

ORIGINAL PAPER

Study on incidence of POCSO cases in Mumbai region

Khandare Vinayak Sunny¹, Nanandkar Digambar Sudhir²

Received on August 13, 2017; editorial approval October 12, 2017

ABSTRACT

Introduction: Sexual assault is an assault of a sexual nature on another person without consent. The parliament of India passed the “Protection of children against sexual offences Act, 2012 which provides protection for a variety of offences. **Aims:** To find out the incidence of Pocsos cases with respect to age, sex and relation of victim with assailant in Mumbai region.

Methods: The study will be conducted retrospectively on Pocsos cases referred to Sir JJ hospital in between January 2015 to January 2017 after taking permission from concerned departments. In our present study, we have taken 200 cases for study purpose. **Results:** Out of 200 cases, 180 cases were of female while 20 cases were of male showing female preponderance. Majority of victims in sexual assault cases were victimized by persons they knew (67%) and few by Strangers (33%). A minimum age of male and female victim was 03 yrs and 02 yrs respectively while maximum age of male and female victim was 13 years and 18 years respectively. **Conclusion:** From our present study it can be concluded that crime against children is increasing since last 2 yrs, female child are more affected than male. Most of the assailants are persons in position of trust. In order to decrease sexual assault crime against children there is need of awareness among common people and parents regarding child protection, approach to police without any fear, training sessions for children and teachers regarding bad touch and good touch.

Keywords: Sexual assault, Age, Relative, Children

INTRODUCTION

Child sexual abuse includes a variety of sexual offences like sexual assault, sexual molestation, sexual exploitation and sexual grooming. Sexual assault is an assault of a sexual nature on another person or any sexual act committed without consent.¹ Sexual molestations an offence in which an adult engages with minor in non-penetrative activity for the purpose of sexual gratification. The effects of child sexual abuse include depression, posttraumatic stress disorder, anxiety and physical injury to the child. No question of minimum age of girl arises as

peras rape is concerned because victim of rape have ranged from infants to old and infirm. The first state in India to frame a law in order to deal with offences against children including child trafficking was Goa. The Goa children’s Act 2003 was framed following infamous Freddy peatscase.²

In 2007 the Ministry of woman and child development published the article “study on child abuse: India 2007.” It took into consideration different forms of child abuse. The main highlights of study were that 53% of children faced sexual abuses, among them 53% were boys and 47% were girls. 22% of child respondents faced severe forms of sexual abuse, 6% sexually assaulted and 51% other forms of sexual abuse. The study also reported that 50% of abusers were known to the child or are in a position of trust and responsibility and most children had not reported matter to anyone.³

The parliament of India passed the Protection of children against sexual offences Act, 2012 regarding child sexual abuse on May 2012. It provides for a variety of offences under which an accused can be punished. It recognizes forms of penetration other than peno-vaginal penetration. It criminalizes acts of immodesty against children, it criminalizes even watching or collection of pornographic content involving children. The main criticism of this act is that it has criminalized consensual intercourse between two people below the age of 18 yrs while previously it was 16 yrs.⁴

METHODS

The study will be conducted retrospectively on Pocsos cases referred to **Sir JJ Hospital** in between January 2015 to January 2017 after taking permission from concerned departments. All the relevant information such as details of victim, age, sex, relation

Address for Correspondence:

¹Assistant Professor (**Corresponding Author**)

Mobile: +919975772789

Email: sunnyvkhandare@gmail.com

²Professor & Head, Dept. of Forensic Medicine
Grant Govt. Medical College & Sir JJ group of Hospital,
Byculla, and Mumbai- 400008

of victim with the accused etc. was gathered from police requisition letter and sexual assault examination forms filled by on duty doctors of Forensic medicine and gynecology department. An attempt has been made to find out the incidence of Pocsos cases with respect to age, sex and relation of victim with assailant in Mumbai region.

AIMS

- 1) To study the incidence of Pocsos cases with respect to age.
- 2) To study the incidence of Pocsos cases with respect to sex.
- 3) To study relation of victim with accused.

RESULTS

There are various types of medicolegal cases which are referred to Sir JJ hospital from different parts of Mumbai region as this hospital is a tertiary referral centre. The variety of Cases includes sexual assault cases, Rape cases, sodomy cases, potency cases, injury cases, Narcotic cases etc. All the above cases are examined either in casualty or in gynecology ward by team of doctors on taking informed written consent of patients. In case of minor consent of guardian is taken. In the last 2 years i.e., in between January 2015 to December 2017 total 204 pocsos cases have been examined by concerned on duty doctors. In our present study, we have taken 200 cases out of which 180 cases were of female while 20 cases were of male showing female preponderance. Majority of victims in sexual assault cases were victimized by persons they knew (67%). It shows that children are most at risk from their relative's friends and relatives and few by strangers (33%).⁵ Minimum age of male victim was 03 years & maximum age was 13 years. Minimum age of female victim was 02 years & maximum age was 18 years. Severest sexual abuses were in age group of 6-12 years. It has been observed that maximum age group affected was 14 -18 years (**Figure 1**). Known assailants include father, relative, boyfriend, friend, neighborhood. Most common injuries noted were scratch abrasions, contusion.

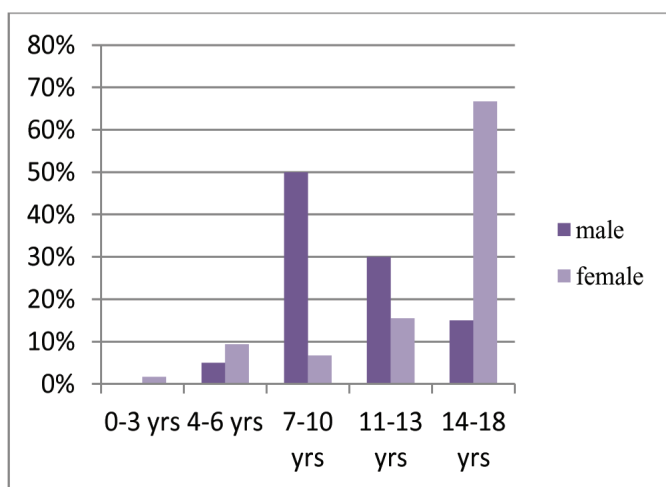


Figure 1 Age wise distribution of pocsos cases in Male and Female

DISCUSSION

This paper summarizes the findings of our study which shows that girl sexual abuse occurs more commonly. Our finding positively correlates with the findings of study done by U.K.

Kulkarni of forensic science laboratory, kalina and findings of study done by Sarkar S C in south delhi however it doesn't corresponds to study done in 2007 by Ministry of women and child development and study done by Krishna Kumar of keralastate.^{3,5,6,7} Mr. UK Kulkarni carried out study at directorate of forensic science laboratories, biology division, Mumbai, Maharashtra. A total of 100 cases of child sexual assault were taken into consideration for study purpose in which he found female sexual abuse occurs more commonly compared to male sexual abuse.⁵ In 2007 government of India published its report as "Study on child abuse: India 2007" in which they found that 52.94% male suffered sexual abuse while 47% female suffered sexual abuse which doesn't correspond to our study.³ A study was conducted by Krishna Kumar in kerala state where he also had similar results as that of study carried out by government of India however his study was limited to adolescent group.⁷ Our study on adolescent group doesn't correspond to above study.

As per as age is concerned, Minimum age of Male victim was 03 yrs and Maximum age was 13 years. Minimum age of female victim was 02 years and maximum age was 18 years. It has been observed that in female maximum age group affected was of 14 -18 years while in Male it was 7-10 years. Upto 10 years of age maximum age group affected in female was 4-6 years. The second most affected age group both in male and female is 11-13 years. Figure 2 "Study on child abuse: India 2007" concluded that 73% of sexual victims were in age group of 11-18 years which positively corroborates with our study if female are taken into consideration.³ A study carried out by Mr UK Kulkarni of forensic science laboratories, biology division Mumbai, Maharashtra reveals that minimum age of female victim was 2 years and that of male was 3 years as seen in our study. It also reveals that maximum age group affected in female was 11-14 years while in our study it was 14-18 years where as in male maximum age group affected was 11-14 years while in our study it was 7-10 years.⁵ Mr kumar pal carried study on 35 sexual assault cases at forensic science laboratory, Dharmashala, Himachal Pradesh where he found that highly affected age group was 11-20 years thus positively correlating to our study.⁸ Another study was done by Dr SC Sarkar on 90 victims of sexual offences at AIIMS, New Delhi shows that maximum age group affected in female was 16-20 years and male was 6-10 years thus positively correlating with findings of our study with respect to maximum age group affected in female and male.⁶ Dr UB Roy Chowdhary carried out retrospective study on 80 cases at Medical college, Kolkata. He found that maximum age group affected was 16-20 years followed by 11-15 years thus corroborating with our study.⁹ Elaan an NGO did study on child abuse in Kolkata and found that maximum age group affected among boys is 9-12 years correlating to our study to some extent.¹⁰

Out of the total cases, 67% of sexual assault cases were perpetrated by persons known to victim and 33% of sexual assault cases were perpetrated by unknown persons i.e, strangers. Known assailants include father, relative, boyfriend, ex-boyfriend, neighbor. In females out of 180 sexual assault cases 120 cases were perpetrated by persons known to victim i.e, 67% of sexual assault cases and 80 cases were perpetrated by strangers while

in male 14 sexual assault cases were perpetrated by persons known to victim and 7 sexual assault cases were perpetrated by strangers. Among known assailants most common perpetrator were persons who were in positions of trust followed by boyfriends followed by friends. Our study corroborates with study of Dr SC Sarkar. According to him the persons who are in acquaintance with children are most common culprits (44%) followed by neighbor and strangers.⁶ Dr UB Roy also have same opinion as that of Dr SC Sarkar, however his retrospective study was limited to 80 cases in which he found that in 80% of cases offenders was known to victim.⁹ Also Ministry of women and child development 2007 study found that 50% of fenders were known to victim or were in position of trust like family member or close relative or friend.³ Kumar Pal who carried out study in Northern part of Himachal Pradesh was also of same opinion. He stated that 80% of victims knew assailant. Among the known assailant 71% were close friends and relative.⁸ Mr UK Kulkarni in his study found that 68% of sexual assault cases were perpetrated by known assailant and 22% were perpetrated by strangers. He stated that most common assailant were persons in a position of trust followed by friends, boyfriends and neighbor.⁵ Our findings positively correlate with all above studies.

In children less than 10 years, none of them had hymenal tear. As we know that vagina is very small and hymen is deeply situated in children adult penis cannot penetrate it. If done forcibly with great force than there are chances of vaginal tear and occasional tear of hymen, however in almost all cases hymen is usually found intact.¹¹ In children hymenal tear doesn't occur in spite of sexual intercourse due to its high up position in vagina.¹² Our finding positively correlates with it.

In our present study, we encountered 4 female cases who were subjected to pornography along with sexual assault by an assailant. The provisions of Protection of children against sexual offences Act, 2012 provides punishment of 6-8 years with fine incase child is used for pornographic purpose which is covered under sec. 14 sub section (2) of Pcoo act.⁴

In our present study, 07 penetrative sexual assault cases of female had history of intoxication by assailant. As per sec 375 IPC clause fifth states that "if a man has a sexual intercourse with girl with her consent however at the time of giving consent by reason of unsoundness of mind or intoxication by him personally or through another of ant stupefying substance she is unable to understand nature and consequences of that to which she gives consent".¹³

In our study there were 3 female cases of penetrative sexual assault and 1 male case of penetrative sexual assault that were forced by assailant to have an anal intercourse with them. Two female cases had abrasion and bruises over anal region. Such abrasions are produced due to frictional sharing of penetrating penis or as a result of fingernail scratching.¹³ Also 5 male cases and 1 female case had history of oral sex called as buccal coitus. It is defined as sexual gratification of male by performing the act of intercourse into the oral cavity of a sex partner with consent or by force. It is usually practiced with innocent child victim. Death of child victim may occur in such cases due to mechanical

asphyxia as a result of accidental respiratory tract obstruction by the ejaculating bouts of semen.¹² All such unnatural sexual offences are punishable by law under sec 377 IPC.¹³

In our present study 06 female had pregnancy following penetrative sexual assault. Duration of pregnancy of in all of them was between 4 weeks to 14 weeks. All of them opted for abortion under the regulation of Medical termination of pregnancy Act 1971. As per the act pregnancy can be terminated if such pregnancy has occurred due to rape on the humanitarian ground. A girl aged between 16-18 years can have consensual sexual intercourse but if she becomes pregnant she cannot terminate pregnancy. In such cases consent of parent or guardian is necessary.¹⁴

One of female victim had bite mark around her right nipple region. Most of the bite marks are seen in cases of sexual of fences or in child abuse. A bite mark usually consists of two opposite semicircles which may be incomplete. The mark is an abrasion or contusion or both. There may be confluent petechie in centre caused by suction called as love bite most commonly seen in sexual assault cases. In our case there was no such finding.¹⁵

CONCLUSION

From our present study it can be concluded that female child are more affected than male, most of the assailants are persons in position of trust, Minimum age of male victim was 03 years while that of female was 02 years & maximum age was 13 years in male and 18 years in females. It has been observed that maximum age group affected in female was 14-18 years.

Most of the cases of child sexual assault are not reported due to fear, innocence of child and feeling of guilt by parents. In order to decrease crime against children it is duty of each and every one concern to take necessary preventive measures which will ensure safety of child.¹⁶ There is need of awareness among common people and parents regarding child protection, approach to police without any fear. It is important to have training sessions for children and teachers regarding bad touch and good touch, avoid going out with strangers, if any suspicion children should report to teachers or parents. If any child had sexual assault then it is duty of parents or relatives to take them to hospital for medical examination and inform to police regarding same. Also mental health program needs to be involved in follow up cases of victim with regards to psychiatric disorders, rehabilitation and individual counseling.

Conflict of interest: No conflict of interest associated with this work.

Ethical clearance: Yes, Institutional ethical clearance taken.

Source of funding: Self.

Author's contribution: We declare that this work was done by the authors named in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors. Dr. Sunny khandare and Dr. SD. Nanandkar conceived, designed the study as well as collected data an analyzed the same.

REFERENCES

1. Keith A. Taylor's principles and practice of medical jurisprudence. 13th ed. United kingdom: Churchill Livingstone; 1984. p. 64-106.
2. Pillay V V. Textbook of forensic medicine & toxicology. 17th ed. Kerala: Paras medical publisher; 2016. p. 388-418.
3. Lovleen K. Study on child abuse in India. 2007 [cited 2017 July 31]; Available from: URL: www.childlineindia.org.in/pdf/MWCD-Child-Abuse-Report
4. Protection of children from sexual offences act. 2012 [cited 2017 July 31]; Available from: URL: <http://www.mapsofindia.com/myindia/government/the-protection-of-children-from-sexual-offences-act-2012-pocso>
5. Kulkarni UK, Kulkarni KV, Kokre RN. Forensic study on child sexual abuse under pocso act. European J Of Biomedical And Pharmaceutical Sciences 2016;3(7):1-5.
6. Sarkar SC, Lalwani S, Rautji R. A study on victims of sexual offences in south delhi. J Famawelf 2005;51:60-66.
7. Krishnakumar P, Sureshkumar K, Geeta MG. Prevalence & spectrum of sexual abuse among adolescents in kerala, south india. Indian J Pediatr 2014;81(8):770-4.
8. Kumar-pal SA. Study of sexual assaults in northern range of himachal pradesh. Inter J Of Medical Toxicology and Forensic Medicine 2015;5(2):64-72.
9. Roy Chowdhury UB, Bose TK. Rape: its medicolegal and social aspect. J Indian Acad Forensic Med 2008;30(2):69-71.
10. Moharana SD. Protection of children from sexual offences act, 2012: an analytical study. Inter J Of Academic Research 2015;3(13):85-92.
11. Parikh K. Textbook of medical jurisprudence, forensic medicine and toxicology. 6th ed. New Delhi: CBS; 2012. p. 538-539.
12. Nageshkumar GR. Textbook of forensic medicine and toxicology. 2nd ed. New Delhi: Jaypee brothers; 2010. p. 369-70.
13. Krishan V. Textbook of forensic medicine and toxicology: principles & practice. 5th ed. India: Elsevier; 2014. p. 322-3.
14. Karmarkar RN. JB mukherjee's forensic medicine and toxicology. 3rd ed. Kolkata: Academic publishers; 2007. p. 760-2.
15. Dixit PC. Textbook of forensic medicine and toxicology. 1ST ed. New Delhi: Pee Pee; 2010. p. 474-5.
16. Sathyanarayan Rao TS, Nagpal M. Sexual co-ercin: time to rise to the challenge. Indian J Psychiatry 2013;55:211-3.