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SEXUAL VIOLENCE AGAINST CHILDREN- EDUCATE, INHIBIT, SAFEGUARD

Abstract

Millions of girls and boys are sexually assaulted or exploited every year all around the world. Sexual violence occurs in every country and in all aspects of society. At home, school, or in the neighbourhood, a child may be sexually abused or exploited. The growing use of digital technology may potentially endanger children. Abuse is most typically perpetrated by someone a kid knows and trusts. At least 120 million females under the age of 20 – almost one in ten – have been forced to participate in sex or other sexual activities, but the true amount is certainly far higher. Approximately 90% of young females who report forced sex say their first attacker was someone they knew, most often a boyfriend or spouse. However, many victims of sexual abuse, including millions of boys, never report it. Child sexual abuse (CSA) is a magnanimous and a widespread issue throughout India as of today, however, other nations are not also relieved from this issue. Sexual abuse trauma may cause developmental delays along with a number of psychological and emotional disorders that majority of children and teenagers will never be able to overcome, whenever sexual assault goes unnoticed, children suffer in silence, and they are not even provided with the required protective and therapeutic assistance. This research paper explores the implications and frequency of child sexual abuse in India, along with the urgent need to Educate, Inhibit, and Safeguard against it.

Keywords

Violence, Children, Sexual Abuse, Legal, Society, Prevention

Introduction

There is a significant issue afflicting every part of our society today, whether in India or elsewhere. A two-minute scan of the headlines on any given day would sufficient to demonstrate the enormity of the situation. Despite this, hardly one speaks about it. The topic is off-limits. We don't talk about 'sex,' 'children,' 'abuse,' and 'violence' in the same phrase or breath. Child sexual abuse, or abbreviated as CSA, is defined as any attempted or accomplished act of sexual satisfaction with, participating in, or involvement of a child who is forced, pressured, or be threatened against his will. Thus, it is a sexually motivated mental or physical violation of a kid committed by someone who is generally in a position of authority and trust exercised over the child. Such a breach might also be done for commercial advantage. This is a succinct description, yet it has far-reaching, multifaceted ramifications. Child sexual abuse is defined by the United Nations as "contact or interaction between a child and an older or more knowledgeable child or adult (a stranger, sibling, or person in position of authority, a parent or a caretaker) when the child is used as an object of gratification for the older child's or adult's sexual needs." 1

The Effects of Sexual Violence on Children

It is general known that the effects of sexual assault — abuse and trauma – are many and farreaching. The issue is exacerbated when such incidents occur throughout childhood's emotional, sociological, and physical growth phases. Although it is hard to quantify the level of lasting damage that occurs in a kid, the following are some of the ramifications or outcomes of child sexual abuse:

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¹ Prevention And Response To Sexual Misconduct | United Nations Development Programme. (n.d.). UNDP. <a href="https://www.undp.org/accountability/prevention-and-response-sexual-misconduct#:~:text=Sexual%20exploitation%20and%20abuse%20(SEA)%20refers%20to%20all%20forms%20 of,other%20members%20of%20local%20communities...

- Death Sexual violence against a kid of a vulnerable age may result in the child's death. Children and rape victims have lately been killed by offenders in order to avoid being caught. A youngster might be so traumatized that he or she commits suicide.
- Severe Injuries Similar to the preceding, using force on a kid to compel him to cooperate, particularly by an adult or older child, will result in severe injuries. This is exacerbated when the abuse takes the form of rape.
- Negative Coping/Behavioural Issues A youngster who has been sexually abused may
 be confused and may attempt to blame himself since he does not comprehend what is
 going on. As a consequence, he will act out or revert to juvenile behaviors such as
 bedwetting and thumb sucking. A youngster may cease talking and stay quiet in various
 conditions.
- Pregnancies Resulting Due to Sexual Abuse Reported instances demonstrate pregnancies as a result of sexual abuse in victims as young as 8-10 years old. Not only are their youthful bodies unable to have a kid, nor are they emotionally prepared to deal with the stress and repercussions, but such unexpected pregnancies may be deadly for the victims.
- Infertility Sometimes the force used on a youngster causes such severe stress that the sufferer becomes infertile.
- Non-Communicable Diseases and STDs Because most occurrences of sexual abuse occur without the use of protection/contraception, the victim may get a sexually transmitted illness.
- Brain and Nervous System Development Impairment Suffering such significant stress
 at such a young age may result in slowed mental development as well as sluggish
 cognitive performance in the kid.
- Abusive/Violent Behavior Towards Other, Younger Children Studies have revealed that victims of sexual abuse prefer to inflict similar abuse on victims smaller or younger than themselves in order to deal with trauma or explain what occurred to them.
- Runaways, Dropouts, Juvenile Delinquency High Risk Behavior According to reports, the majority of runaways from families, school dropouts, and minor

criminals/offenders (known as juvenile delinquents) had been sexually abused as children.²

Legal Provisions, Role of Police and Medical Examination

"Prior to 2012, there was no statute protecting minors from sexual assault. Protection of Children from Sexual Offences (POCSO) Act, 2012 was established in order to combat sexual abuse and sexual exploitation of children. This Act was gender inclusive, thorough about the type of crimes and also clearly set down the duties of police and courts. The POCSO Act seeks to criminalise all forms of CSA, including penetrative and non-penetrative assault, sexual harassment, and pornography. Under some circumstances, such as when the abused child is mentally ill or if the abuse is perpetrated by someone in a position of authority, the Act considers a sexual assault to also be "aggravated.". The Act allows for special courts that conduct child friendly trials. The procedures are conducted without exposing the identify of the youngster and in the absence of an audience. A case of child sexual abuse must be dealt with within maximum one year from the moment the crime or the abuse is notified."

"The POCSO Act is only applicable to child survivors and adult offenders. The media has been barred from disclosing the identity of the child without permission of the Special Court. Punishment for making false complaint or proving false information with malicious intent may be from six months to one year. The Criminal Law (Amendment) Act of 2018 obtained Presidential assent on August 11, 2018. The legislation modifies many parts of the Indian Penal Code, Code of Criminal Procedure, Protection of Children from Sexual Offenses Act, and Indian Evidence Act to make CSA criminal to the maximum extent possible in order to prevent such actions."

The role of police officers takes precedence in this regard since they are the first responders to the site of a crime or the filing of a complaint. Within 24 hours, the police will present the kid to the Child Welfare Committee (CWC) with written grounds for the child's need for care and protection, as well as a request for a full examination by the CWC. The police should notify

² Horwitz, A. V., Widom, C. S., McLaughlin, J., & White, H. R. (2001). The Impact of Childhood Abuse and Neglect on Adult Mental Health: A Prospective Study. Journal of Health and Social Behavior, 42(2), 184–201. https://doi.org/10.2307/3090177

³ DICKENS, B. M. (1978). Legal Responses to Child Abuse. Family Law Quarterly, 12(1), 1–36. http://www.jstor.org/stable/25739204

⁴ MERIWETHER, M. H. (1986). Child Abuse Reporting Laws: Time for a Change. Family Law Quarterly, 20(2), 141–171. http://www.jstor.org/stable/25739424

the parents, support person, or guardian, as appropriate, of the case's progress, the arrest of the accused, and the information of different applications submitted in connection with the case. As a condition of providing medical treatment, no medical practitioner may seek a legal or magisterial requisition or other documents. If a police officer fails to report a crime committed under this Act, it is a punishable offense.⁵

The POCSO Act promises a comprehensive approach to provide medical therapy and justice to a sexually assaulted child. To do this, all necessary parties, such as Juvenile Police Units, District Child Welfare Units, health experts, Child Welfare Committees, mental health professionals, and District Child Protection Units may collaborate. A comprehensive health care approach to sexual assault includes first assistance, confidentiality and anonymity, clinical history and assessment, and the analysing and reporting of forensic evidence to abuse. 6 In light of this, the medical aspects of CSA management have been outlined as follows:

Case Management at the Beginning Every incidence of sexual assault is to be considered as a medical emergency for which the government or private medical institutions must provide free car. However, a few legal processes must be followed from the start to guarantee effective case management of CSA cases. After you've completed all of the stages for basic case management, you may go on to the actual medical assessment of the kid, which is explained in the following section. Medical Assessment Before performing a medical assessment, you must get informed permission. This authorization is required for inspection, collection of test results for forensic investigation, treatment, and police notification. If the kid is above the age of 12, the child's agreement should be requested. Those under the age of 12 must have the same provided by a parent or guardian. All of this information must be given to the individual being examined before the examination may take place. Obtaining Medical Information- In most instances of CSA, the diagnosis is made mainly on the patient's medical history rather than physical evidence. As a result, gathering a detailed history of the child's experiences is critical.⁷

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⁵ Child Abuse And Sex Crime - NSW Police Public Site. (n.d.). Child Abuse and Sex Crime - NSW Police Public Site. https://www.police.nsw.gov.au/crime/sex crimes/child abuse.

⁶ Juveniles And Sexual Abuse | Child Crime Prevention & Safety Center. (n.d.). Juveniles and Sexual Abuse | Child Crime Prevention & Safety Center. https://childsafety.losangelescriminallawyer.pro/juveniles-and-sexual-abuse.html.

⁷ Adams, J. A. (2015, February 12). *Updated Guidelines for the Medical Assessment And Care Of Children Who May Have Been Sexually Abused.* Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused - ScienceDirect. https://www.sciencedirect.com/science/article/pii/S1083318815000303.

"There is an urgent need to train medical personnel, teachers, judiciary, advocates, and law enforcement agencies on the provisions and implications of the POCSO Act, 2012. Research, information, monitoring and sensitizing the public are the biggest challenges in providing comprehensive care and justice. The evaluation of child sexual abuse victim requires special skills and techniques in history taking, forensic interviewing and medical examination. The role of mental health professional is crucial in interviewing the child in the first instance as well as in the court of law. CSA can result in harmful impact on both short-term and long-term mental health."

Prevention of Child Sexual Abuse- Role of Society

It takes a village to raise a child. While parents hold the primary duty for safeguarding their children, they must receive all available assistance and support from the civic society in which we live. In order to do so, society must abandon long-held customs of silence, shame, and humiliation directed against CSA victims and their families. Instead, a united front must be launched against the denial of a child's dignity. As a result, they must guarantee that any victim of sexual abuse may be reintegrated into society smoothly throughout the recovery process.⁹

Parents must be aware of all elements of CSA and take every care to keep a watch on their youth and not leave children alone. The distinction between a "good" or "acceptable" touch and a "poor" or "wrong" touch may be taught to children aged 3-5 years. They should be continually reminded of the portions of their body that it only they or their moms can touch or clean (until the child is mature enough to perform daily activities on their own). Children should be taught about their bodily parts, gender differences, privacy problems, and the differences between low - and high behaviour as they become older and thus change in behaviour.¹⁰

Such communication may look challenging at first, especially when utilizing phrases for bodily parts and 'how infants are born,' but instilling this information in youngsters from an early age

⁸ Laajasalo, T., Ellonen, N., Horselenberg, R., Izura, C., & Wager, N. (2001, January 1). Editorial: Child Sexual Abuse: Empirical Research On Understanding And Helping Victims And Offenders. Frontiers. https://www.frontiersin.org/articles/10.3389/fpsyg.2022.844639/full.

⁹ Mathews, B., & Collin-Vezine, D. (2016). Child sexual abuse: Raising awareness and empathy is essential to promote new public health responses. Journal of Public Health Policy, 37(3), 304–314. http://www.jstor.org/stable/43948862

¹⁰ RENK, K., LILJEQUIST, L., STEINBERG, A., BOSCO, G., & PHARES, V. (2002). PREVENTION OF CHILD SEXUAL ABUSE: Are We Doing Enough? Trauma, Violence & Abuse, 3(1), 68–84. http://www.jstor.org/stable/26636262

will go a long way toward safeguarding them. Adolescents need a deeper understanding of body physiology, sexual intercourse, pregnancy, healthy relationships, and sexual assault, which is best delivered by qualified instructors in the classroom. This material may be presented as health and family life education, obviating the need for the phrase "sex education." Parents should ask their children to report any strange conduct by adults or older children to them. Their statements must be taken seriously, and the youngster should never be made to feel guilty. 11

Communicating with the Child if you see indicators of sexual abuse in a youngster, you should speak with him about it. However, keep one should keep some recommendations in mind before doing so, so that one can offer him with a non-threatening and comfortable setting in which he will be more likely to open up. Choosing time and location wisely. Choosing a location where the youngster feels at ease, or inquiring as to where they would want to speak. Try to make the discussion to take place in a much-relaxed manner. A calm, and a nil threatening tone can assist the youngster relax and give you more accurate information. Directly address the youngster. Use the child's own words to frame your query. Ascertain that the youngster is aware that they are not in any danger. Many offenders make threats about what will happen if the abuse is discovered. It is critical that to prioritize the child's well-being above your own feelings and worries. Suspicions of abuse may be legally required to be reported dependent on where one resides and one's position in the child's life. To piece together knowledge about the kid, the abuse, and one's connection, one will have to put in a lot of work with him or her.¹²

Conclusion

It is unattainable to stress the importance of protecting children and informing them about the meaning, occurrences, kinds, and repercussions of sexual abuse. As the old saying goes, "prevention is better than cure, and a stitch in time saves nine", therefore youngsters must be educated so that they do not engage in high-risk behaviour that might expose them to sexual predators.

¹¹ Tutty, L. (2014). Does gender matter in violence prevention programmes? In J. Ellis & R. K. Thiara (Eds.), Preventing violence against women and girls: Educational work with children and young people (1st ed., pp. 45–64). Bristol University Press. https://doi.org/10.2307/j.ctt1t88x7x.9

¹² Johnson, R. J. (2008). Advances in Understanding and Treating Childhood Sexual Abuse: Implications for Research and Policy. Family and Community Health, 31(1S), S24–S31. http://www.jstor.org/stable/44954660

Child sexual abuse is a multi-dimensional issue with legal, social, medical, and psychological ramifications. The first point of contact with CSA survivors is usually police, health workers, and other health care professionals. They must possess the necessary abilities for effective clinical evaluation and treatment, as well as be aware of the legal implications. Additionally, their bed-side attitude, sensitivity, and emotional support may go a long way in the rehabilitation of the young victim and his family.

At the end of the day, it is the responsibility of each and every person to safeguard the safety of society's weakest, most vulnerable, and most innocent members. Only by uniting as a community against such heinous acts will we be able to make our society a safer environment for children to grow up. It is critical that we set aside all of our anxieties, taboos, and societal structures that prevent us from teaching children about life's unpleasant facts.

CHILDLINE 1098 is an emergency telephone hotline that connects children in abuse and neglect situations with social and legal assistance. It is in use in over 400 cities and districts throughout the United States. This telephone helpline number should be known by everyone so that they may contact it and report situations of any child abuse or neglect, whether identified or strongly suspected.

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