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देरा की रखा,
बच्चों की तुम
करो सुरक्षा।
#EndChildSexualAbuse

PC: Rohit Jain

TOWARDS IMPROVING ACCESS TO JUSTICE AND RESTORATIVE CARE FOR CHILD VICTIMS OF SEXUAL ABUSE IN DELHI

A REPORT OF STATE LEVEL MULTI-STAKEHOLDER DIALOGUE

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List of Acronyms

CCI	Child Care Institution
CrPC	Code of Criminal Procedure
CWC	Child Welfare Committee
CWPO	Child Welfare Police Officer
DCP	Deputy Commissioner of Police
DCPC	District Child Protection Committee
DCPCR	Delhi Commission for Protection of Child Rights
DCPU	District Child Protection Unit
DCPO	District Child Protection Officer
DLSA	District Legal Services Authority
DSLSA	Delhi State Legal Services Authority
DWCD	Department of Women and Child Development
DWPC	District Witness Protection Committee
FIR	First Information Report
ICPS	Integrated Child Protection Scheme
IHBAS	Institute of Human Behaviour and Allied Sciences
IO	Investigating Officer
IPC	Indian Penal Code
JJ	Juvenile Justice
MSF	Medecins Sans Frontiers (Doctors Without Borders)
OSC	One Stop Centre
POCSO	Protection of Children from Sexual Offences
SPUWAC	Special Police Unit for Women and Children
W.P. (C)	Writ Petition (Civil)
WPC	Witness Protection Committee

ABOUT THE MULTI-STAKEHOLDER DIALOGUE

The 2007 National Study on Child Abuse undertaken by the Ministry of Women and Child Development had brought to light alarming figures and information on child sexual abuse in India. Social taboo and stigma attached to child sexual abuse and lack of faith in the system's ability to respond and deliver emerged as key factors that kept children away from reporting abuse. The immediate response had to be in the form of an enabling legislation to deal with the problem.

India could have chosen the path of incorporating a chapter on sexual offences against children in the Indian Penal Code and bringing some procedural changes in the Code of Criminal Procedure as well as the Indian Evidence Act. However, a conscious decision was taken to enact a new and a distinct law, which departs from the conventional approach to "access to justice" to address factors that impede children's access to justice. An analysis of such factors can be drawn from the experience of various stakeholders. At HAQ: Centre for Child Rights, we club these factors under the term, "restorative care". Some elements of restorative care can be found in the POCSO Act in the use of terms like support services, relief measures, rehabilitation, compensation, etc.

Traditionally, "restorative care" is a term used in the medical and health care system. It refers to follow-up care and rehabilitation of patients whose recovery takes a longer period. It uses a multi-disciplinary approach to bring such patients to their optimal functional level and restore them to their previous living arrangement. Thus, it typically involves an inter-disciplinary team consisting of nursing, occupational therapy, physiotherapy, recreation, social work, and other healthcare professionals who work through a consultative process, based on a comprehensive assessment and restoration plan. The focus is on quality of life including medical, physical, social, spiritual, and psychological needs. It is this restorative care philosophy that has driven HAQ's goals for improving children's access to justice and addressing the barriers.

Restorative care has to be about a continuum of services, beginning-to-end. Unfortunately, in the current scenario, this beginning-to-end approach is missing. While many agencies are working hard towards providing different kinds of services at different stages, poor coordination and convergence is defeating the goals of restorative care. On the contrary, there is multiplicity and duplication of efforts, causing more anxiety to the victims than helping them. In the rat race for protecting children, the "Best Interest of Child" is often misunderstood and lost. It is seen that the agencies are reluctant to come together and join hands in responding to the menace of child sexual abuse in a co-ordinated and effective manner. Even when the POCSO Act and Rules provide for support services for child victims of sexual abuse and establishes a clear link between the police, courts, juvenile justice

system, legal services and child protection services, the implementation on ground reflects a disconnect.

Confusion in the role of various agencies like the Police, Child Welfare Committees (CWC), Legal services Authorities, Judiciary etc. resulting from poor drafting of laws as also the over zealousness of various stakeholders, creates a gap in the process of addressing child sexual abuse effectively and often children fall through this gap.

Thus, there was an evident need to take a pause and create a platform where all the stakeholders like implementing agencies, Police, Child Welfare Committees, Department of Women and Child Development, State Legal Services Authority, State Commission for Protection of Child Rights, State Commission for Women, representatives from the medical fraternity, people representing rights of children with disabilities, and members of civil society could be brought together and collectively to take stock, discuss the current situation, the challenges and how the status quo can be improved to enhance the access to justice for child victims of sexual abuse with the restorative care approach.

It is with this thought that HAQ: Centre of Child Rights organised a half-a-day State Level Multi-Stakeholder Dialogue on 26th February 2019 at the India International Centre Annexe. This dialogue was supported by the Human Dignity Foundation. Unfortunately, it was not possible to bring on board doctors and people representing children with disabilities due to their non-availability and paucity of time, HAQ is committed to holding more such dialogues and use every possible opportunity to engage all possible actors.

WELCOME TO STATE LEVEL MULTI-STAKEHOLDER DIALOGUE *TOWARDS IMPROVING ACCESS TO JUSTICE & RESTORATIVE CARE FOR CHILD VICTIMS OF SEXUAL ABUSE IN DELHI*

Date: February 26, 2019
Venue: Lecture Room II, IIC

Organised By: HAQ: Centre for Child Rights
Supported By: Human Dignity Foundation



Barriers to Children's Access to Justice

- Children as well as their parents and caregivers lack awareness of children's rights, laws and legal procedures, services available, whom to approach and such other information that can enable them to seek justice and participate in the process effectively.
- Lack of child-sensitive legislation and procedures that take into account children's rights and needs and enable sensitive treatment and participation of children in proceedings involving or affecting them.
- Children's lack of capacity to act without their parents or legal representatives, which is particularly problematic in cases of incest where there is a clear conflict of interest or in case of children without parental support, street children or children in alternative care.
- An ill-equipped, insensitive and intimidating medical health care system, law enforcement system, justice delivery system and child protection system.
- Apprehensions regarding police and law enforcement system due to reasons ranging from abuse of power vested in the police, the attitude and behaviour of police, lack of competence to interact and engage with children in a sensitive manner (especially children from poor families), to corruption in general.
- Lack of specialised judges, prosecutors, lawyers and other personnel as well as sufficient resources to provide specialised training.
- Fear of harassment, further stigmatization, abandonment or reprisals at the hands of the justice delivery system leading to lack of trust and confidence in the system.
- Poor quality of legal aid combined with lack of awareness about legal aid services and lack of confidence in the legal aid system.
- Cost of litigation in terms of fee charged by lawyers, travel and other expenses incurred on attending a court hearing, loss of wages on the day of hearing, etc.
- Lack of immediate relief measures to support children and their families in situations of trauma and distress.
- Poor support services and witness protection measures.
- Poor community support structures, particularly in disintegrated urban and/or rural settings in developing nations.

Some Questions for Consideration

- Are the police informing the Child Welfare Committee about every case under the POCSO Act?
- Do the police have information about the support person assigned to a child?
- Are parents, teachers, caregivers and children themselves aware of the available support services?
- Is there a need for a uniform procedure to be followed by Child Welfare Committees for assigning a support person to a child victim? In the absence of any prescribed format, what kind of orders are being made for assigning a support person? Are the support persons required to report to the Child Welfare Committee about the developments in the case, how often and on what aspects?
- Are the police informing the Special Courts about the support person assigned to a child within 24 hours of such assignment as required under Rule 4 (9) of the POCSO Rules?
- How are the Special Courts using the information regarding support persons assigned by the Child Welfare Committees?
- How do NGOs providing support persons deal with a case once it is assigned to them by the Child Welfare Committee? What services do they provide to a child and how can these be integrated into the existing system(s)?
- Can and should the CWC assigned support persons have a role in assisting the Special Courts in assessment of victim compensation needs of a child and follow-up, informing the Special Court about CWCs order to restore a child witness to her/his home state so that the child's testimony can be expedited, and such matters that are of importance in meeting the goals and objectives of the POCSO Act?
- Should Child Welfare Committees seek inputs from the support person while making a decision to restore a child witness to her/his home state? Should restoration orders be shared by the Child Welfare Committees with the Investigating Officers and the support persons? What kind of assistance should the Child Welfare Committees expect from the IOs and the support persons in return?
- How is the role of the support persons assigned by the Vulnerable Witness Deposition Committees of the District Courts, the District Legal Services Authorities and the DCW different from that of the person assigned by the Child Welfare Committees? Is there

duplication of efforts? How does it impact the child who has to deal with several people providing similar services? Can there be one support person who can be with the child from the time of registration of FIR till the completion of the trial and beyond, if an appeal needs to be filed?

- How can efforts made by different agencies and authorities be streamlined to avoid duplication and improve restorative care and children's access to justice? Is there a need for a Joint Delhi Action Plan?
- What are the other areas of coordination between the police, the Child Welfare Committee, the support persons, the child care institutions where children are residing, the legal services authorities and the Special Court, to meet the goals and objectives of the POCSO Act?



STAKEHOLDER DIALOGUE – AN OVERVIEW

Existing research on “access to justice” has shown how the understanding of the term developed as the human rights approach gained ground. The conventional notion of access to justice was limited to securing legal representation and ensuring due process of law. This included provision of affordable and accessible legal support to those who cannot afford it and are hence deprived of their right to be heard and fair trial in matters affecting them. Over the years, this understanding of “access to justice” has expanded and come to include legal awareness, rightful conviction, swift justice, rehabilitation, social re-integration and restoration of victims. Monitoring and accountability of law enforcement and justice delivery mechanisms are also part of it.

HAQ’s experience of working with victims of child sexual abuse and exploitation has clearly revealed that justice cannot end with the order of the courts alone – not until the life of the child victim has become the same as it was before, if not better. Indeed, there are services that children need in their journey for access to justice that would enable them to navigate through it. These services may include mental health and trauma counselling, educational, health interventions, family support, compensation and/or skill training for older children, all of which are necessary to enable the child to be restored to a life beyond their abuse and/or exploitation. This is what can be referred to as **Restorative Care**.

Although “restorative care” per se is not a term that figures in the existing literature on access to justice, its elements are visible in use of words like support services, relief measures, compensation etc.

Given that the goals and process of “restorative care” as used in the medical field are no different from those sought to be achieved for children who are victims of violence and abuse, HAQ strongly recommends incorporation of the term “restorative care” in policy, law and action and as distinct element of “access to justice”.

Session I

The first session at the meeting was aimed at hearing diverse voices from the government functionaries about their roles and responsibilities in order to provide access to justice for child victims of sexual abuse in Delhi. The Session was thus titled, “**Providing Restorative Care as an Essential Part of Access to Justice: Roles, Responsibilities, Challenges and Way Forward**”. The panel comprised of representatives from the Delhi State Legal Services Authority (DSLISA), the Special Police Unit for Women and Children (SPUWAC), the Department of Women and Child Development (DWCD), Govt. of NCT of Delhi, and the Delhi Commission for Protection of Child Rights (DCPCR).



The first panellist, **Ms. Geetanjali Goel, Special Secretary, Delhi State Legal Services Authority (DSLSA)**, stressed that if access to justice is about restoring the child back to normalcy after the incident, it requires strong follow-up and rehabilitative processes aimed at bringing the child out of the trauma of sexual abuse along with providing support services to build the child's confidence to depose comfortably and enabling a comfortable environment for the child throughout the process. As far as the DSLSA is concerned, she said that over the years, various such systems have been evolved through which the child receives support services from the DSLSA as soon as the FIR is lodged at the Police Station. While the DSLSA has been trying various experiments and programmes, a lot more needs to be done, and this, according to Ms. Goel, must be seen as a concerted effort by all the stakeholders if at all "Child Sexual Abuse" is to be addressed through "Restorative Care".

She shared a range of programmes that the DSLSA has put in place to address the needs of child victims of sexual abuse, some of which formed new information and knowledge for the participants and was well received.

Ms. Suchi Sehgal, Deputy Director, Child Protection Unit, Department of Women and Child Development (DWCD), Govt. of NCT of Delhi reiterated the significance of support person and sensitivity of police personnel in order to address access to justice for victims of child sexual abuse with restorative care approach.

She said that the Department of Women and Child Development, Govt. of NCT of Delhi, is the nodal agency in matters related to children. Support persons are being provided by the CWCs, but there is a need for guidelines to ensure quality support services.

Ms. Laxmi Kanwat, ACP, Juvenile Justice Unit, Special Police Unit for Women and Children (SPUWAC) emphasised that since police is the first agency to come in contact with child victims in cases of sexual offences, it is very essential that the police officials are sensitive while dealing with these cases. She expressed the need for training of Investigating Officers (IOs) since they are the ones who directly look into a case, while the SPUWAC primarily monitors investigations done at the police station level in such cases. She informed that being the nodal agency, the SPUWAC looks at the shortcomings of investigating agencies from various districts and takes the compliance reports on those shortcomings.

Ms. Jyoti Duhan Rathee, Member, Delhi Commission for Protection of Child Rights (DCPCR), reiterated that while dealing with the cases of child sexual abuse, we need to adopt a holistic perspective and there should be no rush to close the cases until and unless the victim has been rehabilitated completely and there are no further needs identified. She also felt a compelling need to build effective alternative systems with strong compliance mechanisms and coordination right from the beginning of lodging the FIR till disbursement of compensation to the victim. Therefore, she insisted that the role of every stakeholder at each stage of the case of child sexual abuse is very important and needs to be dealt with utmost sensitivity.

Session II

After hearing the Government functionaries and being informed about the systems and services available at various stages and the challenges faced on a day-to-day basis while dealing with the cases of child sexual abuse, it was important to hear diverse voices from the practitioners like the Child Welfare Committees (CWCs), the District Child Protection Officers (DCPO) and representatives from civil society organisations. The second session was thus titled, **“Enhancing Access to Support Services for victims and survivors of Child Sexual Abuse”**.



While talking about the role of important stakeholders, **Ms. Seema Khandekar, Chairperson, CWC-VI, Avantika, Rohini**, highlighted few inherent aspects of rehabilitation of victims of sexual abuse and noted that there are some key stakeholders who often get missed out in the whole discourse of combatting child sexual abuse, such as representatives from the medical field and school education.

Mr. Sudesh Mahere, District Child Protection Officer from DCPU-V, Sewa Kutir Complex was of the view that currently various services like shelter, special educators, translators, counselling, formal and non-formal education, life skill training, medical care and legal aid are being made available, but we need to assess how these existing services can be improved in order to have wider outreach. He also stressed upon making the support services “accessible” for the needy children and accordingly voiced the need for a District Level Child Protection Plan, mapping existing services and planning ahead.

The one almost permanent fixture in any child protection plan will have to be the Childline services. Over the years these services have expanded and amongst a myriad other existing services, the childline continues to be relied upon by many. **Mr. Shankaranand Jha from the Childline India Foundation** shared that while childline services also fulfill the role of support person in such cases and the team of childline remains with the child from the beginning till the end, there are several dilemmas and challenges faced by childline services too. He drew attention to the need for recognising and trusting childline services. Admitting that it is not possible for childline to call and keep all informants updated on the developments in each case referred to them, if asked, he said, the childline team members do reply or collect information they may not have and get back to the caller.



Given that many victims of child sexual abuse are housed in child care institutions and that incidents could occur within institutional care, requiring immediate attention, **Ms. Leena Prasad, Asst. Director (Advocacy), Udayan Care** talked about the interplay of mandatory reporting vis-à-vis best interest of child, particularly when abuse takes place in an institutional setting, where the abused and the abuser could both be children. She raised concerns regarding the yardstick for measuring sexual abuse in an institutional setting and got the participants to think about whether sexual abuse in an institutional setting and in other settings would need different strategies and approach.

From planning to helpline services to institutional care dilemmas, the panel moved on to strengthening communities, which can make all the difference. **Mr. Ashok Kumar Jha, Executive Director, Dr. AV Baliga Memorial Trust** felt that increased reporting does not reflect that now more cases of sexual offences are taking place, but is an indicator of collective empowerment and that now, people are somehow being able to break free to speak out. Having said so, he insisted on the need to invest in community level mechanisms and strengthening the community based support systems for children and their families.

Unless every case is managed well and document to generate evidence, many efforts made and learnings get lost in the process, or remain confined to a few practitioners. **Ms. Bharti Ali, Co-founder & Director, HAQ: Centre for Child Rights**, emphasised on investing in case-work management and documentation. She began on the note that any intervention in cases of sexual abuse should require an immediate needs assessment of the child. At the same time, it is also important to inform the family and the child about their rights and responsibilities and the kind of services the support person will be able to provide. The processes and procedures they need to know should be explained in the beginning and also as the case proceeds within the formal system. Given that much government data pertaining to child sexual abuse comes in the form of number of cases reported, pendency, conviction and acquittals, it is only people who work on ground who can contribute to real time data on the impact of abuse and kind of restorative care needed.

Session III

The first two sessions opened up a discussion on several fronts. However, an exclusive session titled “**Open House – Key Suggestions and Way Forward**” was facilitated by **child rights lawyer, Advocate Anant Kumar Asthana**, to conclude the programme. Mr. Asthana focussed on the need to come to a common platform and discuss the challenges being faced by various support service providers as children bear the cost of lack of coordination and half-hearted or cross-purpose efforts.



Pointing to some critical challenges and the paradox of justice for children, he narrated how on the one hand the criminal justice system fails to recognise representation of the victim by her/his lawyer despite having a distinct provision in the POCSO Act in this regard, and on the other hand, those representing or wanting to represent children in courts, do not even understand child psychology and the best interest of the child. While opening up the house for discussion, he warned that the coverage of support services has increased over time, but the quality of such coverage and interventions has not been monitored.

OUTCOME OF DIALOGUE

Thoughts shared by the panellists as also the discussions that ensued have been captured in the form of what is available for children, the challenges and suggestions for way forward. In doing so, at some places, the essence of what was said has been presented and in some others, the language of the speaker is used to retain the context.

System's Response and Services Available to Children

1) Free legal assistance at the time of registration of FIR and thereafter

As part of the legal aid services being provided by the DSLSA and DLSAs, the child or the family needing any legal assistance even for lodging the FIR, can contact the designated lawyers, whose contact details are available at the Police Station. These lawyers (also known as link lawyers) visit the Police Station and help the family/victim in writing the complaints, lodging the FIR etc.

There is an additional protocol in place which mandates the Police Stations that as soon as any case of sexual offence, including cases of missing children is registered, the case details need to be forwarded to the DSLSA. This system, so far has worked very effectively. In the year 2018, the DSLSA received about 6000 FIRs and since January 2019, the authority has received about 1400 FIRs. There is a dedicated email for this purpose and as soon as the central office receives the details of the case, the details are forwarded to the respective District Legal Services Authority (DLSA) and the district offices are mandated to appoint a lawyer for the victim. Once the lawyer is appointed, the lawyer is supposed to contact the victim/family and inform them about their right of availing free legal services as mentioned in the POCSO Act.

“For many years now, DSLSA has been appointing a lawyer for every Police Station, so that whenever any accused is arrested, it is mandatory for the Investigation Officer (IO) to inform the designated lawyer about the arrest and the concerned lawyer will inform the accused about his legal rights, and if need be, the lawyer will also make a visit to the Police Station to meet the accused person. The same mechanism is now also available for the victims of sexual abuse...”

Ms. Geetanjali Goel

2) One-Stop Centres (OSCs)

The DSLSA had prepared a protocol to establish a two-tier system of One-Stop Centres (OSCs)¹ in Delhi – in Hospitals and Courts. As regards the court based OSCs, the DSLSA has

¹ Delhi State Legal services Authority, Comprehensive Standard Operating Protocol for “One Stop Centre” in Delhi. The SOPs resulted from an Order of a Division Bench of High Court of Delhi dated 07.01.2015 in the case

established such One Stop Centres at every DLSA office where the statement under S. 164 CrPC can be recorded. The idea is to create such system with adequate infrastructure where the child does not need to go to the court room and Magistrates come down to these Centres for the purpose of recording the S. 164 CrPC statement.

One Stop Centres were first set up by the Government in a few hospitals. However, the DSLSA had conducted inspection of these Centres and the report has been submitted to the Juvenile Justice Committee at the Hon'ble Delhi High Court. It was found that unfortunately, with the exception of three or four hospitals in Delhi, these One Stop Centres are in a very bad condition and are also unable to cater to the needs to the victims of sexual offences, particularly children. Due to various reasons, the DLSA lawyers have not yet been placed with these OSCs to apprise the victims about the availability of free legal aid services from the empanelled lawyers of the DLSA, but this is one area that was reported to have been recognised by the DLSAs to work upon.

3) Support Person

Rule 2, clause (g)

Protection of Children from Sexual Offences Rules, 2012

Support Person "is a person assigned by a Child Welfare Committee, in accordance with sub-rule (8) of rule 4, to render assistance to the child through the process of investigation and trial, or any other person assisting the child in the pre-trial or trial process in respect of an offence under the Act"

Rule 54, Sub-rule 14

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

"The Legal Services Authority may provide a support person or para legal volunteer for pre-trial counselling and to accompany the child for recording of the statement who shall also familiarize the child with the Court and Court environment in advance, and where the child is found to have been disturbed by the experience of coming to the Court, orders for video-conferencing may be passed by the Court, on an application moved by the support person or para-legal volunteer or by the Legal Services Authority, on behalf of the child".

The DSLSA does not provide support persons in cases under the POCSO Act. Some of the panel lawyers of the DSLSA were identified by the Delhi High Court's Committee looking at the implementation of the POCSO Act, and after training, they were enlisted as support persons attached to the Vulnerable Witness Deposition Rooms. So mostly it is these support persons available to children or the ones appointed by the CWCs. Clearly, to avoid

itled "Nandita Dhar vs. UOI [W.P.(C) 3686/2013]. Available at: <http://dlsa.org/wp-content/uploads/2015/12/Comprehensive-Standard-Operating-Procedure-SOP-for-One-Stop-Centre-in-Delhi.pdf>

multiplicity and duplication, the DSLSA has kept itself away from providing support person to a child in POCSO cases and limited its role to providing legal aid.

4) Victim Compensation

As per the recent judgment of the Hon'ble Supreme Court in Nipun Saxena Vs. Union of India [W.P. (C) No. 565/2012], while approving the Victim Compensation Scheme the court observed that only POCSO Courts are empowered to award victim compensation in POCSO cases. Till few months back, the DSLSA used to disburse victim compensation either suo moto or through intimation from the IO about any case of sexual abuse. But now, by virtue of the stated judgement, the DSLSA cannot take matters suo moto w.r.t. victim compensation. Therefore, it now assists the victims in filing the victim compensation application before the concerned court and also helps them in following up the application. Once the compensation is awarded by the Special Court under the POCSO Act, the DSLSA tries to ensure that the interim compensation amount is disbursed within 24 to 48 hours, while final compensation disbursal may take some time.

5) Witness Protection

Delhi has had a Witness Protection Scheme since 2010 and based on this scheme, the Hon'ble Supreme Court has now approved a Witness Protection Scheme for the entire country. Earlier with the Delhi Witness Protection Scheme, the DSLSA used to be the nodal agency, but under the new scheme, every DLSA office is mandated to have a Witness Protection Committee (WPC) headed by a District and Sessions Judge, with the Chief Public Prosecutor of the concerned district as its Member Secretary and the concerned DCP as a Member of that Committee. In Delhi, every district has its own Witness/Victim Protection Committee and if there is any such need in any of the cases, an application for witness/victim protection can be moved before the concerned District Witness Protection Committee (DWPC).

6) Child Friendly Corners in Police Stations

The SPUWAC has been instrumental in establishing child-friendly corners in all the police stations across Delhi. Training programmes have been organised for the Child Welfare Police Officers (CWPOs) from time to time.

Community based child protection mechanisms

While working with the communities, certain community based child protection mechanisms have been developed. Small child protection clubs called "*Bal Suraksha Dal*" have been formulated within the community in some parts of Delhi. The "*Champions of*

Change” initiative of Dr. AV Baliga Memorial Trust aims at promoting open discussion and bringing normative change in the community on the issue of child sexual abuse. The Trust’s team has been able to establish health information centres in the community where they talk about health and hygiene, and while doing so, they also focus on mapping the mental health issues and issues related to trauma. Many such initiatives can perhaps be found in different parts of the city, though little comes to be known.

7) School Awareness Campaigns on Child Sexual Abuse

The DSLSA is involved with a lot of school awareness programmes. The POCSO Act defines a range of sexual behaviours as offences and it is important to educate children, especially adolescents about the legal boundaries and what behaviour may constitute an offence under the POCSO Act. With this intent, in 2018, the DSLSA had prepared a module aimed at children in the age group of 14-18 years. The module was taken to various schools where children were educated about the legal definitions of offences and what behaviour may constitute an offence. Almost 1100 schools were covered in 2018. Apart from interacting and educating children, the DSLSA also organises various training programmes for Child Welfare Committees, Police Officials and other stakeholders.

The SPUWAC too has been conducting sessions with children on safe touch and unsafe touch as part of their self-defence training programmes in schools.

Building resilience

The DCPCR is planning to establish ‘Smile Clubs’ in all the district across Delhi where children and parents, who have gone through the ordeal of sexual abuse, will be made members and one NGO of that particular locality will be made the focal point of ‘Smile Clubs’ in order to help them build resilience and enable them cope up with the trauma they have undergone.

Challenges

1) Multiplicity and Duplication of Support Services

When a child comes in contact with law, (s)he has to first narrate the whole incident to the counsellor at the Police Station, including different ranks of police officials. If there is a childline service involved, then to the childline team members also. Subsequently, when the child is taken for a medical examination, the child needs to narrate the incident to the doctor. The same narration takes place when the child is taken for recording of the statement under S. 164 CrPC before the Magistrate, and again when the child is produced before the CWC. The support person designated by the CWC, the one appointed by the Court and the lawyer from the Delhi Commission for Women, all need to know what

happened. Indeed when the case comes up for trial, the child has to repeat it all before the court during the testimony. Thus, there are multiple people interacting with the child at different stages and seldom do we realise that by making the child narrate the same incident again and again at every stage, we are also multiplying the trauma of the child and perhaps much to the detriment of the case. There is no one agency which looks at the case from the beginning till the end. And certainly, none to keep a track on the appeal and its impact on the child and her/his family.

In this backdrop, “Restorative Care” becomes more significant. With Delhi being the centre stage, there are several systems in place that look at different needs of children at different points of time, but there has been no discussion or reflection on how these systems impact the children in the whole process. The question then is, and has to be, that even with the best of intentions are we actually ending up failing children?

If we look at the poor conviction rate in POCSO cases, which is about 18 per cent in Delhi, despite having a “robust” support system, it certainly calls for a relook and introspection as to where are we going wrong.

There are higher chances of certain deviations or inconsistencies in the statement when a child is subjected to give statements multiple times, and these inconsistencies are played out by the defence counsels in court to raise the suspicion regarding credibility of the witness. This may end up being one of the major factors leading to poor conviction rate when it comes to child sexual abuse cases.



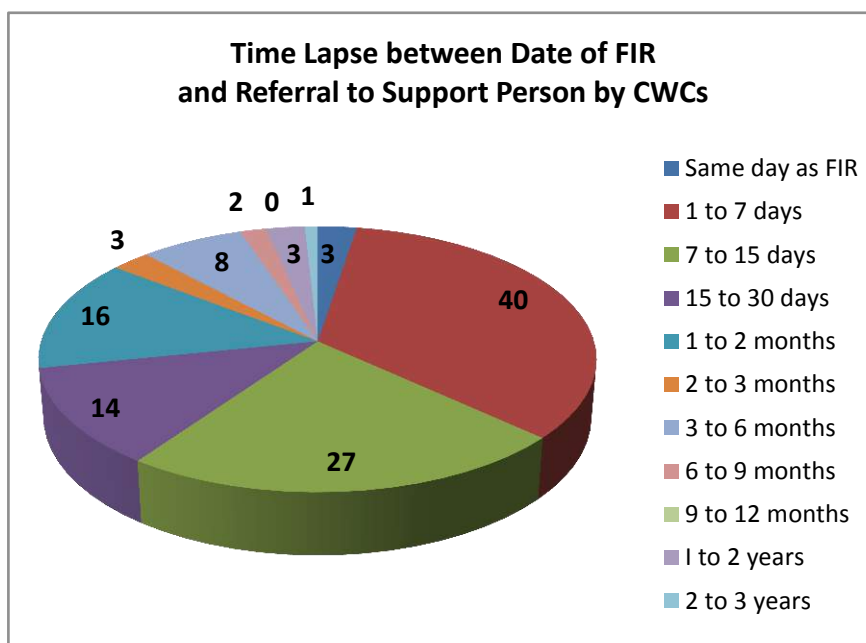
“We need to look at the poor conviction rate in POCSO cases in the light of whether we are doing enough with respect to restorative care or access to justice, or providing better alternatives”.

Ms. Geetanjli Goel

2) The Support Person Challenge

The provision of support person as mentioned in the POCSO Act has failed to meet the objective of law in full spirit. Although the role of a support person is very significant in providing essential support services to victims of child sexual abuse, even after six years of implementation of the POCSO Act, there is no list of support persons available with the Child Welfare Committees. The CWCs are providing support persons where possible, but they are using their own wisdom and judgement and receiving these services through good will.

Moreover, all children are not able to avail the services of support person meant to be provided through the CWCs. A serious concern was raised regarding support person services for children who are not required to be produced before the CWC. Rule 4(3) of the POCSO Rules makes it very clear that only if the reported incident is alleged to have been committed by a person living in the same or shared household with the child, or the child is living in a child care institution and is without parental support, or the child is found to be without any home and parental support”, that the child will be produced before the CWC. In all other scenarios, the police is supposed to send a report to the CWC as per Section 19(6) of the POCSO Act. The CWC can further review that report and if the Committee feels the need to interact with the child, may call the child and also appoint the support person. However, this seldom happens. Either the police do not send every report to the CWC or the CWC is overburdened to look into every case, or, as pointed out earlier, the support person services are yet to get institutionalised.



Recent analysis of the 161 cases where HAQ has been providing both psychosocial and legal support since 2015 shows that 118 cases were referred by the CWCs. Of these, barring one case that was referred before registration of FIR and another 3 cases where registration of FIR and referral to HAQ happened the same

day, in 40 cases the time taken to refer ranged from 1 day to 6 days, in another 27 cases from 7 to 14 days and in 14 cases from 15 days up to one month. The figure presents the rest, but it may be mentioned that one case was referred after 975 days or over two and half years, by which time the child’s testimony had already been recorded. This in itself should speak volumes on the need to check delays in providing support services to children.

There is an emerging need to formulate some guidelines and specifications for appointment of support persons so that all children are able to receive support services from trained and qualified support persons. For example, what criteria to follow, what should be the educational qualifications fixed for appointment of support persons, will they be paid and how much, etc.

Further, every CWC has evolved its own format for making an order appointing a support person in a case. There is no uniformity. There is also no clarity and uniformity regarding reporting back to the CWC by the support persons and the procedure for closure of support services.

The role of support person too has remained ambiguous. The designated support person builds a rapport with the child and remains with the child for a long time, in most cases from a very early stage of the case. In the meantime the child may be restored to her/his home state, without the court having any knowledge of the same, or there may be other considerations of witness protection that the child has shared with the support person and need to be brought to the knowledge of the CWC as well as the court. The courts are more often than not unaware of the support persons designated by the CWCs and there is no information flow between the CWCs, the support person and the court concerned, unless the organisation providing the support person services has also provided a lawyer to represent the child, who can then inform the court about the developments in the child's case and decisions of CWC that may be of significance. Should the support person receive attention from all concerned authorities and how, needs to be considered.

To understand the challenges and grievances of support persons appointed in cases of child sexual abuse, the DCPCR has called for a meeting of all the known support persons on the 14th of March 2019.

Protection of Children from Sexual Offences Act, 2012

Section 39

“Subject to such rules as may be made in this behalf, the State Government shall prepare guidelines for use of non-governmental organisations, professionals and experts or persons having knowledge of psychology, social work, physical health, mental health and child development to be associated with the pre-trial and trial stage to assist the child”.

3) Miscommunication and Misguidance received by children

The need for being sensitive in every which way while interacting with child victims of sexual abuse cannot be ignored. But what goes with it is the need for developing, teaching and learning communication techniques and tools.

The language used is important and use of stereotyped terminologies must be avoided. Among the examples cited was that of a child with a mental health issue who was referred to IHBAS, which the police referred to as “*pagal khana*”. Indeed the police should not be using such terms while referring to therapeutic facilities, and more importantly they need to desist from doing so in front of children and their equally traumatised family members.

Another example shared was that in a few instances children are found to have turned hostile in their statement under S. 164 CrPC before the Magistrate as the IO misguided them to give a wrong statement by creating a fear in their minds that they can be put behind bars if they tell the truth. Sometimes, it could be the other way round, when the fear of false reporting is instilled in their minds. In fact, even while giving correct information about provisions of the law it is important to understand the child's frame of mind and these are equally important lessons on communicating with traumatised children that seldom form part of any training curriculum.

As soon as a case is reported at the police station, there are multiple factors at play trying to turn the child hostile. Police, hospitals and families are a few amongst those support structures that can often be found dissuading children from reporting or taking the case forward, from medical examination, or from seeking critical services that could be of help.

Misguidance at the time of medical examination from the police as well as the doctors is becoming a serious cause for concern. In many cases, irrespective of the child's age, though more so in cases of kidnapping of adolescent girls, the victims are found to be refusing a gynaecological examination. The reason for such refusal is the police officials or the doctors misguiding, misinforming and causing fear in the minds of children and the accompanying parent(s) about an internal medical examination and reinforcing social stigma. When a child goes for a medical examination, the child is made to wait for long hours. The behaviour of hospital staff only contributes to multiplying the trauma and forces them to revisit the stigma and shame attached to child sexual abuse.

4) Institutionalisation as the First Measure instead of being the Last Resort

Production of children before the CWC could also mean institutionalisation when not needed, calling for a great degree of caution. The need of parental support cannot be replaced with institutionalising children. The primary focus while dealing with a case of child sexual abuse should be to bring down the trauma of the child and the family. The approach towards institutionalisation of children thus needs a serious deliberation and thinking. Even where institutionalisation is necessary, the existing systems should ensure swift processes to reduce the trauma of separation of children from their families or to help them normalise in their immediate setting.



“Institutionalisation of children must be seen as the last resort as it is not essential to send children into shelter homes or institutions in each and every case. By sending every child to an institution, we may end up doing more harm to a child.”

Ms. Seema Khandekar

5) Recognition for Childline Services

Even with an expanding outreach, the woes of childline organisations found resonance in the representation made by the panelist from the Childline India Foundation. Among the difficulties brought to light were that the childline team does not get support from existing support mechanisms and the judicial system also does not recognise their significance where they have intervened. The team faces a similar hostile attitude from the investigating agencies as well, which makes childline's position much more vulnerable. There have been instances where the child has turned hostile and the Childline team has been implicated as accused under S. 22 of the POCSO Act. Such hostility can be demotivating and should become part of all serious thinking around improving support services for children.

6) Impediments arising from the law

Mandatory minimum sentences, mandatory reporting, raising the age of consent, problems w.r.t age determination and such other loopholes in the law, only make things worse for children.

It was pointed out that there are a number of judgements where acquittals have taken place, neither on the merits of the case nor on the ground that the offence has not been committed, but solely because the prosecution failed to prove the age of the child victim (prosecutrix). Increasingly, even the courts are deciding the age of the child (prosecutrix) in such a way that it plays against the prosecution. This may be attributed to the current legal framework, where both Indian Penal Code (after Criminal Law Amendment Act, 2018) and the POCSO Act prescribe enhanced minimum punishment in cases of sexual abuse taking away the liberty from the judiciary to adopt an appropriate approach. In such situations therefore, the courts end up preferring acquittals. These situations are most commonly found in either cases involving a romantic relationship or where the prosecutrix is in the 16-18 years' age group and the age is determined medically in the absence of any documentary age proof as prescribed under the JJ Act, 2015. In the case of medical age-determination, the judiciary is always inclined towards awarding acquittals. Such confusion over the age of victim has serious consequences, which is not just limited to child sexual abuse cases, but also to cases of child trafficking and child labour. Thus, there is a clear need to review and analyse the various judgments given by different courts on the point of age determination of the child victim.

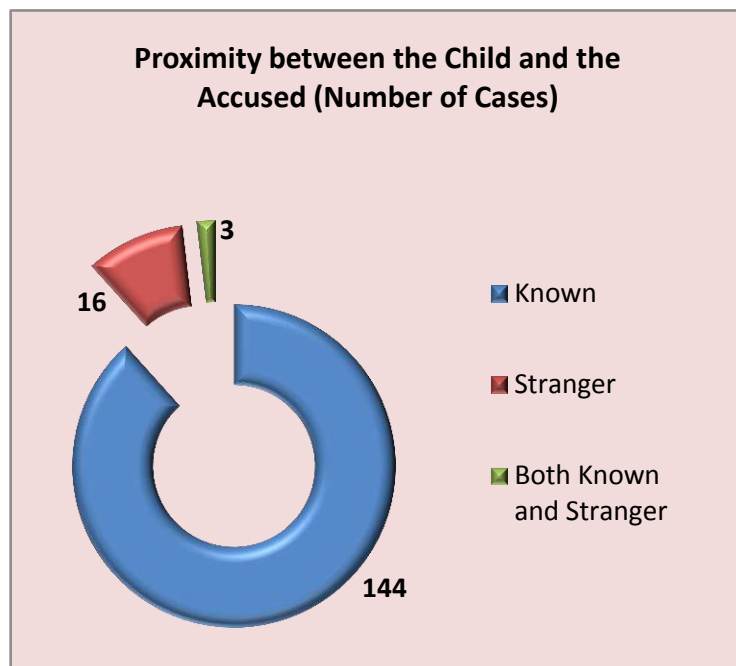
It was a common feeling that we are doing no good by prosecuting young boys for having a romantic relationship, and this becomes even more dangerous in the light of enhanced minimum punishments prescribed under the IPC and the POCSO Act.

A careful analysis of the POCSO cases reveals that a significant number of cases are of romantic relationships, where the accused is either in the age group of 16 to 18 years or hardly above 18 years, and the victim does not want to prosecute the boy as it was a consensual act.

The POCSO Act criminalises any sexual offence even if it is consensual. The IPC stands amended accordingly and as a result the child marriage law too has been interpreted to imply that sexual activity between under age persons, even if through marriage, would amount to an offence under the POCSO Act. There is an urgent need to reconsider the age of consent.

Age Group (in years)	Percentage of Accused in Different Age Groups
Below 18	9%
18 to 25	30%
26 to 35	32%
36 to 45	17%
46 to 55	7%
56 to 65	4%
66 to 75	1%
76 to 85	1%
Total	100%

Source: HAQ: Centre for Child Rights, 2019. An analysis of 161 cases between 2015 and 2018, presented by HAQ at the stakeholder dialogue.



Reporting abuse is a cultural value and in the absence of this, mandatory reporting provisions may seem necessary, but could also pose serious challenges when weighed against the principle of best interest of children that it is meant to serve. While all institutions and agencies engaging with children face the challenge of mandatory reporting when considering the child’s interest, those managing institutions are cast with a special duty to report. All institutions are facing peculiar difficulties in dealing with the requirement of mandatory reporting, given that there are no protocols and processes in place to make reporting an empowering experience for children instead of adding to their trauma and becoming harassment for those who manage institutions.

A case was shared where the sexual offence took place inside a child care institution and both the victim and the offender were children. This led to the question of balancing of rights and principles governing child protection.

Indeed the thin line between sexual exploration and sexual abuse is an issue to grapple with, and in this light, as suggested, sexual behaviours in institutional settings should perhaps be best addressed in keeping with the principle of best interest of both children, without making one child a victim under the POCSO Act and another a child in conflict with the law. Much of the differential behaviour of law while responding to such cases and children finds its source in the provisions like mandatory reporting.

7) Handling cases of Incest

In most cases of incest and abuse within the family or by a close relative, children receive little or no support from their immediate family members. People are unwilling to come out and report such cases due to social stigma, economic and social dependence on the abuser and a hostile system.

Number of Cases				
Age-Group of Children (in years)	Incest	Close Relative	Relative / Family Friend	Total
0 to 3	1	2	0	3
3 to 6	0	2	0	2
6 to 10	4	3	0	7
10 to 12	6	2	0	8
12 to 15	7	4	3	14
15 to 18	5	1	3	9
Total	23	14	6	43

Source: HAQ: Centre for Child Rights, 2019. An analysis of 161 cases between 2015 and 2018, presented by HAQ at the stakeholder dialogue.

HAQ's analysis of 161 cases highlights that among the 144 cases where the accused was known to the victims, in 30% they are related to the child by blood/adoption or are close relatives, or other relatives and family friends. In 57% of the incest cases, the perpetrator is the child's own biological father, while in another 30% it is the step-father.

All participants agreed that in several of the incest cases, due to various reasons, within 24 hours the child changes her/his statement from what is recorded under S.161 CrPC to what gets recorded under S. 164 CrPC, and turns hostile. Often, in incest cases, the victim and family are also misled by police and close relatives and associates to change their statements. As per S. 24 of the POCSO Act, the statement of child needs to be recorded at her/his residence or wherever the child is comfortable. But the experience has shown that in incest cases, a child is never comfortable in giving her/his statement at the residence, resulting not only in inconsistencies but also the child turning hostile.

There is a need to evolve some practical solutions to these concerns.

8) Training and Sensitisation

There is a lot of confusion among various stakeholders regarding the knowledge of law and half-baked knowledge often results in further confusion. Besides, sensitivity needs to be raised at all levels.

Often, the health professionals and the hospitals are not even aware about the Child Welfare Committee or the support person. The police get confused with new laws coming into existence. CWCs too feign ignorance on important aspects of law, for instance age determination and making an order on child's age as determined by the Committee. The gamut of child protection laws and their poor implementation, both create confusion among civil society actors.

9) Ensuring Accountability

The DCPCR is reported to have initiated scrutiny of 392 closed cases of sexual abuse lying with the Commission to ascertain whether in those cases the concerned CWCs were informed or not. It was found that not every case of child sexual abuse was reported to the CWC by the IOs, which also means that where the children are not produced before the CWC, the concerns of children go unaddressed and unsupervised.

The DCPCR has initiated a separate process where letters have been issued to all the CWCs asking in how many cases support persons have been appointed so far, including closed cases. Unfortunately, as reported, the response from CWCs has not been very encouraging.



“Whenever a case of child sexual abuse is registered with any police station, the Investigating Officer (IO) is bound by the law to inform the Child Welfare Committee within 24 hours.”

Ms. Jyoti Duhan Rathee

There is a need to also hold the schools accountable. The moment any case of the child sexual abuse comes to light, the first response from the school is to give the transfer certificate to the child citing that other children will have a bad impact due to the case. There have been many cases where a child has had to drop-out of her/his school due to the incident. Stigmatisation of the child often begins at school.

Suggestions for Way Forward

All challenges stated above need to be converted into actionable areas. At the same time, some of the specific suggestions put forward were:

1) Develop a holistic response

Although under normal circumstances, restorative care would mean medical care, restorative care in POCSO cases should mean preparing the child to be re-integrated in the society. While addressing the issue of multiple agencies and multiple support persons, a more holistic system and response mechanism should be evolved.

- Just one support person should interact with the child and remain with the child throughout the case, and also act as a bridge between the child and the various agencies so that the child does not have to repeat the same story again and again to different people.
- A Centre for Comprehensive Care, on the lines of One Stop Centres should be established, which looks at complete care, continuum of care and overall development of the child.
- Every child needs an individualised approach to holistic development. Whenever any staff from DCPU interacts with a child victim of sexual abuse, it is important to first assess her/his immediate needs which could be either medical need, counselling need, educational need, legal need or any other need. While assessing the needs of a child, they must adopt a holistic approach and regular follow-ups should be done to evaluate the progress of the child at every stage.
- In cases of child sexual abuse, strong alternatives need to be made available for the families as this can have a very positive effect, especially in cases of incest.
- Strengthen community based efforts on prevention of sexual offences and to bring about the required behavioural and notional change regarding sexual abuse.
- In order to make the support services visible in the community, small informative advertisements on TV and radio can be aired, hoardings containing the information about response mechanisms and support services can be put on display.

HAQ for example, makes a “needs assessment” on the following parameters:

- a) Medical needs
- b) Shelter and Protection needs
- c) Emotional needs
- d) Educational needs
- e) Financial Needs
- f) Victim Compensation needs
- g) Witness Protection needs

In addition to assessment to these needs, mental well-being needs are also assessed where support person enquires about the child’s daily routine and certain behaviours, and based on the inputs from support person, if there is any need, the child is referred to a trained clinical counsellor.

In the whole initiative of access to justice, HAQ has been able to join hands with several organisations for specific services like counselling and legal aid. HAQ has partnered with Doctors Without Borders (MSF), Children First, iProbono, Neptune Hospital, Dept. of Psychiatry - AIIMS, to name a few.

2) District level Child Protection Plan

It is high time that there should be district level child protection plans in place indicating the child protection services available in a particular district and planned activities to be undertaken.

To start with, a mapping of support services should be done at two levels:

- 1) Government based support services like Police, Hospitals, DCPUs, DCPCR, Childline, School Education System.
- 2) Community based support systems, which start from working with families in the community.

3) A cadre of child rights lawyers

Legal aid plays an important role when it comes to support services. Availability of legal aid must be made known to the community and schools so that whenever any such case occurs, the family or the child can access legal aid without hesitation. However, only quality legal aid can retain and sustain faith in the system.

So far, there has not been any concerted effort to prepare a cadre of child rights lawyers in the country, and this needs to be taken up seriously as child protection laws become cumbersome for both children and practitioners. Quality legal aid lawyers must be part of this.

4) Training and Sensitisation

- There is a clear need for training of IOs as to what are the essential steps to take while dealing with cases of children in need of care and protection and how.
- Health care responses need to improve substantially. It should be ensured that medico-legal service is given with the consent of the child and her/ his family and in the presence of the family or a person trusted by the child. It is also important to train the healthcare professionals on how to conduct the medical examination of the victim without misguiding her/him and also without violating her/his dignity. A detailed training module on these pointers needs to be prepared.
- The school principals, teachers and even non-teaching staff must be trained and sensitised and informed about their legal obligations, as also how to meet these obligations in a manner that is in the 'best interest of the child'. Specific modules can also be developed and used for periodic training of teachers and counsellors so that they are able to respond to any case of sexual abuse with sensitivity.
- As regards children, school based programmes should have dedicated age-appropriate modules so that children of all age groups are informed about issues like consent, sexuality and sexual offences. Children too require programmes at regular intervals.
- The lawyers representing children must be adequately trained to understand child psychology and to be able to represent the child's interests in the court.
- Although trainings on law and its implementation have become a regular routine of various departments, some uniformity that enhances the quality of intervention needs to be brought in the modules used for such trainings. Similar efforts should be made w.r.t. modules for other stakeholders and duty bearers.

5) Guidance for Child Care Institutions

Child Care Institutions are often caught between the safeguarding of children and mandatory reporting. The legal obligations bring with them a whole lot of apprehensions, and lack of information, protocols and guidelines only worsens the situation. Clearly, there is a need to empower the caregivers inside the CCIs to deal with the cases of sexual abuse inside the institutions.

At policy level, child protection policies must be made mandatory for all the stakeholders who directly come in contact with children including child care institutions.

6) Guidelines for Hospitals and Health Professionals

Hospitals need to be made child friendly and child sensitive in order to encourage the treatment of victims of sexual abuse. Due to lack of sensitisation, the health professionals function in a monotonous way. There is an alarming need to formulate guidelines on both these aspects so that a victim of child sexual abuse is treated and cared for in a dignified manner.

7) Victim Compensation

Victim Compensation needs to go beyond monetary benefits. The term compensation should be made holistic with a mix of monetary support and services which could enhance the capacities of children. A victim must not only be seen as a victim, but also as an example who has fought against the social stigma and various challenges while coming out in the open about the horrific ordeal of sexual abuse. The best way to compensate their trauma is to empower them with tools that can help them move on.

8) Support Mechanism for Support Persons

Support person, being one of the most important individual in the fight against child sexual abuse, needs to be treated and compensated adequately, and comprehensive planning and processes should be chalked out to enable them function efficiently.

9) Areas for Coordination and Cooperation

Regular meetings of CWCs, DCPCs, Police and other stakeholders will help in better coordination and improved outreach.

Inspector Naveen from the SPUWAC highlighted the issue of lack of coordination between CWCs and Police as regards the quarterly Impact Assessment Reports they get from the Child Welfare Committees by way of feedback on police investigation and support. Sometimes, the CWCs have raised concerns w.r.t. investigation and also passed orders regarding non-compliance on part of the IO without mentioning the compliance required. Such orders could be more specific in order to improve the coordination between CWCs and Police.

This is just one example. Areas of coordination and convergence should be clearly identified by all duty bearers and stakeholders and be made part of district level action plans.

WE THANK ALL OUR PARTICIPANTS, PANELISTS AND SUPPORTERS FOR MAKING THIS DIALOGUE MEANINGFUL AND LOOK FORWARD TO CONTINUED SUPPORT AND COOPERATION IN FUTURE.



ANNEXURE I

Towards Improving Access to Justice and Restorative Care for Child Victims of Sexual Abuse in Delhi - A State Level Multi-Stakeholder Dialogue

Date: 26 February 2019

Venue: Lecture Room II, India International Centre - Annexe

Time	Topic	Moderators & Panelists
9:30 am to 9:45 am	Welcome and Introduction to the Programme	Kumar Shailabh, Co-Director, HAQ: Centre for Child Rights
9:45 am to 10:45 am	Providing Restorative Care as an essential part of Access to Justice: Roles, Responsibilities, Challenges and Way Forward	<p>Moderator: Bharti Ali, Co-Founder & Director, HAQ: Centre for Child Rights</p> <p>Panelists: Ms. Geetanjali Goel, Special Secretary, DSLSA</p> <p>Ms. Suchi Sehgal, Deputy Director, Child Protection Unit, Department for Women and Child Development, Govt. of NCT Delhi</p> <p>Ms. Laxmi Kanwat, ACP- Juvenile Justice Unit, SPUWAC</p> <p>Ms. Jyoti Duhan Rathee, Member, DCPCR</p>
TEA		
11:00 am to 11:45 am	Enhancing Access to Support Services for victims and survivors of CSA	<p>Moderator: Kumar Shailabh, Co-Director, HAQ: Centre for Child Rights</p> <p>Panelists: Ms. Seema Khandekar, Chairperson, CWC-VI, Avantika, Rohini</p> <p>Mr. Sudesh Mahere, DCPO, DCPU-V, Sewa Kutir Complex, Kingsway Camp</p> <p>NGO Representatives</p> <ul style="list-style-type: none"> • Ms. Bharti Ali, HAQ: Centre for Child Rights • Mr. Shankaranand Jha, Childline India Foundation • Ms. Leena Prasad, Udayan Care • Mr. Ashok Kumar Jha, Dr. AV Baliga Memorial Trust
11:45 am to 12:50 pm	Open House – Key Suggestions and Way Forward	Advocate Anant Asthana
12:50 pm to 1:00 pm	Conclusion & Vote of Thanks	Preeti Singh, Co-Director, HAQ: Centre for Child Rights
LUNCH		

ANNEXURE II

LIST OF PARTICIPANTS

S.No	Name	Designation	Organisation
1.	Mr. Abhinav	PO-IC	DCPU-I, Sewa Kutir
2.	Mr. Abhishek Pathak		NRRC, Childline India Foundation
3.	Ms. Alby Stephen	Head - Resilience Centre & Childline	Butterflies
4.	Advocate Mr. Anant Asthana	Child Rights Lawyer	
5.	Mr. Anil Sharma	PRO	Katyayani Balika Ashram
6.	Ms. Anita Singh	DCPO	DCPU-IX, Nirmal Chhaya
7.	Ms. Anu Sajan	PO-IC	DCPU-IX, Nirmal Chhaya
8.	Ms. Aparna Singh	Member	CWC-IX, Gole Market
9.	Ms. Archana Rawat	Programme Manager (SCPS)	Department of Women and Child Development, Govt. of NCT Delhi
10.	Mr. Arunendra Narayan	DCPO	DCPU-II, Sanskar Ashram
11.	Mr. Ashok Kumar Jha	Executive Director	Dr. A.V. Baliga Memorial Trust
12.	Mr. Atul Kumar	Project Coordinator	Nav Srishti
13.	Mr. Babu Ram Raman	Officiating Chairperson	CWC-IV, Mayur Vihar
14.	Mr. Bhupendra Shandilya	Advocacy Coordinator	Chetna
15.	Md. Bilal	DCPO	DCPU-4
16.	Ms. Deepti Dutt	Member	CWC-V, Sanskar Ashram
17.	Mr. Devendra Nath Aggarwal	Chairperson	CWC-IX, Gole Market
18.	Mr. Dharam Dev Jha	PO-IC	DCPU-II, Sanskar Ashram
19.	Ms. Gargi Nim	PO-NIC	DCPU-VII, Kalyanpuri
20.	Ms. Geetanjli Goel	Special Secretary	Delhi State Legal Services Authority (DSLISA)
21.	Mr. Jasraj Singh	PO-IC	DCPU-III, Kutir No. 5, Lajpat Nagar
22.	Ms. Juhi Jain	Sr. Programme Manager	Centre for Advocacy and Research
23.	Ms. Jyoti Duhan Rathee	Member	Delhi Commission for Protection of Child Rights (DCPCR)
24.	Dr. KC Virmani	Chairperson	CWC-III, Sewa Kutir
25.	Ms. Kiran	Child Protection Project Coordinator	Dr. A.V Baliga Memorial Trust
26.	Ms. Laxmi Kanwat	ACP, Juvenile Justice Unit	SPUWAC
27.	Ms. Leena Prasad	Asst. Director (Advocacy)	Udayan Care
28.	Ms. Meenu Mehta	Chairperson	CWC-I, Nirmal Chhaya
29.	Ms. Meetu		Bal Bigul - Haryana Alliance for People's Rights
30.	Ms. Minu Tiwari	In-charge	Katyayani Balika Ashram
31.	Ms. Mohini	PO-IC	DCPU-VIII, Kutir No. 2, Lajpat Nagar

32.	Ms. Mridula	Youth Organizer	Action India
33.	Mr. Nadeem Khan		General Shah Nawaz Memorial Foundation
34.	Mr. Naveen Ahlawat	Inspector	SPUWAC
35.	Mr. Navin Kumar	PO-NIC	DCPU-VI, Alipur
36.	Ms. Nikita Kataria	Social Worker	Counsel to Secure Justice
37.	Ms. Nimisha Srivastava	Programme Director	Counsel to Secure Justice
38.	Ms. Nishat Anjum	PO-IC	DCPU-IV, Nirmal Chhaya
39.	Ms. Pallavi	Field Worker	Aman Biradari
40.	Ms. Prashastika Sharma	Project Coordinator	PLD
41.	Mr. Praveen Kumar Jha	Member	CWC-X, Alipur
42.	Mr. R Ramashray Yadav	Member	CWC-VI, Avantika
43.	Ms. Ritu	DCPO	DCPU-VI, Alipur
44.	Mr. RK Mahawar	Member	CWC-III, Sewa Kutir
45.	Md. Salaam Khan	Officiating Chairperson	CWC-II, Lajpat Nagar
46.	Ms. Sangita Goyal	Member	CWC-VII, Nirmal Chhaya
47.	Ms. Sarita Kumar	DCPO	DCPU-VIII, Kutir No. 2, Lajpat Nagar
48.	Mr. Satyavir Singh Mawai	Chairperson	CWC-X, Alipur
49.	Ms. Seema Khandekar	Chairperson	CWC-VI, Avantika
50.	Ms. Shailya Thapa	Member	CWC-IV, Mayur Vihar
51.	Ms. Shalu Kaushik	PO-IC	DCPU-XI, Gole Market
52.	Mr. Shankaranand Jha		Childline India Foundation
53.	Ms. Sharifa	Advocacy Coordinator	Bal Bigul - Haryana Alliance for People's Rights
54.	Dr. Shish Ram Sharma	Chairperson	CWC-V, Sanskar Ashram
55.	Ms. Shreya Ghosh	Senior Manager Policy	CRY-Child Rights and You
56.	Mr. Shyam Singh	DCPO	DCPU-III, Kutir No. 5, Lajpat Nagar
57.	Ms. Simmi Garg	Member	CWC-I, Nirmal Chhaya
58.	Ms. Sonam	PO-IC	DCPU-V, Sewa Kutir
59.	Ms. Suchi Sehgal	Deputy Director, CPU	Department of Women and Child Development, Govt. of NCT Delhi
60.	Mr. Sudesh Mahere	DCPO	DCPU-V, Sewa Kutir
61.	Ms. Surbhi Srivastava	Project Coordinator	Doctors Without Borders / Médecins Sans Frontières (MSF), India
62.	Ms. Swati Roy	Member	CWC-II, Lajpat Nagar
63.	Mr. Usama	Social Worker	General Shah Nawaz Memorial Foundation
64.	Ms. Vaishali Deshpande	Member	CWC-VIII, Kalkaji
65.	Mr. Varun Yadav	DCPO	DCPU-I, Sewa Kutir
66.	Mr. Vasudha Singh	DCPO	DCPU-XI, Gole Market
67.	Mr. Vinay		Aman Biradari
68.	Mr. Yogesh Kumar	Director	Association for Development
69.	Mr. Ziayan	Project Coordinator	Action India