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# **Original Research Article**

# Analysis of cases examined under POCSO Act: A retrospective record-based study in a tertiary care hospital of Northeast India

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#### **Abstract**

**Background:** The constant increase in the crime rate of sexual offences against children every year is immensely unsettling and alarming, and it is only the tip of the iceberg, as many cases are underreported. This study has been taken up to analyse the cases examined under the POCSO Act to find out the profiles of the survivors and assailants, as well as the associated findings in such cases to assess the factors related to such crimes.

Materials and Methods: A retrospective record-based study was carried out on cases brought for medico-legal examination in the clinical section of the Department of Forensic Medicine and Toxicology under the POCSO Act from October 2023 to September 2024 (1 year). Descriptive statistics were used to analyse victim demographics, literacy, sexual acts, reporting patterns, and accused-victim relationships.

**Results:** Out of the total 48 cases, 58.33% were between the ages of 13 and 18, and 52.08% were found to be consensual sex, with among these, 37.5% involved elopement, with the parents/guardians filing cases under the POCSO Act. Most of the accused were known to the survivor (56.16%). The commonest place of assault was the survivor's house (25%). And 47.9% of the cases were medicolegally examined after 1 week of incidence. Injuries to the labia minora were observed in 56.25% of cases, and in 29.16% of cases in the fourchette and introitus. In 12.5% of the cases, the assailant was under the influence of alcohol. There were 50% of repeat offences, and pregnancy of the survivor was present in 6.25% of cases. Exposure to pornography was observed in 4.16% of cases.

Conclusion: It may be concluded that a significant portion of the cases were consensual, and elopement was a common factor leading to legal action from the parents/guardians. Most perpetrators were acquaintances of the survivors, and incidents predominantly occurred at the survivors' homes, with delayed medical examinations often conducted.

Keywords: Sexual offence, POCSO, Survivor.

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## 1. Introduction

Crime against children is proliferating in the present society, with the crime rates on the rise every year. According to the National Crime Records Bureau (NCRB), a total of 63,414 cases were registered in 2022 about sexual offences against children in India. The POCSO Act is an act enacted by the Government of India to protect children from offences of sexual assault, sexual harassment and pornography and provide for the establishment of special courts for trial of such offences and matters connected therewith or incidental thereto. Although stringent laws and awareness about the protection of children from sexual offences have been

implemented, there is continuing commission of this heinous crime.<sup>2</sup>

A child is legally defined as any person below the age of eighteen.<sup>3</sup> The psychological impact a sexual offence has on the mind of a child is extremely disturbing and has a tremendous devastating effect even after the crime has been punished for. The constant increase in the crime rate of sexual offences every year against children is immensely unsettling and alarming, and it is only the tip of the iceberg, as many cases go unreported or are overpowered.

\*Corresponding author: Hidangmayum Surchandra Sharma Email: hidangmayum@gmail.com This study has been taken up to analyse the cases examined under the POCSO Act to find out the profiles of the survivors and assailants as well as the associated findings in such cases to assess the factors related to such crimes and in curbing the menace.

## 2. Materials and Methods

This retrospective record-based study was conducted in a tertiary hospital in North-Eastern India. The data of the study has been collected from the medico-legal register, i.e. cases brought for medico-legal examination in the clinical section of the department of forensic medicine and toxicology under the POCSO Act between October 2023 and September 2024 (1 year). The study population included all the medicolegal cases brought for examination under the POCSO Act, RIMS, Imphal. Cases coming under Section 64 of BNS were excluded from the study. The variables were age, sex, type of assailant, place of occurrence, time interval between incident and examination, findings on survivors, type of offence under the POCSO Act and others (alcohol intake by assailant, repeat offence, exposure to pornography of survivors, pregnancy of survivor)

After obtaining ethical clearance from the Research Ethics Board of RIMS, Imphal, the medico-legal records of all the cases under the POCSO Act brought to the clinical section of the department of forensic medicine and toxicology, Regional institute of medical sciences, Imphal, from October 2023 to September 2024 were reviewed. The data collected were entered in the pre-designed proforma, and the association of the child sexual offence with age, sex, and other variables was established.

Coding was used to collect cases, and no cases in the study were identified from the data. The study was done after approval from the Research ethics board (REB), Regional institute of medical sciences (RIMS), Imphal. The data obtained will be kept in the department of forensic medicine and toxicology, RIMS, Imphal. The present study is self-sponsored, and there is no conflict of interest.

## 3. Results

In this study, we examined 48 cases of sexual assault that fell under the POCSO Act during the period from October 2023 to September 2024. All of the survivors were female, with ages ranging from 0 to 18 years. The most vulnerable age group was 13 to 18 years, accounting for 58.33% of the cases, followed by the 6 to 12 years age group at 31.25%, and the 0 to 5 years age group at 10.41% (**Table 1**).

In **Table 2**, it is shown that in 45 cases (93.75%), the act was perpetrated by individuals known to the survivors, while in 3 cases (6.25%), it was committed by strangers. Among the alleged offenders, most were friends, accounting for 27 cases (56.16%), followed by neighbours in 9 cases (18.75%).

**Table 3** shows that out of 48 cases analysed, 25 cases (52.08%) were found to be consensual. Among these, 18 cases (37.5%) involved elopement, while 7 cases (14.58%) were consensual without elopement. The remaining 23 cases (47.92%) were non-consensual.

**Table 4** shows that majority of the assailants 21(43.75%) were students, followed by unemployed in 9(18.75%), driver and others 4(8.33%).

The most frequent location for assaults was the survivor's home, with 12 cases (25%). This was followed by the houses of the accused and their relatives, each with 7 cases (14.58%), as indicated in **Table 5**.

Twenty-three (47.9%) cases were examined medicolegally after one week of the incident, followed by ten (20.8%) cases between 24 and 48 hours. Only eight (16.66%) cases were examined on the same day as the incident. (**Table 6**)

The urethral meatus and labia majora were intact in all 48 cases. The labia minora were intact in 21 cases (43.75%), while some form of injury was observed in 27 cases (56.25%). Additionally, the fourchette and introitus were intact in 34 cases (70.83%), whereas some type of injury was present in 14 cases (29.17%). (**Table 7**)

In this study, the highest number of cases, totalling 23, were registered under Section 6 of the POCSO Act. This was followed by 18 cases filed under Section 4 of the same act. Multiple sections of the POCSO Act were invoked in some instances, as demonstrated in **Table 8**.

In the current study, it was found that the assailant was under the influence of alcohol in 6 cases, which represents 12.5% of the total. The survivor had a history of 24 repeat offences, accounting for 50% of the cases. Additionally, exposure to pornography was reported in 2 cases, or 4.16%. Pregnancy was noted in 3 cases, making up 6.25% of the total.

Table 1: Age distribution of cases

| S. No. | Age (in years) | No. of cases | Percentage (%) |
|--------|----------------|--------------|----------------|
| 1      | 0-5 years      | 5            | 10.41          |
| 2      | 6-12 years     | 15           | 31.25          |
| 3      | 13-18 years    | 28           | 58.33          |

**Table 2:** Type of assailant involved in the case

| S. No. | Type of assailant   | No. of cases | Percentage (%) |
|--------|---------------------|--------------|----------------|
| 1      | Parent              | 3            | 6.25           |
| 2      | Relative            | 6            | 12.5           |
| 3      | Neighbours          | 9            | 18.75          |
| 4      | Friend/Known person | 27           | 56.16          |
| 5      | Stranger            | 3            | 6.25           |

Table 3: Circumstances of assault

| S. No. |                   | No.       | No. of cases | Percentage (%) |
|--------|-------------------|-----------|--------------|----------------|
| 1      | Consensual        |           |              |                |
|        | With elopement    | 18(37.5%) | 25           | 52.08          |
|        | Without elopement | 7(14.58%) |              |                |
| 2      | Non-consensual    |           | 23           | 47.92          |

Table 4: Educational qualification of assailant

| S. No | Occupation     | No. of cases | Percentage (%) |
|-------|----------------|--------------|----------------|
| 1     | Driver         | 4            | 8.33           |
| 2     | Mason          | 3            | 6.2            |
| 3     | Student        | 21           | 43.75          |
| 4     | Farmer         | 2            | 4.1            |
| 5     | Unemployed     | 9            | 18.75          |
| 6     | Retired person | 2            | 4.16           |
| 7     | Police         | 1            | 2              |
| 8     | Players        | 2            | 4.16           |
| 9     | Others         | 4            | 8.33           |

Table 5: Place of occurrence of the alleged incident

| S. No | Place of occurrence     | No. of cases | Percentage (%) |
|-------|-------------------------|--------------|----------------|
| 1     | Assailant House         | 7            | 14.58          |
| 2     | Survivors House         | 12           | 25             |
| 3     | Field                   | 6            | 12.5           |
| 4     | Friends/Relatives place | 7            | 14.58          |
| 5     | Public place            | 4            | 8.33           |
| 6     | Hotel/Rented room       | 4            | 8.33           |
| 7     | Car                     | 1            | 2              |
| 8     | Roadside                | 2            | 4.1            |
| 9.    | Unknown place           | 5            | 10             |

**Table 6:** Time interval between the incident and medical examination

| S. No. | Time interval | No. of cases | Percentage (%) |
|--------|---------------|--------------|----------------|
| 1      | <24hrs        | 8            | 16.66          |
| 2      | 24-48hrs      | 10           | 20.8           |
| 3      | 48-72hrs      | 4            | 8.33           |
| 4      | 72hrs-1week   | 3            | 6.25           |
| 5      | >1week        | 23           | 47.9           |

**Table 7:** Findings on the survivors

|  | Urethral<br>Meatus | Labia Majora | Labia Minora | Fourchette &<br>Introitus |
|--|--------------------|--------------|--------------|---------------------------|
| Intact                                       | 48                 | 48           | 21(43.75%)   | 34(70.83%)                |
| Injury (Laceration/abrasion/<br>Red & tender | 0                  | 0            | 27(56.25%)   | 14(29.16%)                |

**Table 8:** Type of offences under POCSO

| Sections under POCSO Act Offence |  | Nos. |
|----------------------------------|--|------|
| Section 4                        | Penetrative sexual assault             | 18   |
| Section 6                        | Aggravated penetrative sexual assault  | 23   |
| Section 8                        | Sexual assault                         | 6    |
| Section 10                       | Aggravated sexual assault              | 4    |
| Section 12                       | Sexual harassment of the child         | 0    |
| Section 14                       | Use of child for pornographic purposes | 0    |

#### 4. Discussion

Sexual abuse is prevalent across all racial, cultural, and socioeconomic groups around the world. Various studies conducted around the world have shown that incidents of sexual assault are on the rise among both children and adolescents. Although girls are more likely to be abused, boys also report a higher rate of victimisation and face greater social stigma. In our study, all the survivors were females, consistent with findings from Yadukul S. et al., who reported only female survivors. Eze U.O from Nigeria noted that sexual assault does not primarily discriminate by sex, but more females are victimised overall. In contrast, research by Elgendy I.S. et al. in Cairo revealed that 71.8% of victims were males.

Children are particularly vulnerable to sexual offenses by adults and peers. Our study identified the most affected age group as 13 to 18 years, accounting for 28 cases (58.33%). This was followed by 6 to 12 years with 15 cases (31.25%). Of the 48 cases, 25 (52.08%) were consensual, with 37.5% related to elopement. Mutual consent is often highest in the 13 to 18-year-old age group, as teenagers are typically attracted to one another. These findings align with Chandrachud S et al., who reported 48% of survivors in the 16 to 18-year age group and 33.6% in the 11 to 15-year age range.7 Kulkarni UK et al. found that the most affected females were in the 11 to 14-year-old group, whereas our study identified 13 to 18-year-olds.8 Research by Kumarpal S.A<sup>9</sup> indicated that the 11 to 20 age group was most affected, supporting our results. These observations highlight the lack of awareness regarding the legal age of sexual consent for both sexes.

In this study, most (94%) of the sexual assaults were committed by alleged perpetrators known to the survivor, and only 6% were committed by strangers. In our study, 27 (56%) of the defendants were friends, 9 (18.7%) were neighbours and only 3(6%) were strangers. This suggests that the majority of perpetrators are familiar with the survivors, including friends, relatives, and that children are at great risk from their friends and relatives, which is consistent with the findings of Bhowmik K et al. 10 and Tamuli R.P et al., 11 but were in contrast to Schiff A.F. 12 This is because, in most cases, the act was consensual, and charges were filed later because the male partner refused to marry them. Another

reason was legal action from the dissenting parents, who filed cases under the POCSO Act, for elopement by underage children against their will.

In our study, we found that 25% of the cases occurred in the survivor's home, followed by 14.58% in the assailant's home. This aligns with findings from Angris J,<sup>13</sup> who reported that 41.55% of sexual assault incidents took place in the survivor's residence, while 17.5% occurred in the offender's residence. However, these findings contrast with those of Surender K.P et al. and Arif M et al., who reported that 38.67% and 57.89% of cases occurred in the accused's home, respectively. <sup>14,15</sup> This discrepancy may be attributed to the fact that many parents are at work during the day, leaving children alone at home.

In our study, most survivors (23 cases, 47.9%) were examined one week after the assault, while 10 cases (20.8%) were examined between 24 and 48 hours, and 8 cases (16.6%) within 24 hours. These findings align with Yadukul S et al., who reported that 54.3% were examined after one week.<sup>4</sup> Studies by Sarkar S.C et al. and Sujatha P.L et al. noted that 10% and 8.5% of survivors were assessed on the day of the assault. <sup>16,17</sup> In contrast, Haflongbar S et al. found that 45.16% were examined within 24 hours. <sup>18</sup> The delay in our study may be due to victims' indecision, fear of stigma, and difficulties in tracking them if they fled in cases of elopement.

In our study, repeat offences occurred in 50% of the cases. Most of the perpetrators were known to the child survivors, and many of the acts were consensual. Young children may lack the cognitive ability to distinguish between right and wrong or to fully grasp the severity of the abuse they experience. This vulnerability increases their susceptibility to repeat offences. Therefore, it is crucial to educate vulnerable survivors about the importance of promptly reporting incidents of sexual violence. Additionally, parents and guardians should raise awareness regarding the signs and signals of sexual abuse.

In the present study, there are a few cases where there is alcohol intake by the assailant before the act. Due to this, there may be impaired judgment and increased aggression and violence. And it might be an aggravating factor in the commission of the offence.

In the current study, 3 survivors (6.2%) tested positive for a urine pregnancy test (UPT). Most were examined after one week, underscoring the need for early reporting and medical attention to reduce the risk of unwanted pregnancies and health complications. Public awareness campaigns should integrate POCSO education into school curricula and engage local communities to emphasize child protection.

## 5. Conclusion

It may be concluded that a significant portion of the cases were consensual, and elopement was a common factor leading to legal action from the parents/guardians. Most perpetrators were acquaintances of the survivors, and incidents predominantly occurred at the survivors' homes, with delayed medical examinations often conducted.

# 6. Source of Funding

None.

#### 7. Conflict of Interest

Nil.

# 8. Acknowledgement

Nil.

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