSO" cases, becoming the cynosure of vicarious voyeurism including that of students. Disparaging and derisive remarks are often made about families and victim/survivors

Ignorance or a poor understanding of the prevailing Laws and Guidelines – outdated examination form being used, signed informed consent or refusal not taken prior to examination, allowing for accompanying police to be in the examination room rather than following the Act, the insistence of a FIR for medical assistance, seeking court orders to proceed with MTP even within the stipulated time, referencing the two finger test as well as remarks about the hymen.

It is essential for health professionals to be aware of their integral role and response in empowering victims and survivors of childhood sexual violence build physical and psychological resilience and competence in their journey of recovery and reintegration into society, despite childhood experiences of trauma, abuse and violence.

POCSO Act
Information for Practioners

Dr Priya Kannappan
MS(OBG), DGO, DNB, MRCOG
Consultant, Dr Mehta's hospitals, Chennai

The Protection of Children from Sexual Offences (POCSO) 2012 Act (amended in 2019) is a comprehensive law enacted with the objective of protecting children from a slew of sexual offences while safeguarding the interests of the child at every stage of the judicial process by introducing a

child-friendly mechanism for reporting, recording of evidence and speedy trial through special courts.

The principles are :

a) Right to life and survival
b) The best interests of the child
c) The right to be treated with dignity and compassion
d) The right to be protected from discrimination
e) The right to special preventive measures
f) The right to be informed
g) The right to effective assistance
h) The right to privacy & safety
i) The right to be protected from hardship during the justice process
j) The right to compensation

This law defines a child as any person aged < 18 years. It defines different forms of sexual offences including penetrative, non-penetrative assault, sexual harassment and pornography.

A person is said to commit "**penetrative sexual assault**" if he penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a child or he inserts any object or a part of the body, or he applies his mouth to the penis, vagina, anus, urethra of the child.

Punishment: Imprisonment for a term not < 10 years (if child is < 16 y imprisonment of 20 y) but which may extend to imprisonment for life, and shall also be liable to fine.

Aggravated sexual assault (penetrative or not) is an offence committed by a police officer, a member of the armed forces or security forces, public servant, the staff of a jail, staff of a hospital/ an educational institution /religious institution or gang sexual assault on a child or the offender is a relative of the child, or if the assault injures the sexual organs of the child or the child becomes pregnant, or assault resulting in death of child or assault committed during a natural calamity. The Bill increases the

minimum punishment from 10 y to 20 y and the maximum punishment to death penalty.

Child shall provide such information to the **Special Juvenile Police Unit (SJPU); or the local police**, which shall be recorded in a simple language so that the child understands contents being recorded. The SJPU or local police shall, without unnecessary delay but within a period of 24 hours, report the matter to the **Child Welfare Committee and the Special Court** or the **Court of Session**.

The **statement of the child** shall be recorded at the residence of the child by a woman police officer not below the rank of sub-inspector or by a magistrate. The police officer shall ensure that the identity of the child is protected from the public media.

Doctors have a dual role to play in terms of the POCSO Act 2012. They are in a position to detect that a child has been or is being abused (for example, if they come across a child with an STD) and they are also often the first point of reference in confirming that a child has indeed been the victim of sexual abuse.

There are at least three different circumstances when the doctor may consider the diagnosis of sexual abuse :

I. A girl with a vaginal discharge;
II. When a child has a complaint that is not directly related to sexual abuse, such as abdominal pain or encopresis (soiling);
III. When a child has an incidental finding (enlarged hymenal ring) .

Where a child is brought to a doctor for a medical examination to confirm sexual abuse, the doctor must:

i. Take the **written consent** of the child or of the person competent to give such consent on his/ her behalf . The 3 main elements of consent are information, comprehension and voluntariness. The right to informed consent implies the right to informed refusal.

ii. Having an in-depth understanding of sexual victimization.
iii. Obtaining a medical history (including allergies, immunization status and medications) of the child's experience in a facilitating, non-judgmental and empathetic manner.
iv. Conducting a detailed examination to diagnose acute and chronic residual trauma and STDs, and carefully collect and preserve **forensic evidence.** Scene investigation, including collection of linens and clothing (underwear, is the most likely positive site for evidentiary DNA) should be done early.
v. Obtaining photographic/ video documentation of all diagnostic findings.
vi. Formulating a complete and thorough medical report with diagnosis and recommendations for treatment.
vii. Testifying in court when required.

The **medical examination** of a child should be done even without a FIR or complaint registered for the offences under this Act. In case the victim is a girl child, the medical examination shall be conducted by a woman doctor (registered medical practitioner (RMP) employed in a hospital run by the Government, in their absence by any other RMP), in the presence of the parent of the child or any other person in whom the child reposes trust or confidence. Conduct the examination in a sensitive manner & is never painful.

The exact time of commencement and completion of the examination shall be noted in the report. The RMP shall, without delay forward the report to the investigation officer who shall forward it to the Magistrate.

If the child is in need of urgent medical care and protection, the SJPU, or the local police should arrange to take such child to the nearest hospital for emergency medical care not later than 24 hours of receiving such information. The RMP rendering emergency medical care should manage--

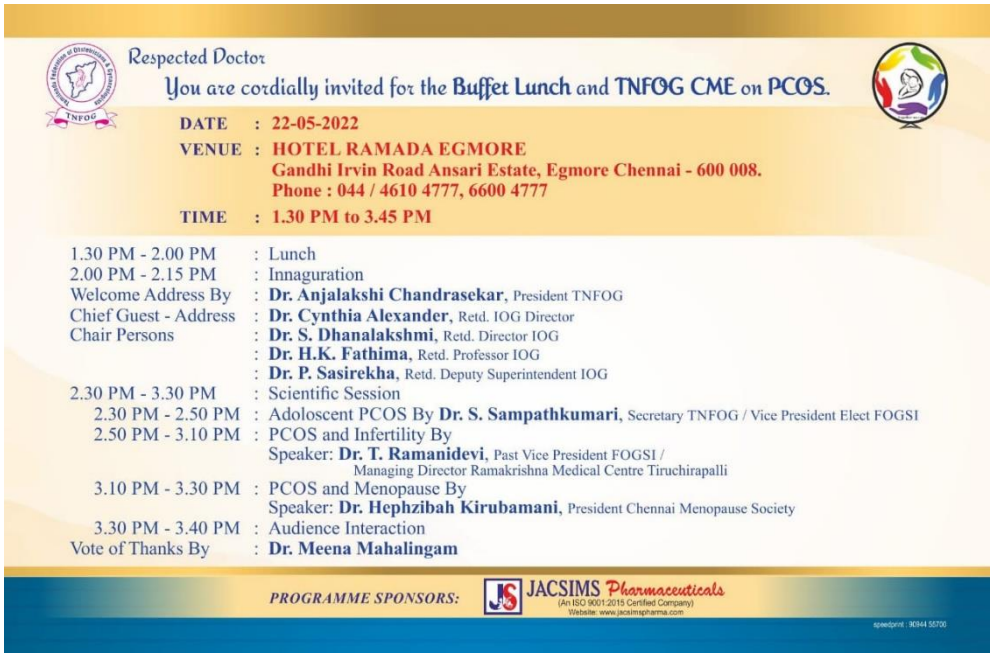
i. Treatment for cuts, bruises, and other injuries including genital injuries,
ii. Treatment / prophylaxis for identified STDs including HIV.
iii. Possible pregnancy and emergency contraceptives should be discussed with the pubertal child and her parent.
iv. Consultation for mental or psychological counselling.

POCSO Act provides for **mandatory reporting** of suspected/ alleged sexual offences against children, so that any adult, including **a doctor or other health care professional**, is obliged to report the offence to the appropriate authorities (to the police or the relevant person within the organization who will then report it to the police); if he fails to do so, he may be punished with **6 months imprisonment** with or without a fine.

Upcoming Events

May 22, 2022

TNFOG Physical Meeting



TNFOG EC Meeting at 3:30 PM

May 28, 2022

5:30 PM to 7:00 PM

TNFOG Bodhana

Series 11

PG Discussion Forum

INNOVATIONS, SCIENCE WITH EXCELLENCE

www.shieldconnect.in