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Concepts and Principles in

Forensic Nursing Practice

As per the Revised BSc Nursing Syllabus

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15 CHAPTER

Sexual Abuse and Sexual Assault in Women

Linda Varghese

"The enemy doesn't stand a chance when the victim decides to survive".

—**Rae Smith**

Chapter Highlights

- Child and adolescent sexual abuse is more complex than adult sexual assault.
- Registered nurses perform sexual assault examinations with advanced education and clinical expertise.
- Rape is a psychological trauma to the client, irrespective of age and gender.
- One stop centre scheme assists women who are victims of violence.
- A well-documented report during the sexual assault examination by the sexual assault nurse examiner (SANE) may aid the prosecution.

INTRODUCTION

Forensic nursing is critical in providing survivors of sexual assault and abuse with the care and assistance they require while also assisting to the pursuit of justice. Their knowledge in both health care and forensics makes them essential members of the health care and judicial systems in dealing with these delicate and complex issues. This chapter describes how to evaluate a child, adolescent, or adult who has experienced sexual abuse.

TERMINOLOGIES

Sexual abuse is any sexual activity that occurs without consent. Also referred to as sexual assault or sexual violence.

Sexual assault is harmful sexual behavior committed by one person against another. The phrase frequently refers to rape, sexual abuse, and other acts that include sexual contact or action without consent. Instead of sex and love, it often involves control and power issues. According to the **definition of rape,** it is "unlawful sexual intercourse by a man with a woman against her will, without her consent, when it is obtained by fraud, or putting her in fear of death or hurt, or by impersonation, or by drugging." (The Indian Penal Code, Section 375)

CLASSIFICATION OF SEXUAL ABUSE

Sexual abuse can be divided into two categories: (1) child sexual abuse and (2) teenage sexual abuse, depending on the victim's age and developmental stage. Compared to adult sexual assault, child and adolescent sexual abuse is a more complex situation. The victim's response to the abusive environment will depend on their age, the circumstances, the relationship with the abuser, and other factors. The types of sexual assault are listed in **Table 15.1**.

Child and Adolescent Sexual Abuse

Any inappropriate or nonconsensual touch with the breast, genitalia, or inner thighs is sexual abuse. This behavior is typically carried out by someone who has control over the child. Child sexual abuse (CSA), according to the World Health Organization (WHO), is "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child

Table 15.1: Types of sexual assault.

S. No.	Type	Feature
1.	**Statutory rape**	Sexual interactions with girls under the age of 16
2.	**Acquaintance rape**	When a man rapes a woman, he is intimate with her but is not a romantic or sexual partner, such as a neighbor or co-worker
3.	**Date rape**	There must have been some form of romantic or potentially sexual interaction between the two parties when a man raped a lady, generally using date rape drugs, which are raped in any party beverages and mixed with alcohol, robypnol/GHB, ketamine, etc.
4.	**Drug-facilitated sexual assault (DFSA) Drug-facilitated rape predator rape**	Most common form of rape When a person is purposely given drink, stimulants (date rape drugs), or other substances and becomes unconscious, that person is then sexually assaulted
5.	**Marital rape**	It is referred to as engaging in sex with a wife without her knowledge or consent-domestic rape
6.	**Custodial rape**	By having a position of authority, authorities like police officers, inmates, and hospital staff who rape a woman are abusing the woman in their care
7.	**Gang rape**	A group of people sexually assaulting a woman to further their common interests
8.	**Campus rape/campus sexual assault**	A student who is a victim of sexual assault, including rape, while enrolled at a college or university
9.	**Sexual harassment**	Unwelcome or inappropriate sexual conduct or force that makes a person feel uncomfortable, humiliated, or intimidated. It might be physical, verbal, nonverbal, or visual cues like staring or suggestive or sexual gestures.
10	**Sexual exploitation**	Any actual or attempted misuse of a position of trust, power differential, or vulnerability for sexual gain, including but not limited to making money, advancing one's standing in society, or engaging in political activity through another person's sexual exploitation.
11.	**Stranger rape**	It is also an assault by an assailant upon someone they do not know.
12.	**Familial/juvenile offenders**	A person below 18 years old in most countries. Who has committed a crime?
13.	**Person of authority**	A person who has the power to give orders or make decisions, especially for children
14.	**Corrective rape**	They are also called curative rape. It is a hate crime in which one or more people are raped because of their perceived sexual orientation or gender identity. The purpose is to punish or threaten perceived abnormal behavior and reinforce societal norms
15.	**Disaster rape**	Sexual harassment, abuse, and assault in the context of disasters within the tragedy of catastrophe
16.	**Prison rape or jail rape**	Fellow prisoners sexually assault inmates or refer to staff members raping inmates

is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society." The term CSA refers to a variety of sexual behaviors, such as fondling, enticing a kid to be touched sexually or to be forcedly connected, intercourse, exhibitionism, using a child in prostitution or pornography, or luring children online by cyber-predators.

CSA occurs across all socioeconomic and cultural groups. It seems higher in low-income individuals, possibly due to the lack of possibilities for assuring child protective arrangements. Children with disabilities are more likely to experience sexual abuse.

The prevalence of all types of child abuse is exceptionally high—physical abuse (66%), sexual abuse (50%), and emotional abuse (50%), according to a 2007 study by the Ministry of Women and Child Development (MWCD) of the Government of India, which involved interviewing more than 1.25 lakh children in thirteen Indian states. According to this survey in India, 53% of people have CSA. According to the National Crime Records Bureau (NCRB), there was a 4.5% increase in crimes against minors in 2019 compared to 2018. By the POCSO Act of 2012, 31.2% were registered as crimes against children. Boys were equally impacted, and more than 20% of them experienced sexual abuse, including being forced to touch or display their private parts or being photographed doing so. Most of the abusers in the extensive surveys were either known to the child or in positions of trust or authority. According to several reports, the most

typical abusers include co-workers, intimate friends, neighbors, relatives, and acquaintances. In 2014, the Delhi High Court noted that, of the 1704 rape cases reported in the city, 215 involved child incestuous rapes.

Common Ways of Child Sexual Abuse (CSA)

- Forced viewing of pornography or exposure to pornographic content could damage one's mental health. While a thorough examination is required, medical testing is a rare necessity.
- In contrast, abuse may result from long-standing emotional bonds with a child or adolescent that the perpetrator can abuse because the victim is emotionally weak and has conflicting feelings about the relationship.
- Not necessarily abusive, but inappropriate and maybe damaging—concurrent sexual behavior.
- Mutual fondling, exaggerated masturbation, and genital or breast admiration.

Major Manifestations of CSA

It is easier to identify and discover if the youngster discloses it to a family member, a friend, or a trusted individual. Young children frequently make ambiguous statements. Therefore, it is essential to comprehend the expressed manifestations.

- Medical signs such as discharge, bleeding, and genital pain
- Enuresis and encopresis
- Alterations in mood and attitude
- Potential for aggression, depressive appearance, and eating problems
- Problems with sleep and weak academic performance.

Evaluation

Medical Evaluation

Medical evaluations are crucial for several reasons, including ensuring that children and adolescents receive excellent treatment and safeguarding sensitive data for later forensic analysis. For the assessment to be successful, the child or teenager must be appropriately prepared. Although time-consuming, it is necessary for a better outcome.

History collection

History taking is the first step in a medical evaluation. The type of sexual assault and the examination's circumstances will determine the approach and scope of the medical physical. Deciding on the precise rating is easy if the entire history is understood. It can be quite challenging for older kids to recognize the obvious signs of having experienced sexual assault. The extent of sexual abuse can be better understood in older children and teenagers because their medical histories are more detailed than those of younger children.

Components of medical history taking:

- Focus on the abuse details
- Involved persons
- Body parts involved
- Genital and anal symptoms like bleeding discharge, pain, dysuria, constipation, prior injuries
- Psychological responses like behavioral changes and emotional outbursts, acute stress disorders, PTSD or secondary trauma
- Sleep patterns
- Academic performances and absenteeism.

The main objectives of the medical physical examination are to:

- Identify medical problems that may influence the health of a child or adolescent
- Identify shreds of evidence associated with sexual abuse
- Reassure the child or adolescent and their family about their medical integrity.

The purpose of immediate forensic examination is highlighted now. Forensic analysis is very important for documenting the evidence of trauma and recovering the body fluids like semen and saliva to identify the perpetrator. So, if the time has elapsed as the sexual contact such that there is little likelihood of recovery of semen, generally, after 72 hours. It is possible to defer the examination to a time and place that best meets the child's needs.

Important points to be remembered:

- The parent or other supportive adult must accompany the child. For older children and adolescents, it is optional.
- They must be informed in detail beforehand according to age and ability to understand.
- Use age-appropriate language in different stages of the examination.
- History should be collected by a trained interviewer/clinician. If needed, a mental health professional.
- A clinician should examine a child or adolescent.
- Examination should be conducted to support the child and nonoffending parents.
- Reassure the child and adolescent frequently, establish a rapport with the anxious child, and observe them, especially before more sensitive genital and anal examination.
- Speculum examination should not be performed in prepubescent girls, usually unnecessary in young adults who have not experienced penetration. An examination under anesthesia may be indicated if the examiner suspects intravaginal injury. An older or younger

adolescent should have a speculum exam if they have experienced vaginal penetration.

Positioning for physical examination

It is essential to position and use exposure techniques to visualize the girl's genitalia. An experienced assistant must accompany the evaluator.

- Young children may be examined on their mother's lap.
- Older children and adolescents: Can be examined in stirrups
- Both girls and boys are in knee-chest position; it is necessary to expose the anus and confirm any abnormalities in the hymen (in girls).

Sexual assault in women:

- Female adults are the most common clients
- Rape: Attempted or actual unwanted vaginal, oral, or anal penetration by an object or body part
- Unwanted touching
- Taking any sexual pictures or film of you without your consent
- Forcing to perform sexual acts in film or person to make money
- Threatening to break up with a woman if she refuses sex

Sexual assault/abuse examination in women:

- Intimation to the police with the client's or her parent's consent; otherwise, it will violate professional secrecy. Even if the findings suggest a sexual offense or rape, he should not interrogate the victim. If the victim is unconscious or unable to give proper history, the police should be notified. All details must be entered in the accident register, and the necessary sample must be in safe custody. Don't be neglected. The victim may change her mind and report to police later, and then the doctor or nurse who attended to her may disclose all data to a police officer.
- Sexual assault examiners are guided by standards of practice set forth by the International Association of Forensic Nurses (1996), nursing practice standards by ANA (American Nurses Association)
- RN performs sexual assault examinations with advanced education and clinical expertise.
- Goals and responsibilities of the sexual assault nurse examiner (SANE)
  - Obtain informed consent or refusal of the exam
  - Assessment of injuries
  - Treatment by medical protocol or referring for medical treatment
  - Detailed health history
  - Objective documentation
  - Collection and preservation of evidence
  - Prevention of health hazards like psychological and physical threats
  - Documentation of findings that do not of the complaint of sexual assault
  - Referral services, if needed

The multidisciplinary team approach involves the Sexual Assault Response Team (SART).

- SANE
- Law enforcement
- Advocate
- As needed, others, including the emergency department, physicians, mental health providers, and other health services for follow-up.

Procedure of Sexual Assault Examination and Evidence Collection by SANE

Sexual assault evidence collection is collecting specimens and documenting injuries of sexual assault victims to be used in a court of law. Forensic examination for evidence collection is performed in emergency departments 90% of the time and 10% in other locations such as urgent care, OBGYN, and primary care offices. Sexual Assault Nurse Examiners (SANEs) often perform evidence collection. Remember, a delay in the examination will result in losing valuable evidence.

- Initially, the examiner should introduce him- or herself.
  - Explain your role, what the exam entails, why a permit is needed, and obtain permission if the client agrees.
  - The first thing done is a urine collection for pregnancy
    - Ask her not to wipe the area
    - Advise her not to wash her hands
    - If the client hints about the feeling of drug-facilitated rape, such as a large memory gap of events that have happened, collect the blood and urine according to an institutional facility
    - Restrain from eating and drinking until the exam is completed
- The examiner should explain the length of the exam in general:
  - It depends on the kit used, client cooperation, the extent of injuries identified during the exam, and collection and packing of evidence
  - It may extend to 3–5 hours
  - Convince the client that you will be asking some very personal questions, but it is part of the forensic information gathering
  - Explain to the client that they can take short breaks in between
  - Explain to the client that they may ask the advocate to step out of the room at any time

  - Tell the client that they can have whomever they wish for the support
  - Offer antibiotic prophylaxis for STIs and emergency contraception according to CDC guidelines and facility (client's choice)
  - Thank the client for cooperating with the examination.
  - Provide contact numbers of agencies/service providers to contact further for follow-up.
  - History of the client to be given to law enforcement by the client
    - History to be handed over to SANE by law enforcement or the client
    - Use the exact words used by the client. Please do not add, delete, or rephrase it.
    - Client's words should be put with quotation marks, such as "he told me to sit quietly, and it would be OK soon." Always remember that the documentation as forensic evidence collection
    - If it was a drug-facilitated sexual assault
      - If a drug-facilitated assault is suspected or confirmed, identify the agent used via UDS (urine drug screening).
      - Does the client recollect drinking or eating something before the event, if any, memory of the remaining happenings?
      - If so, follow national guidelines for specimen collection of blood and urine
- An advocate can accompany *only to support* and should not ask questions to collect information.
- Client's pace is to be considered in the entire examination, not that of anyone else.
- Make sure the client has bathed or showered, defecated or urinated, douched, changed clothes, gargled or had consensual sex within 72 hours. The chance of gathering viable evidence is suspect if the abuse was over 72 hours ago. But a report must be filed with law enforcement.
- Sexual assault kit to be used.
- Describe the outward look or the appearance of the client.
- Describe the outward look or the appearance of the client.

Procedure to be Followed in the External Examination

- Perform a complete head-to-toe exam (looking for injuries such as abrasions, bruises, patterned injuries, lacerations, bite marks, intentional burns from objects like cigarettes or other implements)
  A sexual assault kit is approximate. 8" × 10" × 2" box. This kit is organized in a step-by-step manner; components

Sexual Assault Kit

A sexual assault kit (SAK) **(Fig. 15.1)** is a collection of evidence gathered from the victim by a medical professional, often a specially trained Sexual Assault Nurse Examiner (SANE). The type of evidence collected depends on what occurred during the assault. The contents of a kit **(Table 15.2)** vary by jurisdiction but generally include swabs, test tubes, microscopic slides, and evidence collection envelopes for hairs and fibers.

- A consent form signed for the forensic exam and collection of evidence should be obtained.
  - If the client is a state minor or has a legal guardian, the parent or authorized guardian must sign for the kit to be collected (may vary according to country laws).
- Once the kit's seal is broken and the examiner begins the exam, the chain of custody needs to be maintained. It is never to be left unattended, and the kit should always be in the examiner's possession.
- Guidelines for the particular kit should be followed.
- Anticipate other evidence not acknowledged in the kit.
  - Things such as saliva, semen, blood, vomit, chewed food or gum, insects, jewelry, or fingerprints on areas of the client's body may contain forensic evidence.
  - Collect and preserve the evidence
  - Use sterile water and sterile cotton applicators to swab bite marks and where the client was kissed or licked, and substances that fluoresce with a black light should be wiped.
  - Swabbing should be done with a rolling motion, not rubbing, so all surfaces of the swab touch the client's skin or object swabbed.
  - If you suspect evidence to be on a removable object such as hair barrettes, jewelry, belly rings, or chewing gum, collect the item in its entirety. It can be placed in a sterile urine cup with holes pierced in the lid with a sterile needle or a clean white envelope.

Content source: National Institute of Justice.

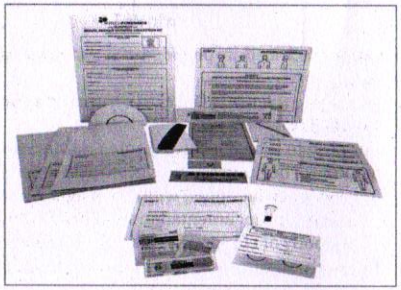


Fig. 15.1: Sexual assault kit.

Courtesy: Mr Karthigeyan Kesavaram. http://www.maruthicrimeproducts.com/, http://www.tritechforensics.com/

Table 15.2: Contents of sexual assault kit.

Steps	Items
Step 1	Authorization for collection and release of evidence and information form
Step 2	Medical history and assault information form
Step 3	One 20" x 30" white paper sheet, two outer clothing bags and one panties bag
Step 4	Debris collection for nail scraping
Step 5	Towel and comb for pubic hair combing
Step 6	Envelope for pulled pubic hairs
Step 7	Slides, swabs and boxes for vaginal swabs and smear
Step 8	Slide, swabs and boxes for rectal swabs and smear
Step 9	Slide, swabs and boxes for oral swabs and smear
Step 10	Envelope for pulled head hairs
Step 11	Paper disk and envelope for saliva sample
Step 12	Two blood vials for known blood sample collection
Step 13	Anatomical drawings chart

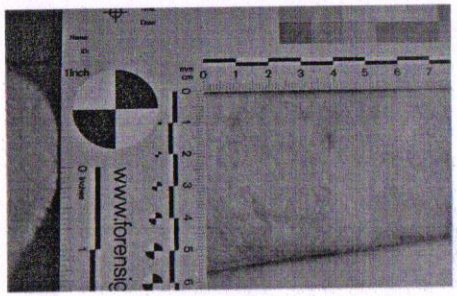


Fig. 15.2: Forensic ruler.

needed for each step are provided in separate numbered envelopes.

- Use a forensic ruler **(Fig. 15.2)** to measure the injuries
- Use black light
  - Any protein substance (e.g., semen, saliva, vomit, or blood) will be fluorescently visible to the naked eye.
  - Any evidence identified with black light should be collected, and documentation should include where on the body or clothing the sample was collected.
- Photograph of all external injuries on extremities, abdomen, back, and face with a 35 mm camera
  - Digital camera to be used.
  - Documentation regarding the location of each photograph should be completed, e.g., is it the right or left, upper or lower arm?
  - Measurements to be clear with each injury using width and length and then noted.
  - A disposable forensic ruler (or one that can be sanitized after patient use) to be kept next to the injury to indicate size while taking photos.
  - Measure the largest to most minor if multiple injuries are in a condensed area.
  - Also, note the color and document, e.g., "a 3 cm × 2.5 cm bluish-purple bruise located 5 cm down from the right shoulder on the lateral aspect of the distal left arm."
  - Documentation needs to be accurate and objective so that there are no queries regarding the location of the wound.
- Fingernail scrapings and swabs to be collected
- Saliva from under the tongue, between the cheek and gum, tongue, and roof of the mouth is taken
- Head hair samples are taken, usually pulled from various locations of the head 15–20 are needed.
- Head hair combings: Trace available evidence from combings; also package the comb used as evidence is often found on the teeth.
- Blood sample is taken via vial or with a finger poke, placing a drop of blood on a special filter paper provided in the kit.
- For pubic hair combing: Package the comb used as evidence, even if the area is shaved. Evidence may still be available on shaved areas. Pubic hair samples should be pulled if available (according to the crime lab's guidelines).
- Anal swabs should be completed along with photos of the anal rugae, documenting any tissue tears.
- Penile and scrotum swabs should be completed on males.
- External genitalia examination in males and females; follow the order for accurate assessment **(Table 15.3)**.

Table 15.3: External genitalia examination in males and females.

Females	Males
• External genital and work inward, by noting any injury • Clitoral hood • Clitoris • Labia majora (left and right) • Labia minora (left and right) • Urethral opening • Vaginal opening • Hymen • Fossa navicularis • Posterior fourchette • Perineum • Anus	• Urethral meatus • Glans • Coronal sulcus • Shaft • Scrotum • Perineum • Anus • Looking for any blunt force trauma such as bruising, bite marks, abrasions, and lacerations, as well as burns and patterned injuries

- Speculum examination for females can be done to observe for internal injuries of the vaginal wall and cervix.

A female who has not attained menarche or who has not yet had a speculum exam by a licensed provider should not receive a speculum examination.

Exam Documentation

- Documentation is done using the face of the clock for reference points.
- Injuries should be documented by size and location.

Post Examination

- Answer any questions the client has.
- Storing and sealing the kit.
- Each envelope should be sealed with tamperproof tape and initialed with a date by the collector.
- Evidence should be dried and packed if it is wet.
  - Never store any evidence in plastic bags; use always paper.
  - If clothing is wet when collected, store it in paper bags until it can be air-dried in the evidence room.
  - After the collection, packing, sealing, dating, and initialing, it is placed in the kit. The kit is then packed and then handed over to law enforcement.
- For dismissal guidance: Educate the client on the need for follow-up care with the local health department clinic within 2–4 weeks or before that, if needed.
- The client's advocate will help with information regarding restraining orders, counseling, and temporary safe accommodations.
- Thank the client.

Sexual Assault and Murder

In some instances, sexual assault ends in the death of the victim. The woman/child/adolescent girl sustains fatal injuries, and she is choked or strangled to death when the perpetrator tries to overcome her resistance. The abused/raped woman is murdered to prevent the detection of the offense. Sadistic murderers use sharp instruments and inflict several mutilating wounds. When the dead body of the victim of rape and murder is subjected to postmortem, care must be taken to assess the injuries due to rape and collect the evidence to prove intercourse.

All the steps done in the sexual assault examination of a living client of rape should be taken in the case of the dead victim too.

Rape Trauma Syndrome (RTS)

Rape is a psychological trauma to the client irrespective of age and gender. The client may develop acute stress symptoms lasting for weeks, months, or even years. Uncontrollable crying and trembling can be seen in these clients. Also, they may be frightened, embarrassed, and feel degraded. Many of the adult victims may adjust quickly and return to normal. But in some, trauma leads to long-term effects like flashbacks, anxiety, phobias, etc. The majority of the clients of sexual assault will exhibit symptoms of RTS **(Table 15.4)**. Crisis counseling is essential and to be encouraged.

Sexual Abuse in Vulnerable Population

- Elder sexual assault
- Cognitively impaired individuals

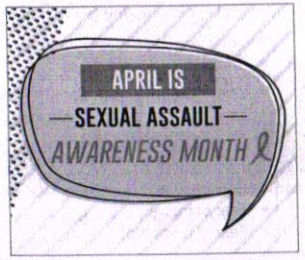
Table 15.4: Symptoms of rape trauma syndrome.

Immediate reactions	• Crying • Hysteria • Shock and disbelief • Tearfulness • Controlled effect • Anxious smiles to laughter • All or none of the above
Physical reactions	Pain and discomfort (generalized or local)
Sleep disturbances	• Disturbed sleep • Difficulty falling asleep • Nightmares or night terrors • Talking or screaming out in sleep
Eating disturbances	• Anorexia leads to weight loss • Nausea
Discomfort to the area of attack	• Oral—mouth and throat irritation • Vaginal—generalized pain, itching, burning and discharge • Anal—rectal pain and bleeding
Emotional problems	• Fear of dying • Fear of injury • Fear of mutilation Other emotions that are in conjunction with fear, like: • Shame • Humiliation • Guilt • Self-blame • Degradation • Embarrassment • Anger • Revenge feeling
Long-term impact	• Dreams • Nightmares • Vague physical complaints • Phobias • Social self-isolation • Sexual intimacy may become difficult

- Special needs children and adults
  Sign language interpreter, written communication, or Braille communication may be needed if any of the above category persons undergo sexual abuse. May extend the time of examination.
- Nonambulatory population: New and old injuries to be distinguished by the examiner, such as pressure sores versus burns and blunt force trauma. May extend the time of examination.

ROLE OF FORENSIC NURSE EXAMINER IN SEXUAL ASSAULT

The efforts of pioneering nurses have led to the development of a new role for nurses, the Forensic Nurse Examiner (FNE). When the sexual assault is reported or identified, further evaluation may be necessary, including exact evidence collection and maintaining the chain of custody. Recently, only the health care facilities initiated to recognize the need for trained nurses available to provide comprehensive care for the victims of sexual assault. As the sexual assault examination for evidence collection takes 3 to 5 hours, the FNE or SANE must prepare the client and the family in advance to ensure their full cooperation. A well-documented report during the sexual assault examination by SANE may aid in the prosecution.



SANE Responsibilities

- **Reporting options:**
  - When the victim is uncertain about reporting, the SANE will ensure the victim is aware of the options and limitations of late reporting.
  - Mandatory reporting: SANE and other medical and nursing professionals must be aware of the country's statutory rape laws and do accordingly.
  - When the victim does not want to report and undergo an evidentiary examination is not completed, the SANE can still offer medications to prevent STIs, evaluate pregnancy risk, and post-rape pregnancy prevention within 72 hours. The nurse's role in forensic examination in India is yet to be clarified.
- **Evidentiary examination:** The SANE will complete an examination after obtaining informed consent.
- **Chain of custody:** Each piece of evidence collected should be appropriately labeled with the client's name, the date and time of collection with SANE's full name and the identification of evidence.
- **Medical care**
- **Emotional support and crisis intervention:** The SANE's role includes all aspects of the biopsychosocial needs of all clients, including the survivor of sexual assault. They will always provide emotional support and crisis intervention, which is inevitable as a sexual response team.

Nursing Notes

It constitutes a significant portion of each medical chart. The nursing notes should be written by the nurses caring for the patient.

- A minimum of three nurses will enter notes on the client's chart.
- It should contain the elements **(Fig. 15.3)** such as assessment, planning, implementation, and evaluation.
- It should contain the **date and time** of both when the nursing note was written and the events that occurred, **physical assessment, record of abnormal findings, patient details, comfort level, psychological assessment, medications, patient interventions, and patient safety.**

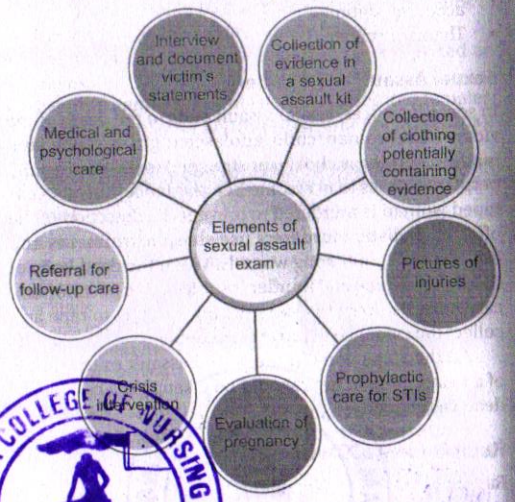


Fig. 15.3: Elements of a sexual assault examination.

UNNATURAL SEXUAL OFFENCES

IPC Section 377 explains the unnatural sexual offences. "Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to 10 years, shall also be liable to fine".

- **Sodomy:** Anal intercourse by a man with another man or woman.
- **Bestiality:** Rectal or vaginal intercourse with an animal.
- Buccal coitus, or Fellatio, is a sexual act in the oral cavity.
- **Lesbians and Gays:** Lesbians obtain sexual gratification from another woman by practicing mutual masturbation and using artificial phallus, whereas gays practice sodomy and oral coitus primarily. This is considered a mental disorder and an unnatural sexual offense.
- **Incest:** Sexual intercourse between people who are close blood relatives and legally prohibited from marrying. Incest is treated as a personality disorder, too.

Sexual Perversions (Paraphilia)

- **Sadism:** Erotic excitement or gratification is derived from inflicting physical or mental pain on others. Sadism is commonly seen in males, e.g., biting, whipping, inflicting physical or psychological distress, cigarette burns, etc. A sadist may sometimes indulge in intercourse with a dead body, called necrophilia, or even drink the victim's blood or eat the flesh, called Necrophagia.
- **Masochism:** Sexual pleasure that is either self-inflicted or inflicted by another person, usually a female. Sometimes combined with sadism, it is called sadomasochism.
- **Fetishism:** Sexual disorder in which sexual urges and fantasies persistently involve using nonliving objects by themselves or, at times, with a sexual partner. Mostly, these articles are often stolen by the fetish.
- **Transvestism:** Practice of wearing the clothing of the opposite sex for emotional or sexual expression.
- **Exhibitionism:** A psychological disorder seen in males who exhibit their genitals in the presence of a woman. Few may masturbate in public also.
- **Voyeurism (scoptophilia):** Obtaining sexual excitement and pleasure by looking, especially secretly, at other people's naked bodies or watching the sexual activity of other people by peeping.
- **Frotteurism:** Rubbing the genitalia against another person.
- **Uranism** is a psychological disorder characterized by getting sexual pleasure by sucking or licking the genitals of another person.
- **Troilism:** Getting sexual gratification by a male watching his wife or another female engaged in sexual intercourse with another man.

Miscellaneous

- **Examination of accused of sexual assault:**
  - Medical examination of the sexual assault accused person also plays a vital role in settling the crime as it is inevitable to gather evidence from the accused to prove the crime. Timely examination is necessary to get maximum evidentiary materials; otherwise, they are lost. Erroneous reports and interpretations may lead to false reporting and injustice to the accused.
  - It can be done under sections 53 CrPC and 54 CrPC. Without consent, the doctor can use reasonable force for the examination.
- **Objectives of medical examination of the accused:**
  - To find the accused taking part in the sexual intercourse
  - If yes, whether it is forcible?
  - To assess the mental status at the time of the commission of the alleged offense.
  - To assess the presence of any STDs.
  - To assess the time of elapse between the commission of the alleged and medicolegal examination.
  - To gather evidence to confirm the allegation.

ONE STOP CENTRE

The government of India has developed a centrally financed program to establish a One Stop Centre to address such violence and assist women in need. As the program is commonly known, **Sakhi** went into effect on **April 1, 2015**.

The One Stop Center program is a component of the National Mission for Women's Empowerment, including the Indira Gandhi Matritva Sahyog Yojana. The logo is in **Figure 15.4**. The Nirbhaya fund finances the plan. The

Fig. 15.4: One Stop Centre logo.

centre will offer the States and the Union territories full financial assistance under this plan. In India, there will be 733 operational One Stop Centers by 2023. The objectives are mentioned in **Box 15.1**.

One Stop Centre Services

Following services **(Fig. 15.5)** are provided under **Sakhi**—One Stop Centre Scheme:

- Medical assistance
- Police assistance
- Psychosocial support/counseling
- Legal aid/counseling

Box 15.1: Objectives of One Stop Centre scheme.

- To assist women who are victims of violence that they may encounter at home, at work, in the neighborhood, or open or private spaces.
- This program offers women who experience sexual, physical, psychological, emotional, or economic abuse support and redressal services, regardless of caste, creed, ethnicity, class, level of education, age, culture, or marital status.
- Women who have contacted or been referred to the OSC and are experiencing violence due to attempted acid attacks, witch hunts, domestic abuse, trafficking, sexual assault, or sexual harassment will receive specialized services

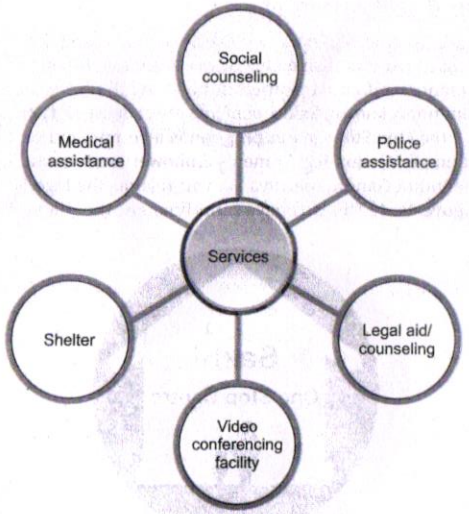


Fig. 15.5: One Stop Centre services.

- Shelter
- Video conferencing facility

Ujjawala Scheme

The government's initiative against trafficking in women and children will enable access to the services, which comprise the following, and it will be integrated with these One-Stop-Centres.

- To ensure that the women who have been wronged can be rescued and transported to the closest medical facility, emergency response and rescue services will be offered in connection with already established mechanisms like the 108 service, police, National Health Mission (NHM), etc.
- Medical aid must be given by the Ministry of Health and Family Welfare guidelines.
- Help to file First Information Reports (FIR) and Non-Cognizable Reports (NCR).
- Counseling and psychosocial support to offer women the assurance and encouragement to seek redress for the harm they have suffered. Legal assistance will also be offered.
- The woman who feels aggrieved will be given access to a video conference facility and record her statement after consulting with the district and sessions judge and the superintendent of police.

CONCLUSION

In India, forensic nursing education must be strengthened due to the wide range of this profession. It facilitates the provision of top-notch nursing care services to both victims of crime and their perpetrators. Additionally, it aids in closing the gap between the legal and medical systems. One of the most important duties undertaken by forensic nurses is supporting victims of sexual abuse and ensuring that the evidence is properly collected and recorded for legal purposes. The legal and medical systems both rely on medical practitioners to assist sexual assault victims in receiving justice and healing.

Amazing Fact

Due to variables like reliance, poor communication skills, and diminished self-defense abilities, vulnerable people are more likely to experience sexual assault. This increased vulnerability underlines the urgent need for better safeguards, education, and support systems to ensure these people's well-being.

Case Scenario

1. The horrific Nirbhaya gang rape case, which occurred in Delhi in December 2012, shocked the entire country and aroused anger on a global scale. Physiotherapy student Nirbhaya, 23, was brutally attacked and raped by six men on a moving bus in South Delhi. Her name has been changed to protect her identity. She was not only the victim of terrible deeds of physical and sexual abuse, but the offenders also severely injured her, which ultimately resulted in her terrible death. Massive demonstrations against the awful events occurred throughout India, calling for justice and harsher penalties for crimes against women. The case highlighted the necessity for immediate action to address the prevalent culture of violence and gender inequality in the nation and the issue of women's safety. The offenders were found guilty after the trials, and the incident was recognized as a landmark one that sparked a national conversation about gender-based violence and compelled lawmakers to pass tighter legislation to safeguard women and provide justice in such horrible crimes. The impact of the Nirbhaya case is an unrelenting reminder of the need for ongoing efforts to build a safer and more just society for everyone.

   In this scenario, nurses played a variety of roles, such as:
   - *Emergency medical care:* Nursing care included treating her severe wounds and controlling her condition. They put in much effort to make sure she got the quick medical attention she needed.
   - *Emotional assistance:* They probably contributed significantly to her ability to deal with the trauma by providing assurance, comfort, and a listening ear.
   - Collaboration with healthcare team
   - Maintaining privacy and confidentiality
2. A 36-year-old migrant worker from Madhya Pradesh, is accused of sexually abusing a little girl who is a fellow migrant worker's daughter. A complaint made by the mother of the child led to the arrest. The accused lured the four-year-old with a soft drink and assaulted her at home. The youngster identified the abuser when the officers arrested him, according to a police officer. The toddler was sent with her mother and underwent a medical examination on Friday. The culprit was captured after committing the crime, thanks to the mother's prompt intervention and the assistance of the neighborhood.

Both the cases were the examples of sexual abuse. Prompt action by the health care workers, including nurses, may save the victim from physical, mental, and psychosocial complications later in life.

Multiple Choice Questions

1. **Sexual intercourse with a girl below 16 years is:**
   a. Custody rape
   b. Date rape
   c. Marital rape
   d. Statutory rape
2. **An array of sexual activities like fondling, inviting a child to touch or to be touched sexually and forcefully are known as:**
   a. Child sexual abuse
   b. Pornography
   c. Crime
   d. Defamation
3. **Goals and responsibilities of the sexual assault nurse examiner (SANE) include:**
   a. Assessment of injuries
   b. Detailed health history
   c. Collection and preservation of evidence
   d. All the above
4. **An advocate can accompany the client in history collection for:**
   a. Being a witness
   b. Only to support
   c. Gathering the evidence
   d. Documentation
5. **SANE means:**
   a. Sexual Agency Nurse Examiner
   b. Sexual Abuse Nurse Examiner
   c. Sexual Assault Nurse Examiner
   d. Sexual Awareness Nurse Examination
6. **Government of India established a One Stop Centre on:**
   a. April 11, 2015
   b. April 1, 2015
   c. April 1, 2018
   d. April 11, 2018

Answer Key

1.	(d)	2.	(a)	3.	(d)	4.	(b)	5.	(c)
6.	(b)								

Short Answer Questions

1. Types of sexual assault.
2. Sexual assault/abuse examination in women.
3. Sexual assault kit.
4. Rape trauma syndrome (RTS).
5. One Stop Centre and its services.

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16 CHAPTER

Sexual Violence Against Children and Protection of Children from Sexual Offences

K T Moly

"When a flower doesn't bloom, you fix the environment in which it grows, not the flower".
—Alexander Den Heijer

Chapter Highlights

- According to UNICEF, about 1 in 10 girls under 20 have been forced to engage in sex or perform other sexual acts.
- Violence against children is defined as violence against an individual under 18.
- According to most surveys, most offenders (90%) of abuse among children are males.
- For girls and boys, victimization experiences and their effects change over a lifetime.
- Only a small fraction of sexually abused children can get professional treatment or counsel.
- The POCSO Act protects all children from sexual abuse and defines them as anyone under 18.
- Proper training enables nurses to gather and preserve forensic evidence occasionally.

INTRODUCTION

Every year, millions of children worldwide experience sexual assault, irrespective of gender. Sexual assault has no bounds. It happens everywhere and in all facets of society. UNICEF estimates that "about 1 in 10 girls under the age of 20 have been forced to engage in sex or perform other sexual acts" (UNICEF, 2022). The victim knows the offender in 90% of cases. The discovery that the perpetrator of sexual abuse could carry out and sustain the abuse for such periods without their knowing frequently shocks the young victim's parents or legal guardians. This is partially a result of the sexual abuser's strategies for persuading the adults near the young victim that they are beyond reproach or question.

At 34.4%, Africa has the most significant prevalence of child sexual abuse (CSA) worldwide. The lowest CSA frequency in any nation should not be disregarded. Due to the under-reporting of these crimes, determining accurate global statistics regarding CSA is difficult. 60% of victims of verified sexual abuse are children under twelve.

Children of all ages are vulnerable, but adolescence is particularly vulnerable, especially for girls. Consistently, surveys of children and teenagers show a substantial disparity in the rates of child sexual victimization reported to authorities and child self-reported sexual victimization, indicating that only a tiny proportion of victimized kids and teenagers can receive professional therapy or counseling. Although stated rates vary between and within nations, both wealthier and less affluent countries experience high rates of child sexual abuse.

DEFINITION

World Health Organization (WHO) defines **child sexual abuse (CSA)** as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society." A child being involved in prostitution or pornography, urging them to engage in sexual activity, having sexual contact with them,

or luring them online by cyber-predators are all considered CSA.

In other words, the terms "sexual violence against children" or "child sexual abuse and exploitation" encompass the sexual assault of a child by an adult, gang, or peer in the community on the way to or at school; sexual abuse by a family member or caretaker at home; sexual assault by a close partner; forced to sell sex or given no other option; being groomed or sexually exploited.

KEY FACTS ON SEXUAL VIOLENCE AGAINST CHILDREN

- Violence against children is defined as violence against an individual under 18. Whether a parent or other caregiver, a peer, a romantic partner, or a stranger commits it.
- Physical, sexual, or emotional abuse or neglect of children between the ages of 2 and 17 is estimated to have affected up to 1 billion children worldwide in the previous year.
- Childhood violence affects a person's health and well-being for the rest of their life.
- To "end abuse, exploitation, trafficking, and all other forms of violence against children" is the aim 16.2 of the 2030 agenda for sustainable development calls for.
- Evidence from throughout the world demonstrates that child abuse can be stopped.

Magnitude of the Issue

A study of 217 studies found that one in eight children globally (12.7%) have been abused sexually before the age of 18. UNICEF believes that 13 million girls between the ages of 15 and 19 are believed to have undergone forced sex at some point in their lives. There are now millions of photographs of child sex abuse content available on both the surface and secret webs, reaching new heights.

PROBLEM IN INDIA

India has the most CSA instances in the world, even with under-reporting thus, one can only speculate as to what the actual numbers would be. CSA is still taboo in India, and most people keep quiet about it. Due to social stigma, fear of indignity, community denial, mistrust of governmental institutions, and a communication gap between parents and children, there is silence in this situation. A doctor must now document every episode of child sexual abuse in a medicolegal proceeding. Failure to report could result in a six-month prison sentence or a fine, per Section 21 of the Act.

But without an effective child protection system, which our nation lacks, the law's mandatory reporting provision is simply ineffective. The required reporting requirement according to 62.5% of survey respondents who had experienced child sexual abuse, made them uneasy. The absence of social support after reporting was the cause that many people cited. Others believed that the criminal justice system, including the police, lacked the necessary knowledge to comprehend the subtleties of child sexual assault.

Children who depart from rural to urban regions in impoverished countries like India in search of employment and a more excellent standard of living frequently end up as victims of human trafficking and sexual exploitation. Children who exchange sexual favors for food or other types of support are also reluctant to risk their method of self-protection by denouncing the abuse against themselves. Additionally, because of the sensitive and taboo nature of the matter, it is challenging to get in touch with the CSA victims for research. Furthermore, some sorts of CSA, such as fondling or touching a child's breasts or genitalia, are wrongly viewed as minor types and are usually ignored.

19% of all child population worldwide (440 million) are in India. CSA in Indian girls was 42%, according to research done between 2005 and 2013 by the United Nations International Children's Education Fund. More than 20% of boys experienced severe types of sexual abuse, including sexual assault, forcing children to touch or display their private parts, and forcing children to pose for nude photos. These abuses equally harmed boys. Adults the child knew or who had positions of trust and control over them were the majority of abusers. In the case of India, Maity S (2022) found that 90% of the accused were known to the kid. The fact that "reported POCSO cases" and "urbanization" have a positive link suggests that "child protection" is a growing concern in urban India.

Every second child in the nation encounters sexual assault, according to surveys by the Government of India on 17,220 children and adolescents to determine the prevalence of the crime. Of these kids, 47.6% of the females and 52.94% of the boys were victims. Assam (57.27%) had the highest number of recorded cases, followed by Delhi (41%), Andhra Pradesh (33.87%), and Bihar (33.27%).

According to research on the prevalence of sexual abuse among minors in Kerala, 36% of men and 35% of women have been sexually abused. The prevalence of sexually transmitted illnesses in children has risen during the past 20 years. Additionally, it shows that sex abuse and trafficking are still significant issues in India and are still widely shared.

SEXUAL ABUSE: ONLINE

Only a tiny fraction of minors who meet adults online are sexually abused by them. Approximately one in seven young

people online (ages 10 to 17) reported receiving a sexual approach or solicitation online, and 4% reported receiving an aggressive sexual approach. 34% had inappropriate access to sexual material, and 27% came clean with a parent or guardian.

The youngster never reports less than one-third of solicitations. Some kids think that telling their parents about these risky interactions will merely limit their "freedom" of Internet use and lead to increased parental control. Children believe reporting wrongdoing only results in punishment for the child, not the adult. In the online realm, adults who want to take advantage of children know this conflicted justification and use it against their victim to further persuade them not to report the contact (while stretching the child's boundaries). In addition to being exceedingly self-conscious, children approaching puberty and sexual awareness are also curious and adventurous.

They desire information (and experience), yet they are ashamed to ask their parents, friends, or other trustworthy adults for guidance. The Internet best satisfies their needs by providing information and giving the youngster a sense of anonymity. Conversely, the Internet offers the same anonymity to adults who know that sexual communication with a youngster goes against social norms. The adult requests sexual interaction for friendship, information, and life experience. More than 90 million youngsters actively utilizing the Internet in the United States are available to adults who engage in this behavior, whether driven by genuine pedophilic inclinations or by curiosity to engage in socially strange behavior.

With over 90 million children actively utilizing the Internet, the child molester now has a tool to communicate with a prospective victim pool while appearing anonymous. They are no longer required to be a charismatic leader, a day-care provider, or interact with kids in any way. He can now instantaneously reach kids while hiding behind a computer. His efforts can now be concentrated more on "grooming" the youngster and having sex with the child rather than "wasting" his time with less vulnerable kids. While there are still typical child molesters, this new type uses conversational abilities to become friends with the youngster and win their complete trust. They are seasoned online predators.

Characteristics of Child Sexual Abuse

Sexual Abuse Among Children Is Gendered

According to most surveys, most offenders (90%) are males. However, boys experience more sexual abuse and exploitation than girls in some countries and some organizational settings, such as single-sex residential institutions. Girls usually report 2–3 times more instances of sexual assault and exploitation than boys do.

In internet publications about child sexual assault, girls make up most victims. Teenage girls report the highest victimization rates over the past year (12.9% of girls between the ages of 14 and 17 in the US and 15% of girls between the ages of 12 and 15 in Spain), notwithstanding the lack of precise data on the prevalent rates of sexual exploitation and abuse online.

For girls and boys, victimization experiences and their effects change over a lifetime. Younger children are most likely sexually abused by a family member or caretaker. Because older children and adolescents spend more time outside of their immediate families and homes, a more comprehensive range of perpetrators, including those in positions of trust or authority, classmates, employers, neighbors, and intimate partners, are more likely to come into contact with them. Their risk of injury rises as a result of this exposure. Throughout childhood, self-reported rates of sexual victimization increase with age, reaching a peak for girls or young women at 17 years old.

More Often Abused by Someone Known

Around the world, a known individual is more likely to abuse a child or teenager than anybody else sexually. A partner, an adult in a position of trust or authority, an older child who is a family member, a different relative, a family friend, or a partner are typical examples of this individual. Since these crimes often take place in the privacy of the family home, where detection is less likely, the location most frequently indicated for child sexual assaults and rapes is the house of the victim or the perpetrator. Studies tend to highlight sexual abuse by other relatives, like an uncle or brother, or by a member of the family more frequently than sexual abuse by a biological parent. Peers, boyfriends/girlfriends, dating partners, or romantic partners are the perpetrators of sexual violence who are most frequently mentioned.

Children are Abused in all Settings

While abuse can occur everywhere a child spends time, including school, the workplace, play, and sports. The victim's or the abuser's household is the most frequent place for child sexual abuse and exploitation. International organizations have observed a concerning rise in orphanage tourism in Southeast Asia, which increases children's vulnerability to sexual exploitation and presents opportunistic chances for child sex offenders.

Children separated from their families, traveling due to migration or a humanitarian situation, or displaced due to an armed conflict are also at risk.

Risk Factors of Child Sexual Abuse

No single factor can fully explain why sexual violence against children happens, even though gender inequality and children's developmental vulnerability are undisputed risk elements. A complex issue, violence against children has roots in the individual, personal relationships, communal, and social levels. It is shown in a simple way below **(Fig. 16.1)** and **Table 16.1** explains each risk factor of CSA in detail.

Types of Child Predators

The concept of situational versus preferential child molesters, developed by Dr Park Dietz, was expanded upon by retired FBI supervisory special agent Ken Lanning, an authority on child crimes, and he produced a typology for law enforcement to take into account the variations of child molesters on a continuum.

- **Situational child molesters** engage in sex with kids for various, sometimes complicated reasons rather than having a proper sexual preference for them. Sex with children can be a recurring pattern of behavior or a one-time occurrence. The typical situational child abuser has weak coping mechanisms and a low sense of self-worth; he uses youngsters as a sexual stand-in for his chosen peer sex partner. His primary victim criteria are opportunity, weakness, and availability.
  This kind of child predator preys on kids simply because it's convenient and is morally and sexually indiscriminate. He experiments with sex. The priority is his feelings and well-being. Situational molesters are motivated mainly by self-gratification.
- **Preferential child molesters** have a clear sexual attraction to minors. Children are preferred as sexual partners and the object of their sexual interest. They depict children in their erotic and sexual desires. They typically have preferences for age or gender, which might be as narrow as a slender seven-year-old girl with long blond hair in ponytails, blue eyes, wearing glasses, a miniskirt, and a short-sleeve blouse, or as broad as any boy or girl under the age of nine.
  The fact that the child has a group of caregivers (parents, teachers, etc.) who might object to his presence is conveniently edited out. They ignore that kids are not mentally or physically prepared for sex. And they edit out that having intercourse with children is against the law, immoral, and will result in harsh punishment. He lures youngsters into having intercourse with them with gifts, attention, and affection.
  According to Lanning, child molesters *may not be strictly situational child molesters or strictly preferential child molesters*—instead, they lie somewhere on a continuum and may possess some overlapping traits.
  Most adults believe they will recognize a child molester when they are face to face with them. They think there are unusual behaviors. But many people who molest children online often give the impression of being respectable, law-abiding citizens. It is widely acknowledged within law enforcement that no profile can be used to identify someone interested in minors sexually predictably.
  The predator has access to various psychological tactics, including sexual exploration and curiosity, knowledge of the outside world, friendship, guilt, projection of blame, justification, minimization of his conduct, and pleasure. To satisfy the child's wants, the predator may also employ presents, prizes, drugs, alcohol, pornography, and money. The ties of affection or familial loyalty also operate in the offender's favor when the offender is a parent or other close relative. He can rely on that position of authority to give his trust more weight if the offender is a close friend who possesses an official position, such as a pastor, teacher, or coach. Since children's attention spans are so short, there is intense competition among adults for their attention.
  The child molester picks up strategies for tempting kids, like sexually suggestive language or engaging in relevant conversation. The adult gains knowledge on subjects that kids are interested in talking about. If a child shows an interest in football, the adult develops into a football expert who cannot only explain the technical aspects of the game but also offers to help the child improve. The only things the child's molester wants in return are friendship and close physical contact. The abuser then tries to turn this friendship into a sexual encounter.

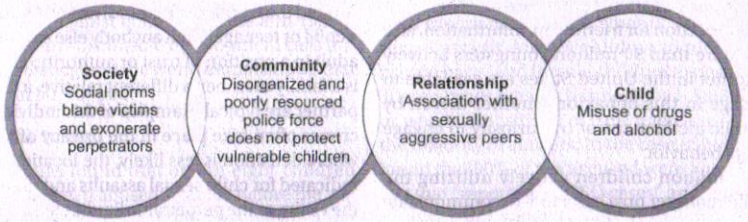

Fig. 16.1: Risk factors of child sexual abuse.

Table 16.1: Detailed risk factors of CSA.

Individual level	*Close-relationship level*	*Community level*	*Society level*
Age and sex	A lack of emotional connection between parents and children	High population density	Policies that reinforce social, gender, and economic inequality
Alcohol and drug use	Exposure to parental violence	Poverty	Social norms in which violence is normalized
Disabilities or mental health issues	Affiliation with juvenile peers	Low social cohesion	Weak governance and poor law enforcement
Low income and education	Poor parenting techniques	Substantial levels of drug trafficking and gang activity	Absent or insufficient social protection
Experienced violence in the past	Early or forced marriage	Easy access to alcohol and firearms	Post natural disaster
Lesbian, gay, bisexual, or transgender person	Family discord and separation		

Challenges in Identification of Child Sexual Abuse

Only a small fraction of sexually abused children can get professional treatment or counsel.

Studies consistently demonstrate a considerable discrepancy between the rates of child sexual victimization reported by themselves and those reported to authorities.

- The reasons may be:
  - The child may not recognize the experience as sexual exploitation due to the emotional manipulation.
  - The youngster can also be afraid or hesitant to accept "help."
  - Shame, embarrassment in front of others, and worry about the fallout if the abuse is revealed.
  - Friends and family members may not have a good understanding of child sexual exploitation and abuse.
  - Ineffective responses to reports may include disbelief, victim blaming, or demanding silence or inaction to defend the abuser or maintain their reputation.
  - Weak coordination across various industries, including education, health, justice, child welfare, and community organizations.
  - Conflicts between organizational goals and policy frameworks limit adequate child protection or preventative measures.
- Other issues in CSA include focusing on perpetrators more broadly and conducting more studies on internet abuse that reach all children, including those who have been neglected and those with physical and academic difficulties.
- Most nations have laws that make CSA illegal, but the fundamental problem is that they are rarely enforced. The likelihood of being detected may act as a more powerful deterrent against repeat offenses than the harshness of the sentence, according to the evidence. Criminal legislation must be upheld and enforced if more sexual abuse and exploitation of minors is to be stopped.

Impact of Sexual Abuse Among Children

To comprehend the effects of CSA **(Table 16.2)**, one should understand the four upsetting dynamics involved. They are ***stigmatization, powerlessness, traumatic sexualization, and betrayal.*** These are the core of the psychological and psychiatric injuries inflicted by abuse.

Table 16.2: Impact of sexual abuse among pre-adolescent and adolescent.

Pre-adolescent	*Adolescent*
• Depression • Post-traumatic stress disorder • Attention deficit hyperactivity disorder • Obsessive-compulsive disorder • Conduct disorders	• Suicidal thoughts and attempts • Feelings of hopelessness • Intense emotions, including fear, anxiety, embarrassment, rage, guilt, and uncertainty • Helplessness, depression, and distress • Consider themselves different and disgusting • Negative effects on mental health

CSA hurts the health and well-being of children, families, communities, and entire countries. The impact will differ depending on the abuse's type, severity, duration, the child's or adolescent's developmental stage awareness of the abuse, coping mechanisms, and the reactions of their loved ones, friends, the larger community, and assistance providers

- The effects on physical health include high BMI, depression, increased risk of contracting HIV, alcohol or drug abuse, anxiety, self-harm, psychological trauma, missing school, offending behavior, and reduced educational achievement.
- Such a child is also more likely to be exposed to other forms of violence or abuse from peers or adults in various situations.
- Children who have experienced trauma cannot articulate their emotions, which can have long-lasting effects on their relationships with family and others and socioeconomic implications like homelessness and unemployment. The fundamental justification for this is that kids lack the appropriate language to describe their experiences.
- Result in death or severe injuries.
- Affect the growth of the nervous system and the brain. Early exposure to violence can hurt the immunological, endocrine, circulatory, musculoskeletal, reproductive, and respiratory systems that can last a lifetime.
- Lead to unhealthy coping mechanisms and health risk behaviors. These kids are likelier to smoke, abuse drugs and alcohol, and have risky sexual behavior. Additionally, they have greater incidences of suicide, anxiety, depression, and other mental health issues.
- Causes induced abortions, unwanted pregnancies, gynecological issues, and sexually transmitted diseases like HIV.
- As children get older, they can cause various noncommunicable diseases. The unhealthy coping mechanisms and health risk behaviors connected to violence are mostly to blame for the heightened risk of cancer, diabetes, cardiovascular disease, and other illnesses.
- Impact future generations and opportunities. Children exposed to CSA are likelier to quit school and find it harder to land and hold a job.

Prevention and Control of CSA

There is no set strategy for preventing violence. The evidence review revealed three particular steps for generating an enabling environment **(Fig. 16.2)**.

Responses to child sexual abuse and exploitation at the national level must be incorporated into more general violence prevention measures because various types

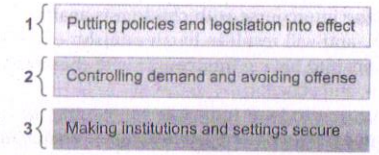

Fig. 16.2: Steps for generating an enabling environment to control CSA.

of violence against children, including physical abuse, neglect, psychological abuse, sexual abuse, and exposure to domestic violence, often co-occur. However, due to child sexual abuse's distinctively "hidden" nature, it is crucial that policy, planning, and legal frameworks specifically address child sexual abuse and exploitation. It's feasible to put an end to violence against children. To prevent and address violence against children, interventions must methodically target risk and protective factors at all four linked risk levels (individual, family, community, and society).

WHO has created and approved a technical bundle based on scientific facts called **INSPIRE:** Seven steps to end violence against children. The package aims to assist nations and communities in achieving SDG Target 16.2, which calls for reducing violence against children.

A coalition of ten international organizations led by the World Health Organization (WHO), formulated, **INSPIRE:** Seven strategies **(Fig. 16.3)** for ending violence against children.

The seven strategies are:

1. Implementation and enforcement of laws (for instance, prohibiting physical punishment and limiting access to alcohol and weapons)
2. Norms and values change (for example, changes to standards that support the sexual abuse of children or guys acting aggressively)
3. Safe environments (identifying neighborhood "hot spots" for violence, for instance, and then tackling the local reasons through problem-oriented police and other initiatives)
4. Parental and caregiver support (giving young, first-time parents with parent education, as an illustration)
5. Income and economic strengthening (such as training in gender equity and microfinance)
6. Response services provision (for instance, that children exposed to violence may obtain adequate emergency care and receive suitable psychosocial support)
7. Education and life skills (making sure kids get to school and giving them instruction in social and life skills)

Public health interventions are necessary since CSA is a significant public health issue. Preventive actions must

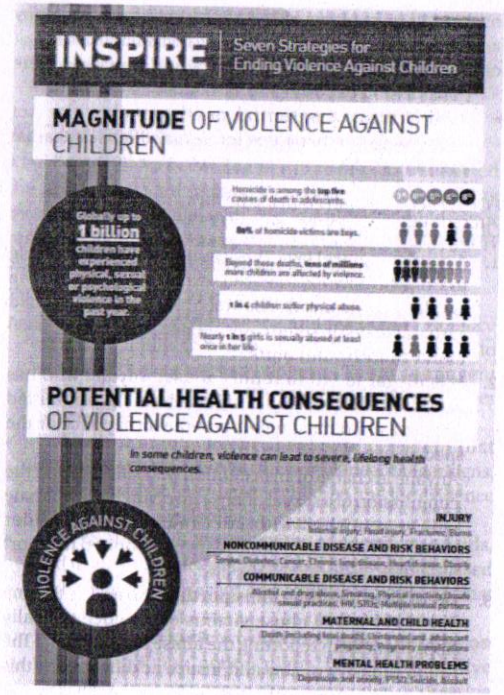

Fig. 16.3: Infographic.
Source: World Health Organization.

be centered on the population. Public awareness of its frequency, occurrence in all communities, the common offenders, legal ramifications, and prevention methods should be extensively disseminated. To help them, there are pamphlets, diagrams, and parenting manuals available. When older children or adults act suspiciously, parents should ask their youngsters to report it. Children's accounts must be taken seriously and informed that they have nothing to apologize for.

Between the ages of three and five, it is possible to teach kids about "good" touch, "okay touch," and "bad touch," as well as the body parts that should only be touched or cleaned by the mother. Children between 10 and 13 should be educated on body parts, gender differences, and the meanings of privacy and private parts. Teenagers need more in-depth training on body physiology, sexual activity, pregnancy, healthy relationships, and sexual abuse, which is best provided in a school setting by qualified teachers. As part of the "health and wellness curriculum," teachers in India's schools teach children about adolescent health, including puberty.

Programs focused on teaching kids how to spot abuse and what constitutes abuse principles ought to be implemented. It should be part of the school curriculum. Organizing routine workshops for high-risk populations, particularly those with poor educational backgrounds, in collaboration with NGOs would help. Gender knowledge and sensitization are essential. Strengthening the social status of women and girls through various street plays would also help a lot.

Society should strive to remove CSA entirely in the long run, and more excellent educational initiatives are the only way to make this happen. Under-reporting of sexual abuse is caused by a persistent lack of knowledge about one's rights and resources and how to report it. Therefore, raising public awareness through various initiatives is crucial to a comprehensive strategy for combating child abuse and neglect. Families should disclose infractions without fear or worry that the abuser or society will retaliate. Families must assist in hunting for and punishing perpetrators to stop child sexual exploitation. The best strategies will focus on the underlying causes of abuse by addressing difficulties with poverty, housing, employment, schools, health care, and other community-based concerns.

Legal Actions Against CSA

To effectively combat the horrible crimes of sexual abuse and sexual exploitation of children, the Protection of Children from Sexual Offences (POCSO) Act, 2012, was created.

Protection of Children from Sexual Offences (POCSO) Act, 2012

The gender-neutral POCSO Act, 2012 is a piece of law. It protects all children from sexual abuse and defines them as anyone under 18. The term "child sexual abuse" is used in a broad sense. The following are included in it: (i) penetrative sexual assault, (ii) aggravated penetrative sexual assault, (iii) sexual assault, (iv) aggravated sexual assault, (v) sexual harassment, (vi) using a child for pornographic purposes, and (vii) trafficking of children for sexual purposes. The offenses are considered "aggravated" when the abused kid has a mental illness or when the abuse is carried out by someone who controls the child. The Act stipulates severe penalties tiered according to the seriousness of the offense, with a maximum term of harsh life imprisonment and a fine.

The POCSO Act also includes rules for maintaining a child-friendly environment throughout the legal procedure to prevent re-victimization. It is crucial to uphold the "best interest of the child" premise. It has child-friendly reporting,

evidence-recording, investigation, and rapid trial of offenses systems. Trials are held secretly without disclosing the kid's identity through designated special courts. Additionally, it stipulates that the special court will decide how much compensation must be paid to a sexually assaulted kid so that the money can be utilized for the child's rehabilitation and medical care.

Salient Features of the POCSO Act

- According to the Act, those under 18 are considered "children." The Act is not gender-specific.
- The Act defines many types of sexual abuse, including penetrative and nonpenetrative assault, pornography, and sexual harassment.
- In some cases, such as when the victim is a youngster with a mental illness, sexual assault is considered "aggravated." Additionally, when the abuse is performed by someone in a position of trust, such as a doctor, teacher, police officer, or family member.
- Appropriate preparations are made to prevent the child from becoming a victim of the legal system once again. According to the Act, a police officer serves as the child's protector while an inquiry is conducted.
- The Act requires that these actions be performed, making the investigation process as kid-friendly as possible, and that the matter be resolved within a year of the reporting date for the offense.
- The Act establishes special courts for trialing such offenses and related matters.
- Section 45 of the Act grants the federal government the authority to enact regulations. The National Commission for the Protection of Child Rights (NCPCR) and State Commissions for the Protection of Child Rights (SCPCRs) have been established as the designated authorities to oversee the Act's implementation. Both have legal status.
- Section 42 A of the Act states that the POCSO Act shall take precedence over any other law's provisions in the event of a conflict.
- The Act mandates that sexual offenses be reported. The Act makes filing a fake complaint intending to smear someone illegal.
- The act was amended in 2019 to increase the minimum punishment from seven to ten years. It further adds that if a person commits penetrative sexual assault on a child under 16, he will be imprisoned for 20 years to life, with a fine.
- The Act defines child pornography as any visual representation of child sexual activity, including pictures, videos, digital images, or computer-generated representations indistinguishable from real children. The Act is important because it defines child pornography correctly and makes it illegal. The revisions also suggest harmonizing it with the IT Act and penalizing the transmission of pornographic content to children.
- By including a potential death penalty, the Act strengthens the penalties for sexual offenses against children.

POCSO Act: Five Vital Points to be Aware of and Educate Others About the POCSO Act

1. **A gender-neutral law:** The act's remedies are available to kids who have experienced sexual mistreatment. The law does not distinguish between male and female child sexual abusers; in some cases, female abusers have been found guilty by the courts.
2. **It is illegal to fail to report abuse:** Anyone who has cause to believe a sexual offense is being committed against a child must report it to the local police or the special juvenile police unit.
   Anyone in charge of an institution who fails to report the commission of a sexual offense involving a subordinate will be punished with jail time and a fine under Section 21 of the Act. Minors are not required to report anything, according to the law.
3. **There is no deadline for reporting abuse:** The trauma that child sexual abuse victims experience typically stops them from reporting the abuse immediately. The Union Ministry of Law and Justice acknowledged this and emphasized in 2018 that the POCSO Act has no age or time restrictions on reporting sexual offenses. As a result, a victim may file a report at any time, even years after the abuse was committed.
4. **Preserving the identity and confidentiality of the victim:** The Section 23 of POCSO Act forbids revealing the victim's identity in any medium unless specifically authorized by the special courts created by the law. Regardless of whether such disclosures are made in good faith, violating this section is punishable under the act.
5. **New requirements imposed by the POCSO rules:** These guidelines have three key lessons that any organization working with children in India should remember. First, any employee who might engage with a child must undergo frequent police verification and background checks at any institution housing children or having regular contact with them. Second, such a facility must periodically teach its staff about child protection and safety. The third and most crucial step is for it to implement a child protection policy that has zero tolerance for abuse of children. The state government where the organization operates must have a child protection policy similar to this one. A well-written child protection policy will clearly outline the organization's prevention strategies and the redress mechanism to handle child abuse events.

WHO Response

A World Health Assembly decision from May 2016 endorsed the initial WHO global plan of action on strengthening the role of the health system within a national multisector response to address interpersonal violence, particularly against women, girls, and children.

Under this plan, WHO is dedicated to:

- Monitoring the global scope and features of violence against children and supporting national initiatives to record and measure such violence. This commitment is made in conjunction with Member States and other partners.
- Upkeep of an electronic information system that compiles scientific data on the prevalence, danger signs, and effects of violence against children and the evidence supporting its availability.
- The creation and dissemination of norms, standards, and technical advice materials that are evidence-based and intended to prevent and address violence against children.
- Producing periodic worldwide status updates on national policies, action plans, laws, preventative initiatives, and response services aimed at addressing violence against children.
- Helping nations and partners put evidence-based preventive and intervention techniques into practice, such as those included in INSPIRE: Seven ways to end violence against children.
- Collaborating with international institutions and groups to end violence against children worldwide through programs including the violence prevention alliance, together for girls, and the global partnership to end violence against children.

Role of Forensic Nurse

When a family member believes a child has been sexually abused, the family enters a crisis period. Kids and their families frequently go to a medical facility for help. Nurses engage with abused kids and their families in hospitals, urgent care centers, clinics, and offices. Children sometimes need to be shielded from adults.

In many nations, the idea of a Sexual Assault Nurse Examiner (SANE) is well-established. Trained forensic nurses play a significant role in gathering information about the victim's history, gathering evidence quickly, documenting injuries, and conducting a sensitive and humane examination of the victim's condition. In our nation, this method is still not in use. The current method relies on doctors performing life-saving procedures to examine survivors in already busy emergency rooms of hospitals, which delays patient assessment. In our nation, the Sexual Assault Forensic Examination (SAFE) is doctor-based. It is frequently carried out in hospital emergency rooms, where the care of patients with life-threatening diseases is given high priority.

Important Aspects of SAFE

Detailed history taking is an essential aspect of SAFE, including the date and time of alleged incidence, any history of intoxication, physical assault or restraint, etc.

The recommendations actions are as follows:

- Establish a rapport with the child by respecting their boundaries.
- Ask and listen for complaints of pain in the genital or anal areas.
- Look for bruising or sores in these areas.
- Be on the lookout for frequent UTIs, symptoms of sexually transmitted diseases, and/or discharges from the vaginal or anal area.
- Be on the lookout for headaches, stomach aches, and poor sleep complaints.
- While describing the evaluation procedure, get their permission before touching them. Encourage inquiries.
- Assure the child that you are there to help and trust them when you say they are not to blame for the abuse.
- Send the child to a child abuse assessment specialist, such as a pediatrician with training in child abuse or a SANE.
- Inform the appropriate authorities about any suspicions of sexual abuse.

SAFE kits are readily available on GeM portal of the Indian government. For all Central Government and State Government Ministries, Departments, Public Sector Units (PSUs), and affiliates, the Government e-marketplace (GeM) is the Public Procurement Portal. Informed written consent in the prescribed manner should be taken from the survivor/legally accepted guardian before the medicolegal examination. Survivors have full rights to refuse medico-legal tests at any time, and no review of sexual offense survivors is to be conducted on refusal.

Medicolegal Records Maintenance

The register/digital records should be adequately maintained, including the following details:

- Proper numbering of MLC cases
- Preliminary details, i.e., name, age, and gender, police station, investigating officer

- Brought by whom
- Samples preserved/evidence collected
- Assisted by nursing officer name and examining doctors with legibly handwritten register
- The name and signature of the constable or police officer who collected the report and samples should be mentioned in the record.

The confidentiality of the register should be maintained, and data can be utilized for reporting to the concerned authority for administration purposes and research without revealing the survivor's identity.

All the sample preservation **(Table 16.3)** is mandatory if the case is reported within 72 hours without taking a bath. In survivors, spermatozoa can be detected within 72 hours from the vagina.

With the proper training, nurses can occasionally gather and preserve forensic evidence. Evidence gathering may be feasible if the child admits a recent sexual contact occurred. DNA analysis makes it possible to identify sexual offenders and offers proof of sexual behavior. Any cell with a nucleus, as well as cells from saliva, blood, semen, dandruff, and skin, can yield DNA.

Table 16.3: Sample preservation with examination findings.

Samples to be preserved	*History/Examination findings*
Scalp hair	
Pubic hair	
Cut strands of pubic hair	Contact during the intercourse (not changing clothes/no bathing)
Pubic hair combing	
Head hair combing	DNA of accused can be detected
Clothes	
Oral swab and others swab	Oral sex, bite mark on victim
Both hand swabs for fingers in between debris	Detection of accused DNA
Blood for DNA analysis	DNA matching
Blood for blood grouping	Blood stains found in the accused can be matched
Blood and urine for testing alcohol/drugs	Under influence/intoxication by drug/alcohol
High vaginal swab (survivor)	Spermatozoa and semen detection
Cervical swab (survivor) Nail clipping and nail scrapping	DNA of the accused can be recovered (during the incident's ensuing struggle with the defendant)
The most important role of a nurse is to ensure the health and safety of the child	

In situations involving child sexual assault, garment collection is essential. Underwear, mattresses and the child's clothing can all be used to obtain DNA. The child's garments from the sexual interaction should be recovered if they are still on. Put each article of clothes into its paper bag to prevent evidence transfer from one piece of clothing to another. The nurse must remain present while the dress is stored until law authorities take it. The young patient will leave the hospital wearing fresh clothes.

The possibility exists that the perpetrator put semen on the infant. The youngster may have sperm on his body as well as on his clothes. Semen can be located with another light source, such a lamp. The best method for locating semen is, however, history from the child. Asking age-appropriate inquiries will help you find the semen and saliva. Asking age-appropriate questions will help you find the semen and saliva. All evidence must be kept in the nurse's direct line of sight during and after collection. Law enforcement will help the nurse pack the garments and the necessary proof labeling when the evidence is gathered and air dried. Photographs must be taken if the youngster has physical damage due to the sexual experience or interactions.

The nurse must examine the child's neck and extremities carefully for fingertip bruises. A camera's ability to record an injury is crucial to the investigation. Minor injuries should be documented as soon as possible because they recover quickly. Medical records must contain information about injuries that call for medical attention. In cases of child abuse, wounds that don't need medical attention are commonly overlooked, but they should be recorded because they might be necessary to the inquiry.

Evidence won't be on the child's body if the assault(s) happened days before the revelation. However, the child's clothing might contain proof. It can be on the kid's clothes or garments left at home.

Whenever there is a suspicion of child abuse, contact law enforcement should be made. In several regions of the nation, a specialized law enforcement squad responds to reports of child sexual abuse. The nurse may also make a police call. In response, law enforcement will visit the hospital and launch the inquiry. Every state requires nurses to alert law enforcement to child abuse.

Suspecting as Sexual Abuse

A nurse should question a child about sexual activity in an age-appropriate manner if she suspects the child has been sexually assaulted. If the youngster is honest in making a disclosure, the proper referrals should be made, and if the circumstances allow it, forensic evidence should be gathered.

Suppose the child denies engaging in sexual activity, but the nurse still has suspicions of sexual abuse based on either physical evidence. In that case, the child's behavior, or both, social services should be notified. The best-case scenario would be to gather evidence. Social service organizations will examine the house, the family, and the situation. When accusations are unfounded or unproven, nurses shouldn't hesitate to request an investigation. Investigations have found that more than half of all instances filed to CPS are groundless. It is preferable to put the child's health and safety first. Forensic nurses will not only help in the humanitarian examination of the survivor' with a sensitive approach. Still, they will also take off load from stressed-out emergency doctors, leading to better patient care.

CONCLUSION

Since the COVID-19 outbreak, there has been an exponential increase in child abuse cases and the emergence of new, sneaky types of cybercrime. Furthermore, a recent survey shows that our nation's overall understanding of the POCSO Act is still grossly deficient is essential to promote knowledge of India's CSA laws. Organizations should use Children's Day to develop child safety procedures and policies that go beyond token gestures. Every citizen must take up the duty of fostering our children during their formative years so they can grow up to be valuable contributors to society. Since the COVID-19 epidemic, there have been an exponential increase in child abuse cases and the emergence of new, sneaky types of cybercrime. Furthermore, a recent survey shows that the POCSO Act's broad knowledge in our nation is still grossly deficient.

Efforts should be taken to foster awareness about India's CSA laws. Organizations should use Children's Day to develop child protection practices and policies beyond token gestures. Every citizen must be responsible for fostering our children during their formative years to mature into contributing members of society.

Amazing Fact

The law from 2019, says child pornography is when someone makes, has, or shares pictures or videos that show children doing sexual things. This even includes drawings or cartoons that look like real kids.

If someone is caught with child porn, they can be fined 5,000 rupees, and if they keep it to show others, they could go to jail for up to three years. This means there's no acceptance of child pornography anymore anywhere in the country.

Case Scenario

1. The "Kathua Rape Case" was the "POCSO" incident that gathered the most significant attention in India. The case included an 8-year-old girl from the Rasana hamlet in Jammu and Kashmir, India, who was murdered in January 2018 after being gang-raped. The child vanished for a week before the villagers found her dead a mile from the settlement. The dead girl's corpse contained clonazepam, according to the post-mortem. The girl had been given a sedative before being drugged and then raped and killed, the doctor's examination revealed. The primary suspect in the case was the priest of the family temple where the incident took place for several days, according to forensic findings. Hair retrieved from the girl and hair found in the temple matched. The forensic analysis reported that the girl had been repeatedly raped by various guys, including two police officers, strangled to death, and smashed the skull with a large stone. The Delhi Forensic Science Laboratory examined 14 packets of evidence, including hair strands, vaginal swabs, blood samples from the four accused, the deceased girl's viscera, the girl's dress and salwar, plain clay, and clay stained with blood. Vaginal swabs and a few other samples had DNA that matched the accused. Hair from both the perpetrator and the victim was discovered in the temple where the girl was raped. The three were sentenced for life imprisonment for 25 years and other three sentenced to 5 years.
2. A POCSO court in one of Kerala's districts sentenced a catholic priest to 18 years in prison after he was found guilty of sexually abusing four young seminarians. The alleged priest was a 35-year-old parish priest. There were four cases brought against him in 2017. The victims, who were seminary students, were all 16 years old at the time of the crime. The court also mandated that he pay 100,000 in damages for each case.
3. A 35-year-old father was given a five-year sentence by a Kerala court in 2022 for sexually assaulting a minor girl inside a school where his daughter was enrolled in kindergarten. The court also fined ₹ 25,000 on the school officials for suppressing it. The special court punished the accused under POCSO Act and also put a fine of ₹ 50,000 on him.

Multiple Choice Questions

1. **Which of the following statements is not accurate regarding child sexual abuse?**
   a. Child sexual abuse is prevalent in wealthy countries
   b. In 90% of cases, the accused is known to the victim
   c. Child sexual abuse occurs irrespective of gender
   d. Most of the victimized children can access professional help

2. **Failure to report child sexual abuse could result in:**
   a. Six months' imprisonment
   b. Six months' imprisonment and/or a fine
   c. One-year imprisonment
   d. One year imprisonment and fine

3. **Most victims in child sexual abuse materials online are:**
   a. Boys b. Girls
   c. Both d. Transgender

4. **Child molesters with a definite sexual liking for children are:**
   a. Situational
   b. Preferential
   c. Mentally retarded
   d. Mentally ill

5. **The evidence-based technical package against CSA under the leadership of WHO is called:**
   a. INSCRIBE
   b. INSCRIPT
   c. INSPIRE
   d. INSPECT

6. **The POCSO Act came into existence in the year:**
   a. 2011
   b. 2012
   c. 2013
   d. 2014

7. **The POCSO Act defines a child as someone below:**
   a. 15 years
   b. 16 years
   c. 17 years
   d. 18 years

8. **Which of the following statements is not true regarding aggravated sexual assault?**
   a. The abuse is committed by a doctor or teacher
   b. The abuse is committed by a policeman or family member
   c. The victim is between 12 to 14 years
   d. The victim is mentally ill

9. **A well-drafted child protection policy will clearly define:**
   a. Preventive measures
   b. Redressal mechanism
   c. Early signs of child abuse
   d. All the above

10. **Which of the following is the most crucial role of the forensic nurse in CSA?**
    a. Collecting evidence of CSA
    b. Reporting the incident to the police
    c. Ensuring the health and safety of the child
    d. Taking photographs of the injuries

Answer Key

1.	(d)	2.	(b)	3.	(b)	4.	(b)	5.	(c)
6.	(b)	7.	(d)	8.	(c)	9.	(d)	10.	(c)

Short Answer Questions

1. Characteristics of child sexual abuse.
2. Challenges in identification of CSA.
3. Prevention and control of CSA.
4. POCSO Act.
5. Role of forensic nurse in CSA.

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