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STUDY OF SURVIVORS UNDER POCSO ACT AT A TERTIARY HEALTHCARE CENTRE

Obstetrics & Gynaecology

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ABSTRACT

Background -Of all the crimes, sex related crimes are the most humiliating. Women and children remain the most vulnerable to this crime.According to latest National Crime Records Bureau (NCRB) data 64,469 victims were reported in 2022 under POCSO Act. Uttar Pradesh recorded highest followed by Maharashtra (7,572). **Objectives** - This is an observational study of sociodemographics, various circumstances which influences sexual offences, pattern injuries and different types of management given to survivors under POCSO ACT. **Results** - Total 175 cases were booked. Children between the age of 13-18 years are more vulnerable to sexual assault.68% of the cases were reported from rural background while 32% of cases were from urban.95.4%.50% of the cases of assault was done on survivors going to school followed by 24% cases reported in school dropouts showing school going children are more vulnerable to sexual offences.84% of the assailants were known to the survivors in which neighbour (52 cases) were the commonest accused followed by relatives (24%) and boyfriend (18%) showing biggest threat to the victim is not from the strangers but from the known persons.31% of the incident of sexual assault took place at survivors house followed by accused house 25%. Only 14 % of cases of assault occurred at secluded places.The most common genital injury reported was vaginal (38cases) followed by anal (11 cases) and fourchette (11 cases). Primary care in the form of first aid, psychological care, STD prophylaxis and emergency contraceptive was provided to all the survivors brought under this act. Out of 175 cases booked under POCSO act, urine pregnancy test was found to be positive in 27 cases (15%). Out of which 24 survivors opted for MTP services at our institute while 3 survivors continued their pregnancy till term. Opting for MTP services was also a reason for reporting of the cases under POCSO act. **Conclusion -** Adolescent age group is most prone for sexual exploitation due to inquisitiveness, less maturity and less resistance on the part of survivor. The matter of concern is that the biggest threat to survivor is from the known person and not from stranger and also late presentation of survivor for medical examination thereby reducing or loss of the evidences. There lies the importance of spreading the awareness of early reporting.

KEYWORDS

Sexual Offences, STD Prophylaxis , POCSO Act, Child Sexual Abuse, MTP, Genital Injuries

INTRODUCTION

The alarming rise in the case of sexual assault worldwide represent a major public health problem. India is where more than forty percent of its population is below the age of 18 years. Infact, 19% of the world's children live in India.This has led to the enactment of special law, protection of children against sexual offences (POCSO ACT) 2021, which has criminalized a range of acts including child rape, harassment, and exploitation for pornography. It deals with sexual offences against persons below 18years of age, who are deemed as children.

Total number of cases that reported to GMCH Chh. Sambhajinagar under the POCSO act in 2022 were 102 and in year 2023 were 119.

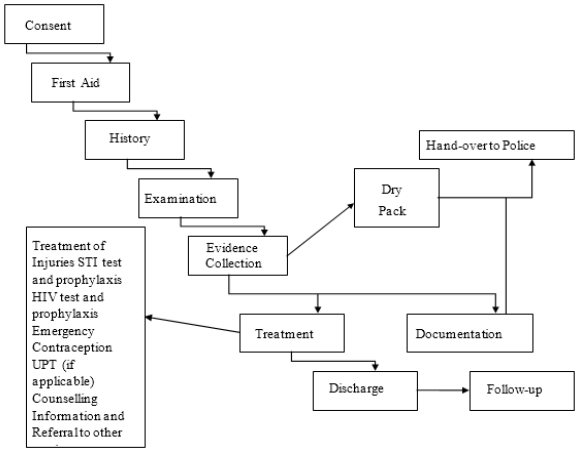
Sexual violence is a neglected area of research, thus deeper understanding of the issue is imperative. Hence this study is undertaken at our tertiary care centre to find out the various factors associated with sexual offences against children.

OBJECTIVES

- To study the socio-demographics of the survivors of sexual offences under POCSO ACT.
- To study the circumstances which influence sexual offences.
- To study the pattern of injuries sustained by the victims on their bodies and genitals.
- To study the different types of management given to these cases.

METHODOLOGY

This retrospective observational study was conducted in the department of obstetrics and gynecology at GMCH Chh Sambhajinagar after taking approval from the institutional ethical committee. Details of sexual offence survivors was collected from the medicolegal register maintained by the department.The analysis of medicolegal records has been done for a period of 2 years from September 2022 to August 2024. Confidentiality was maintained regarding information. This data is only for educational purpose and cannot be used in court of law for any purpose.



All the cases of alleged sexual violence that came to the hospital and examined medicolegally during the study period as per performa provided by MoHFW were entered in Microsoft excel. The variables of entry included the profile of survivors, the nature of violence, underlying circumstances and the management given to these survivors.

The inclusion criteria for this study encompassed case performa of sexual offences who reported for medicolegal examination through a police requisition after the survivor has lodged a police complaint or when the survivor finds the hospital as a trusted place and visits the doctor / hospital either for therapeutic care and / or evidence collection or when the survivor directly goes to the court and lodges a court complaint and visits the doctor / hospital through a court order. Case records of cases who did not gave consent to history taking, examination and treatment were excluded from the study.

Irrespective of whichever way the survivor / victim reached hospital, as per the MOHFW Guidelines and Protocols for medico-legal care for

survivors/victims of sexual violence, 2014, the comprehensive health care was provided which included-Obtaining informed consent, history taking, medical examination, collection and documentation of evidence and maintaining chain of evidence, providing therapeutic care including immediate treatment of physical injuries, mental trauma, provision of emergency contraception, pregnancy advice, STI care, etc, providing psycho-social support including counseling, rehabilitation and follow up care. Informed consent was sought in a language that the survivor / victim understands. If the survivor is a child (12 years and below) consent was taken from parent/ guardian. The entire procedure of examination, collection of evidence from body and genitals and treatment modalities available was explained to the survivor / victim. Proper documentation of written informed consent was taken after explaining the above procedures. Where ever barriers exist in terms of age, mental maturity, language, physical and mental disabilities, consent was sought from legally authorized individuals such as parent/guardian or with the help of an interpreter, special educator, support person (whoever is applicable).

If the survivor has any questions or queries, the doctor made an attempt to answer them all. The survivor was also asked if she would like a specific person to be present with her during examination and evidence collection for support, if she so desires, the person was allowed to be with her.Doctor's first priority was to provide first aid and treat bleeding injuries and address anxiety of the survivor/victim.

RESULTS

TABLE 1- SOCIODEMOGRAPHIC PROFILE OF SURVIVORS

AGE OF SURVIVOR		CASES	PERCENTAGE
	<3 years	8	4.6%
	3-12 years	41	23.4%
	13-18 years completed	126	72%
PLACE OF RESIDENCE			
	RURAL	119	68%
	URBAN	56	32%
EDUCATIONAL STATUS			
	Illiterate	37	21.1%
	Preschool	08	4.6%
	Student	88	50.3%
	School dropouts	42	24%

TABLE 2 – SURVIVOR – ASSAILANT RELATIONSHIP

PLACE OF INCIDENT		CASES	PERCENTAGE
	SURVIVOR HOUSE	55	31.4%
	ACCUSED HOUSE	45	25.7%
	RELATIVE HOUSE	41	23.4%
	ROADSIDE	9	5.2%
	SECLUDED PLACE	25	14.3%
SURVIVOR – ASSAILANT RELATIONSHIP			
KNOWN		148	84.6%
	Relative	42	24%
	Neighbor	52	29.7%
	Boyfriend	33	18.9%
	Colleague at workplace	21	12%
UNKNOWN		27	15.4%

TABLE 3 – MODE AND TIME OF REPORTING

INCIDENT TO REPORTING TIME		CASES	PERCENTAGE
	< 72 HOURS	26	14.8%
	3 – 7 DAYS	56	32%
	7 DAYS – 1 MONTH	58	33.2%
	>1 MONTH	35	20%
MODE OF REPORTING			
	Through police requisition	143	81.7%
	Through health services	27	15.5%
	Through court order	5	2.8%

TABLE 4 – EPISODES OF ASSAULT

EPISODES OF ASSAULT	CASES	PERCENTAGE
ONE	85	48.6%
MULTIPLE	62	35.4%
CHRONIC (>6 MONTHS)	21	12%
UNKNOWN	7	4%

TABLE 5 – UNDERLYING CIRCUMSTANCES

UNDERLYING CIRCUMSTANCES	CASES	PERCENTAGE
DRUG/ ALCOHOL INTOXICATION	22	12%
SLEEPING/UNCONSCIOUS	13	7%
USE OF RESTRAINTS	48	27%
VERBAL THREATS	52	29%
EMOTIONAL ABUSE	66	37%
USE OF WEAPONS	22	12%
LURING	26	14%
MUTUAL	36	20%

TABLE 6 – DISTRIBUTION OF SURVIVOR ACCORDING TO INJURIES FOUND ON BODY

6. A – EXTERNAL INJURY OVER REST OF THE BODY

EXTERNAL INJURIES OVER REST OF THE BODY	CASES	PERCENTAGE
PRESENT	22	13%
Head injuries	2	
Neck injuries	1	
Others	19	
ABSENT	153	87%

6. B – EXTERNAL INJURY OVER GENITAL AREA

EXTERNAL INJURY OVER GENITAL AREA	CASES	PERCENTAGE
PRESENT	68	38.9%
FOSSA NAVICULARIS/ FOURCHETTE	11	6.3%
PERINEAL	8	4.6%
VAGINAL	38	21.7%
ANAL	11	6.3%
ABSENT	107	61.1%

TABLE 7. NATURE OF INJURY

NATURE OF INJURY		CASES	PERCENTAGE
ABRASION		17	9.7%
CONTUSION		22	12.6%
LACERATION		06	3.4%
INCISED WOUND		02	1.1%
BURNS			
	SUPERFICIAL BURNS	02	1.1%
	DEEP BURNS		
FRACTURE AND DISLOCATION		03	1.7%

TABLE 8 – TYPE OF PENETRATION AND ORIFICES PENETRATED

		CASES	PERCENT
TYPE OF PENETRATION		117	66%
	PENILE	101	48%
	DIGITAL	11	9.4%
	OBJECT	5	4.2%
ORIFICES PENETRATED	VAGINAL	104	88.8%
	ANAL	2	1.7%
	ORAL	11	9.4%

TABLE 9 – MANAGEMENT PROVIDED TO SURVIVOR

MANAGEMENT PROVIDED TO SURVIVOR	CASES	PERCENTAGE

PRIMARY CARE	100	100
PSYCHOLOGICAL COUNSELLING	100	100
CONTRACEPTIVE	100	100
MTP SERVICES	24	13.7
STD PROPHYLAXIS	100	100
SURGERY IN MINOR OT	6	3.4
SURGERY IN MAJOR OT	2	1.1
MTP SERVICES PROVIDED	27	
OPTED FOR MTP SERVICES	24	89%
NOT OPTED FOR MTP	3	11

Total 175 cases were booked under POCSO act fulfilling the inclusion criteria were studied. In this study, (table-1) young children between the age of 13-18 years are more vulnerable to sexual assault. Mean age is 14.5 years. The youngest victim booked under POCSO act was of 2.5 years of age.68% of the cases were reported from rural background while 32% of cases were from urban.95.4% of the offences were committed by a single person. (table-1) 50% of the cases of assault was done on survivors going to school followed by 24% cases reported in school dropouts showing school going children are more vulnerable to sexual offences. Table-2 84.6% of the assailants were known to the survivors in which neighbour (52 cases) were the commonest accused followed by relatives (24%) and boyfriend (18%) showing biggest threat to the victim is not from the strangers but from the known persons.31% of the incident of sexual assault took place at survivors house followed by accused house 25%. Only 14 % of cases of assault occurred at secluded places.

(table-4) 48% of survivors reported single episode of violence while 35% of survivors gave history of multiple episodes of violence from the same abuser. The multiple episodes of violence were found to be more in cases where a relative was the abuser. In 4% of cases the number of episodes of violence was not known as survivor was unconscious at the time of incident. (table-3)17% of cases reported through health services through OPD with various complaints such as with history of amennorhea, pain in abdomen, burning mituration or for MTP services. 2% of these cases were through court orders as the survivor was >24 weeks pregnant and wanted MTP SERVICES. These cases were referred from nearby hospital to our tertiary care centre for MTP services. (table-9) Out of 175 cases booked under POCSO act, urine pregnancy test was found to be positive in 27 cases (15%). Out of which 24 survivors opted for MTP services at our institute while 3 survivors continued their pregnancy till term. Opting for MTP services was also a reason for reporting of the cases under POCSO act.

(table-6) Among the survivors brought for medical examination, injuries over the rest of the body were seen in 12.5% of the cases like head injuries seen in 22 cases followed by injuries seen on other body parts like injuries over back, thigh, chest and abdomen. Most common nature of injury was contusion seen in 22 cases followed by abrasion seen in17 cases. Superficial burns over chest and abdomen were seen in 2 cases and wrist fracture and greenstick fracture was seen in 3 cases.

In 29% of cases there was history of verbal threats given to the survivor while in 27% case and of emotional abuse in 37% cases. Most common threat given was of defaming the survivor and her family members. There was history of use of restraint in 27% cases. There was use of weapon in 12% of the cases. Most commonly used weapon was belt and metal rod.

The most common genital injury reported was vaginal (38cases) followed by anal (11 cases) and fourchette (11 cases). Most common age group in which genital injuries were seen was between 3-12 years of age. However, the absence of physical and genital injuries does not rule out sexual abuse.

(table-9) Primary care in the form of first aid, psychological care, STD prophylaxis and emergency contraceptive was provided to all the survivors brought under this act. 6 cases required minor surgeries in the form of suturing of wounds and care while 2 cases required major surgery in the form of mucosal repair under anesthesia in OT.

Out of 175 cases reported under this act, 117 cases had history of some type of penetration of which penile penetration was the most commonly reported 101 cases. Fingering of genitals was found in 8% of cases (11 cases) and penetration of object in 2% cases (5 cases). Most common orifice penetrated was vaginal (98 cases) followed by oral (11 cases)Fresh hymenal tear was found in 18% of the survivors brought for examination under this act. Most common position being 6 o clock. In 56% of the cases there was evidence of old hymenal tear present. 25% cases had intact hymen.

37% of the cases reported under POCSO act were as a result of mutual relationship. In most of these cases the boyfriend gave false assurance to the girl to marry her and due to pettiness that girl gave consent for sexual intercourse but when the boy refused the marriage with the girl, the girl then herself launches the complaint against the boy to marry.

DISCUSSION

TABLE 1 – COMPARISON OF SOCIODEMOGRAPHIC CHARACTERISTICS OF SURVIVORS IN DIFFERENT STUDY GROUPS

AGE OF SURVIVORS		Nagsen P kamble (2021)	Agnatha et al (2018)	rawats et al (2021)	Maring SK et al (2013)	Present study group
	<3 years		7.5%			4.6%
	3- 12 years		32%		29.72 %	24.3%
	13- 18 years		60.5%		7.28%	72%
PLACE OF RESIDENCE						
	URBAN	62%	17.5%	38.3%		32%
	RURAL	38%	82.5%	61.7%		68%
EDUCATIONAL LEVEL OF ASSAILANT						
	ILLITERATE		3.7%			21%
	PRESCHOOL		2.5%			4%
	STUDENT		85%			50%
	SCHOOL DROPOUTS		8.8%			24%

TABLE 2 – COMPARISON OF SURVIVOR – ASSAILANT RELATIONSHIP IN DIFFERENT STUDY GROUPS

RELATIONSHIP		Maring SK et al (2013)	Bhoi et al (2017)	Rawat S et al (2018)	Agatha et al (2018)	Present study group
KNOWN		78.4%		63.8%	96.3%	84.6%
	Relative	5.4%	10.55%		13.8%	24.8%
	Neighbor	26.51%	7.65%		22.5%	29%
	Boyfriend		23.48%		53.7%	18.8%
	Colleague	6.7%	41.68%		6.3%	12%
UNKNOWN		9.5%	16.6%	36.2%	3.7%	15.4%

TABLE 3- TIME AND MODE OF REPORTING

INCIDENCE TO REPORTING TIME		Nagsen P kamble (2018)	Agnatha et al (2018)	S.N. gadappa (202)	Present study group
	<72hours	17%	20%		14%
	3-7 days	28%	35%		32%
	7 days – 1 month	32.9%	23%		33%
	>1 month	22.1%	21.3%		20%
MODE OF REPORTING					
	Through police requisition			94.9%	81%
	Through health services			5.1%	17%
	Through court order			-	2.8%

TABLE 4 – COMPARISON OF UNDERLYING CIRCUMSTANCES IN DIFFERENT STUDY GROUPS

UNDERLYING CIRCUMSTANCES	S.N. Gadappa et al (2024)	PRESENT STUDY GROUP
USE OF RESTRAINTS	12.8%	27%
USE OF THREATS	73.1%	29%
USE OF WEAPONS	15.4%	12%

TABLE 5– COMPARISON OF MANAGEMENT PROVIDED TO SURVIVORS IN DIFFERENT STUDY GROUPS

MANAGEMENT PROVIDED	RAWAT S et al	Present study group
SURGERY IN OT	8.5%	1.1%
MTP SERVICES PROVIDED	32%	15.4%

In our study, (table-1) adolescent survivors of age group 13 – 18 years accounted for majority of cases 72% which is consistent with the other studies such as Agatha et al in which 60% of the survivors brought for examination under POCSO act were between 13 – 18 years of age. In a study done be Maring SK et al 29.72% of the survivors were in the age group 3-12 years of age as this was the age group in which maximum number of children were engaged in some sort of work to earn for their livelihood. They were exploited by people at their workplace. The more involvement of the adolescent age group can be explained by the exploitation of the younger girls by opposite sex coupled with inquisitiveness, less maturity and less resistance on the part of victim. Also in our study as per history provided by survivors 33% of the survivors consented for sex. This shows lack of awareness about the legal age of sexual consent for both genders.The difference in proportion of rural and urban area in different studies might be due to difference in socio- cultural backgrounds in different areas. Also it depends on the distribution of population in the study region and referral of cases from the periphery. In our study the difference is might be due to more referral of cases from the rural zone. And also survivors are referred here from nearby PHC and rural hospitals for MTP services. Hence rural areas are the places to concentrate in taking different measures to reduce.

In the present study the most reported site of offence 31% was the survivors house followed by accused house 25% and relatives house 23%. Significant relationship was noted between the survivor and the accused in our study as the offence occurred in a familiar setting. Similar findings were noted by Agnatha et al were 32.5% cases occurred at relative's house. This is in contrast with the findings made by Nagsen P Kamble were 48% cases occurred at roadside and Rawat s et al were 38.3% cases occurred at roadside.

In our study (table-1) 50% of the survivors were students studying in school. Similar findings were seen by Surender K P et al who reported that 71.2% were students and Agnatha et al 85% reported were students. The reason being most of the children go to school at this age group. Knowledge regarding sexual abuse to empower the children to protect them against this violence should be given in school itself to children between 8- 10 years of age.

In this study (table-2) most of the sexual assaults were committed by known assailants constituting 84% and only 15% were committed by strangers. Many studies have shown similar findings. Rawat s et al shows 63.8% cases were assault was done by known, Agatha et al shows 96.3% assault done by known. Relationship of some kind or other may have convinced the survivor for commission of the offence. In our study 18 % of the accused were boyfriend and 30% were neighbour. This is consistent with the study made by Agatha et al. Reason being 33% of the cases were consented act and later complaints were lodged when there was refusal to marry by the male partner

The present study (table-3) shows that maximum cases of sexual assault were reported between 7 days to 1 month 33% followed by 3 days – 7days 32%. Only 14%cases were reported within 72 hours. These results are in agreement with the study by Nagsen P Kamble and Agnatha et al were only 17% and 20% cases respectively reported within 72 hours.Late reporting is due to indecisiveness on the part of the victim, fear of insult and social stigma that would be face by the victim and family and in some cases victim eloped with accused to some other distant place.

In our study, bodily injuries were present only in 12.5% of cases while genital injuries over vagina, vulva or anal were present only in 38.8% cases. Delay in reporting of cases and medical examination might be the reason for not having evidence of injury. Minor physical injuries healing rapidly may be missed in cases with delayed examination or there may be false allegation.

In some cases girl had voluntary sexual intercourse with boyfriend and eloped with them. Later on cases were filed by their parents / guardians who did not approve this relationship as the age of girl is less than 18 years. Or when then there was refusal to marry the survivor herself lodged a complaint.

In our study, (table-3) 81% of the survivors were brought to our institute through police requisition for medicolegal procedures when the survivor or her parents lodged a complaint in police station under POCSO act. While 17% of the survivors reported under this act through health services when they approached OPD and emergency services with some other health complaint or for opting MTP services. 5 cases were reported through court order as they the survivor was more than 24 weeks pregnant and wanted MTP services.Similar findings were seen in a study done by S.N. Gadappa et al in which 94.9% of the cases were reported through police and 5.1% through health services.

In our study (table-4) there was history of use of threats in 29% of cases. Similar findings were seen in a study S.N. Gadappa et al in which 73.1% of the survivors gave history of use of threats while 15.4% of the survivors gave history of use weapons.In our study use of weapons was seen in 12% of cases. Most commonly used weapon was belt and metal rod.

In our study (table-5) 1.1% (2 cases) required 1st degree and 2nd degree tear repair in operation theatre under anesthesia and 15.4% were provided MTP services. In a study Rawat S et al 8.5% of survivors required major procedure 3rd and 4th degree perineal tear repair in emergency operation theatre under anesthesia while 32% of the survivors were provided with MTP services.

CONCLUSION

Adolescent age group is most prone for sexual exploitation due to inquisitiveness, less maturity and less resistance on the part of survivor. Children from lower economic strata and school going children were most prone for sexual assault. Lack of awareness promoted the survivor to willful consent for sex. The matter of concern is that the biggest threat to survivor is from the known person and not from stranger and also late presentation of survivor for medical examination thereby reducing or loss of the evidences. There lies the importance of spreading the awareness of early reporting. This study has less number of cases, thereby stressing the need of a study with more number of cases and this being a novice study we had no similar studies to compare it with. Physicians play an important role in immediate registration of a medicolegal case, giving medical aid, treatment of physical injuries over body and genitals, psychological counselling and emotional support to counteract shame, guilt and isolation, STI and pregnancy prevention. They should also complete the legal procedure with minute details to assist the court in giving justice to survivors. All this should be meticulously performed with multidisciplinary approach as sexual assault can profoundly alter the lives of survivors.

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