



**IN THE HIGH COURT OF KARNATAKA AT BENGALURU**

**DATED THIS THE 15<sup>TH</sup> DAY OF OCTOBER, 2025**



**BEFORE**

**THE HON'BLE MR. JUSTICE SURAJ GOVINDARAJ**

**WRIT PETITION NO. 30971 OF 2025 (GM-RES)**

**BETWEEN:**

MS. X  
NAME OF THE PETITIONER HAS NOT BEEN DISCLOSED  
THE PETITIONER IS A MINOR AND A  
VICTIM OF SEXUAL OFFENCE,  
HENCE NON DISCLOSURE OF HER NAME IS IN  
COMPLIANCE OF THE DIRECTIONS PASSED BY THIS  
HONBLE COURT IN W. P. NO. 6763 OF 2020 AND OF THE  
HONBLE APEX COURT IN NIPUN SAXENA VS  
UNION OF INDIA (2019) 2 SCC 703,  
THE PETITIONER IS REPRESENTED BY HER MOTHER  
AND NATURAL GUARDIAN,



...PETITIONER

(BY SRI. K S PONNAPPA.,ADVOCATE)

**AND:**

1. STATE OF KARNATAKA  
REPRESENTED BY ITS CHIEF SECRETARY,  
VIDHANA SOUDHA,  
AMBEDKAR VEEDHI,  
BENGALURU-560 001.



2. STATE OF KARNATAKA  
REPRESENTED BY THE STATION HOUSE OFFICER,  
VISHWANATHAPURA POLICE STATION,  
BENGALURU RURAL DISTRICT-562 110.
3. DISTRICT LEGAL SERVICES AUTHORITY  
BENGALURU,  
2<sup>ND</sup> FLOOR, CITY CIVIL COURT COMPLEX ROAD,  
BENGALURU-560 009,  
REPRESENTED BY ITS MEMBER SECRETARY.
4. VANI VILAS HOSPITAL  
VICTORIA HOSPITAL COMPOUND,  
FORT, K.R. ROAD,  
BENGALURU-560 002,  
REPRESENTED BY ITS CHIEF SURGEON.
5. CHILD WELFARE COMMITTEE  
BENGALURU RURAL DISTRICT,  
PRASANTHANAGAR, DEVANAHALLI TOWN,  
DEVANAHALLI TALUK,  
BENGALURU RURAL-562 110,  
REPRESENTED BY THE CHAIRPERSON.
6. DISTRICT CHILDREN PROTECTION UNIT  
ROOM NO. 206, 2<sup>ND</sup> FLOOR,  
ZILLA ADALITHA BHAWAN,  
OPP. VISHWANATHAPURA POLICE STATION,  
BEERASANDRA VILLAGE,  
DEVANAHALLI TALUK,  
BENGALURU RURAL-562 110,  
REPRESENTED BY THE CHILD PROTECTION OFFICER.

...RESPONDENTS

(BY SMT. SARITHA KULKARNI., AGA FOR R1, R2 & R4 TO R6;  
SMT. B.V. VIDHULATHA, ADVOCATE FOR R3)

THIS WRIT PETITION IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA PRAYING TO ISSUE A WRIT OF MANDAMUS AND CONSEQUENTLY DIRECT THE RESPONDENT NO. 4 TO TAKE NECESSARY STEPS TO TERMINATE THE PREGNANCY OF THE PETITIONER AND ETC.

THIS WRIT PETITION, COMING ON FOR PRELIMINARY HEARING, THIS DAY, ORDER WAS MADE THEREIN AS UNDER:



CORAM: HON'BLE MR. JUSTICE SURAJ GOVINDARAJ

**ORAL ORDER**

1. The Petitioner is before this Court seeking for the following reliefs;

*i. Issue a Writ of Mandamus and consequently direct the Respondent No. 4 to take necessary steps to terminate the pregnancy of the Petitioner.*

*ii. Issue a Writ of Mandamus directing Respondent No. 4 to preserve the terminated foetus for the purpose of DNA testing and analysis;*

*iii. Issue a writ of Mandamus directing Respondent No. 3 to conduct DNA Test of the terminated foetus for the purpose of investigation in Crime No. 0228 of 2025 registered before Respondent No. 3 i.e., Kothanur Police Station;*

*iv. Issue a Writ of Mandamus directing Respondent No. 1 to meet the entire expense of the Petitioner towards medical expenses, counselling and other treatment she might have to undergo;*

*v. Issue a Writ of Mandamus directing Respondent no. 3 to disburse a sum of Rs. 3,00,000/- (Rupees Three Lakh only) towards compensation as per the 'Compensation Scheme for Women Victims/survivors of Sexual Assault/other'*

*vi. Grant such or other reliefs as this Hon'ble Court deems fit in the facts and circumstances of the case.*

2. The Petitioner is a 13-year-old represented in this matter by her Natural Guardian Mother. Petitioner is studying in class 7 at the Government School at



Bidaluru, her father being a stonemason, and her mother is a daily wage worker. The Petitioner resided with her parents, her younger brother and her uncle (her father's brother) at a rented premises in Bidaluru. The said uncle had introduced his friend, one Shashi Kumar, to the Petitioner's parents and informed them that Shashi Kumar's mother had passed away and that he had no one to take care of him and requested that he be permitted to reside with the family.

3. It is alleged that Shashi Kumar had a forcible sexual intercourse with the Petitioner, and he had threatened the Petitioner with dire consequences if she revealed the assaults. Finally, the matter came to light on a medical examination when the Petitioner was found to be pregnant. In that background, a FIR in Crime No.213 of 2025 came to be registered under Section 4 (2), 5(j), 5(L) and 6 of the Protection of Children from Sexual Offences Act, 2012 and under Section 351(2) of the Bharatiya Nyaya Samhita (BNS), 2023.



4. Sri.K.S.Ponnappa., learned counsel appearing for the Petitioner, would submit that;
  - 4.1. The Petitioner, being 13 years of age, is not in a position to bear the trauma of continuing the pregnancy.
  - 4.2. The same would cause serious damage to the mental health of the Petitioner
  - 4.3. The socio-economic condition of the Petitioner and family is such that they are not in a position to raise a child
  - 4.4. The Petitioner would not be able to continue with her education and
  - 4.5. She would be subjected to public and social humiliation through ostracisation.
  - 4.6. The Petitioner is entitled to a bodily autonomy and freedom and is entitled not to continue a pregnancy which is unwanted, which occurred without her consent and is a result of an offence of a rape.



- 4.7. He submits that forcing the Petitioner to have a child will neither be in the interest of the Petitioner or the child and is likely to cause severe mental harm and injury to even the child, if born. On that basis, his submission was that the matter could be referred to the Medical Board for ascertaining if MTP could be conducted in a proper manner.
5. Taking into consideration the said submission, the Petitioner was referred to the Medical Board of Respondent No.4-Hospital. The said Board submitted a report on 15.10.2025, wherein the Medical Board has opined that termination of pregnancy could be carried out.
6. The opinion of the paediatrician is categorical in that the pregnancy could have physical and psychological effects including traumatic impact on the mental health of 13 year old, the radiologist has opined that MTP can be performed, the anaesthetist has opined that there is no



concern in relation to anaesthesia, the obstetrician's opinion is that MTP can be performed, so, also the psychiatrist has also concurred.

7. In that background, they have taken into consideration the age of the minor victim, the possibility of severe mental trauma being caused to the victim as also the possibility of the child, if born, not being capable of being taken proper care by the Petitioner and/or her family.
8. Taking into consideration the report of the medical Board being of the opinion that the Petitioner is a 13-year-old, it would not be in her interest to continue a forced pregnancy arising out of an offence of rape the request made for MTP is required to be accepted, accepting her right to body autonomy. This is also due to the reason that the Petitioner at her age is not mentally fit to mother a child.

9. **General directions:**

- 9.1. There are several matters which are coming before this Court where the victim is a child



below 18 years of age and the victim and/or her family not having been explained the possibility of MTP being carried out at the right time, come to know about it much later by that time the permissible period under the Act is breached requiring the victim to approach this Court. Directions having been issued on several occasions, they continue to be ignored, and there is no compliance.

9.2. I am of the opinion that all these could be resolved if a proper Standard Operating Procedure (for short hereinafter referred to as "**SOP**"), is formulated by the Principal Secretary, Women and Child Welfare and the Director General of Police for all stakeholders to comply with. Until then, I propose to formulate the following indicative SOP, which would be in force until such a SOP is formulated.





9.3. The following SOP is only indicative; it would be for the experts to formulate a better and more exhaustive SOP, which shall be done as expeditiously as possible.

**Standard Operating Procedure for the Protection and Rehabilitation of Minor Victims of Sexual Offences**

**1. FOUNDATIONAL FRAMEWORK**

**1.1. Preliminary and Authority**

1.1.1. **Title, Commencement, and Overriding Effect:** This document shall be cited as the Standard Operating Procedure for the Protection and Rehabilitation of Minor Victims of Sexual Offences, 2025. This SOP shall have a binding effect on all agencies and authorities specified herein. In any instance of conflict with existing rules or schemes, the interpretation that affords the greatest protection and benefit to the child shall prevail, in accordance with the mandate of Section 42A of the Protection of Children from Sexual Offences (POCSO) Act, 2012.

1.1.2. **Constitutional and Statutory Authority:** This Standard Operating Procedure (SOP) is issued under the inherent, supervisory, and superintendence powers of the High Court of Karnataka, as enshrined in Articles 227 and 235 of the Constitution of India, to ensure the uniform and



effective implementation of a complex legislative framework designed for the protection of children. It serves to operationalise and integrate the mandates of several key statutes:

- 1.1.3. The Protection of Children from Sexual Offences (POCSO) Act, 2012, and the Protection of Children from Sexual Offences Rules, 2020.
- 1.1.4. The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act), which defines every minor victim of a sexual offence as a "child in need of care and protection".
- 1.1.5. The Medical Termination of Pregnancy Act, 1971, as amended by the Medical Termination of Pregnancy (Amendment) Act, 2021 (MTP Act).
- 1.1.6. The Digital Personal Data Protection Act, 2023 (DPDP Act), which governs all protocols for the handling, processing, and storage of the victim's personal and sensitive data.
- 1.1.7. Relevant provisions of the Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS), particularly those concerning investigation, recording of statements, and victim compensation, and the Bharatiya Sakshya Adhiniyam, 2023 (BSA).

## **1.2. Purpose, Rationale, and Objectives**

- 1.2.1. The **Purpose** of this SOP is to establish a single, unified, time-bound, and technology-driven workflow that governs the response to sexual offences



against minors. It aims to provide a clear and predictable pathway—from the moment an offence is first reported to the complete and successful rehabilitation of the survivor—thereby eliminating procedural ambiguity, reducing delays, and preventing inter-agency friction.

- 1.2.2. The **Rationale** for this SOP stems from the recognition that fragmented and delayed responses by siloed agencies frequently aggravate the trauma of the child victim. An integrated procedural framework, underpinned by a shared digital platform, establishes clear lines of accountability. It transforms procedural compliance from a matter of departmental discretion into an enforceable duty, thereby operationalising India's commitments under the UN Convention on the Rights of the Child.

### 1.3. **The Primary Objectives of this SOP are:**

- 1.3.1. To guarantee the immediate safety, medical attention, and psychological first aid for every child victim.
- 1.3.2. To ensure an expeditious, sensitive, and trauma-free investigation by implementing child-friendly procedures at every stage.
- 1.3.3. To maintain absolute and technologically enforced confidentiality of the victim's identity in all proceedings and records.
- 1.3.4. To coordinate a seamless inter-agency response through clearly defined roles,



standardised documentation, and mandatory time limits.

- 1.3.5. To provide sustained, holistic rehabilitation—encompassing education, counselling, and livelihood support—until the child is successfully reintegrated into society as a healthy and productive adult.

#### 1.4. **Guiding Principles**

This SOP is founded upon a set of non-negotiable principles that must inform every action, decision, and interpretation of its provisions by all stakeholders.

- 1.4.1. **Best Interest of the Child:** This shall be the paramount consideration, overriding all other administrative, procedural, or personal conveniences. Every decision must be evaluated against the standard of what best serves the child's physical, emotional, and developmental well-being.
- 1.4.2. **Trauma-Informed Care:** All personnel interacting with the child—including police, doctors, counsellors, and judicial officers—must be trained to recognise and respond appropriately to the signs and symptoms of trauma. The justice process must actively seek to prevent re-victimisation by the system itself.
- 1.4.3. **Therapeutic Jurisprudence:** This SOP is also guided by the principles of Therapeutic Jurisprudence, which views the law and legal processes as potential therapeutic agents. It requires all stakeholders to consider the psychological and emotional impact of



their actions on the child, aiming to make the justice process a healing and empowering experience rather than a re-traumatising one. This aligns with and deepens the principle of 'Restorative Confidence'.

- 1.4.4. **Zero Delay Mandate:** The timelines prescribed in the POCSO Act, its Rules, and this SOP are not aspirational but mandatory. Any avoidable delay constitutes a violation of the child's fundamental right to speedy justice and will be automatically flagged for supervisory intervention by the digital system.
- 1.4.5. **Restorative Confidence:** The goal of the justice system extends beyond the conviction of the offender; it includes the restoration of the child's sense of safety, dignity, agency, and trust. Every institutional interaction must therefore be conducted in a manner that builds this "restorative confidence," demonstrating that the system is humane, predictable, and protective. This principle shall guide the interpretation of all provisions herein.
- 1.4.6. **Confidentiality and Privacy by Design:** The protection of the child's identity is not an afterthought but a foundational design principle of the entire process. It is to be ensured not merely by procedural rules but enforced through robust technological safeguards that make unauthorised disclosure impossible.



### 1.5. Definitions

For the purposes of this SOP, unless the context otherwise requires:

- 1.5.1. **Child:** Any person below the age of eighteen years, as defined in Section 2(d) of the POCSO Act, 2012, and Section 2(12) of the JJ Act, 2015.
- 1.5.2. **Child in Need of Care and Protection (CNCP):** Every minor victim of a sexual offence shall be deemed a CNCP under Section 2(14) of the JJ Act, 2015, automatically invoking the jurisdiction and protection of the Child Welfare Committee (CWC) from the moment the offence is reported.
- 1.5.3. **Digital POCSO Portal (DCP):** The secure, integrated, cloud-based software platform mandated by this SOP for end-to-end case management, inter-agency communication, data sharing, and compliance monitoring.
- 1.5.4. **Pseudonym Identifier (PID):** A unique, system-generated alphanumeric code assigned to each victim on the DPP. This PID shall be used in place of the victim's real name in all case records, communications, orders, and judgments to ensure anonymity.
- 1.5.5. **Support Person:** An individual appointed by the CWC in accordance with Rule 4(7) of the POCSO Rules, 2020, to render informational, emotional, and practical assistance to the child throughout the investigation and trial process.



1.5.6. **Sexual-Assault Response Unit (SARU):** A dedicated, 24/7 unit established in designated government and private hospitals, staffed by trained female medical officers, nurses, and counsellors, to provide immediate and comprehensive medico-legal and psychological care to victims.

## 1.6. **Digital Governance and Privacy Architecture**

### 1.6.1. **The Digital POCSO Portal (DPP): A Unified Command and Control System**

1.6.1.1. To ensure rapid implementation and technological robustness, the State Government shall operationalise a mandatory, secure, cloud-based **Digital POCSO Portal (DPP)**. This portal is not a standalone system but an integrated layer that leverages the established infrastructure of the national e-Courts Mission Mode Project (Phase III). It will serve as the single, authoritative platform for the management of all POCSO cases within the State of Karnataka.

1.6.1.2. The DPP will be designed for full interoperability with the other pillars of the Interoperable Criminal Justice System (ICJS). This mandates a seamless, real-time data flow from the police's



Crime and Criminal Tracking Network and Systems (CCTNS) directly into the judicial workflow. This integration operationalises a "**one data, once entry**" principle, where critical information, such as the First Information Report (FIR), once entered into CCTNS, automatically populates the corresponding case file on the DPP. This eliminates redundant data entry, prevents manual errors, and ensures absolute data integrity from the moment of reporting. Core features of the DPP shall include role-based secure login for all stakeholders with Two Factor Authentication (2FA), a centralised encrypted document repository, automated task allocation and notifications, and a real-time monitoring dashboard for all stakeholders.

#### 1.6.2. **Pseudonym Identifier (PID) and Identity Vault Protocol**

1.6.2.1. To technologically enforce the confidentiality mandate of the POCSO Act, the DPP will implement a strict anonymisation protocol. Upon the registration of an FIR on the CCTNS/DPP, the system will automatically generate a unique **Pseudonym Identifier (PID)** for the victim. All subsequent documents, communications,





medical reports, statements, and court orders across all agencies shall use only this PID.

- 1.6.2.2. The victim's real name, address, school, and other identifying details shall be stored separately in a highly encrypted "Identity Vault" within the DPP. Access to this vault shall be technologically restricted to Authorised personnel only. Access by any other party, including the Special Court, shall be granted only upon a specific, reasoned judicial order, and such access will be for a limited duration and will be logged in an immutable audit trail. This protocol ensures stringent compliance with Section 23 of the POCSO Act and Section 228 of the Bharatiya Nagarik Suraksha Sanhita (BNSS), transforming privacy from a procedural guideline into a technologically guaranteed right.

### **1.6.3. Data Security and DPDP Act Compliance**

- 1.6.3.1. All data hosted on the DPP shall be encrypted at rest using AES-256 bit encryption and in transit using TLS 1.2+ protocols. The platform will be hosted on the secure National Informatics Centre (NIC) Cloud or the servers on State Data Centre or



the Servers maintained by the Police IT wing, which adheres to ISO 27001 and other government-mandated security standards. The entire data lifecycle—from collection to archival and eventual destruction—will be managed in strict compliance with the principles of the Digital Personal Data Protection Act, 2023, particularly concerning lawful purpose, data minimisation, and consent management where applicable. Before being granted access credentials to the DPP, every official from every stakeholder agency must digitally sign a legally binding confidentiality undertaking, acknowledging the penal consequences of any breach.

#### **1.6.4. Automated Timelines, Alerts, and Escalation Matrix**

1.6.4.1. The DPP is not merely a passive repository but an active compliance engine. The system's backend will be programmed with all statutory and procedural timelines mandated by this SOP, such as the 24-hour deadline for medical examination, the 15-day deadline for FSL reports, and the 60/90-day period for filing the charge-sheet. A real-time, traffic-light colour-coded system will be visible on the monitoring



dashboards of the District Judge and the Monitoring Committee :

- 1.6.4.2. **Green:** Task completed within the prescribed timeline.
- 1.6.4.3. **Yellow:** Timeline is approaching its deadline (e.g., 48 hours remaining).
- 1.6.4.4. **Red:** Timeline has been breached.
- 1.6.4.5. A breach of any critical timeline will trigger an **automatic, system-generated escalation** alert via SMS and official email to the designated supervisory authority. For example, a delay by the Investigating Officer (IO) in filing the charge-sheet will automatically alert the Deputy Superintendent of Police (DySP) and the District Judge. This transforms judicial oversight from a post-facto review of periodic reports into a real-time, preventative intervention mechanism, ensuring the "Zero Delay Mandate" is technologically enforced.

## **1.7. Institutional Roles and Coordination**

- 1.7.1. **Nodal Coordination Architecture** To ensure effective oversight and inter-agency collaboration, a two-tiered coordination structure is established:
- 1.7.2. **District-level Child Protection Coordination Committee (DCPC):** This



committee shall be chaired by the Principal District & Sessions Judge (in-charge of the Special POCSO Court). Its members shall include the Superintendent of Police, the District Health Officer, the Chairperson of the CWC, the District Child Protection Officer (DCPO), and the Secretary of the District Legal Services Authority (DLSA). The DCPC will convene monthly to review case progress using the DPP dashboard, identify and resolve systemic bottlenecks at the district level, and ensure strict compliance with this SOP.

**1.7.3. State Level Monitoring Committee (SLMC):** Chaired by a Principal Secretary, Women and Child Welfare, this committee will exercise state-wide supervisory jurisdiction. It will review aggregated compliance data from the DPP biannually, analyse Key Performance Indicators (KPIs), issue corrective directives to non-compliant districts or agencies, and oversee the periodic review and amendment of the SOP itself.

**1.7.4. Defined Roles and Responsibilities of Key Agencies**

1.7.4.1. The roles of each stakeholder are defined not in isolation, but in the context of their mandatory interactions with the DPP, creating a unified and auditable workflow.



<b>Agency</b>	<b>Primary Responsibilities and Mandated DPP Actions</b>
<b>Police (SJPU)</b>	<i>Register FIR on CCTNS, which auto-populates DPP and generates PID. Upload FIR copy. Facilitate "Zero Delay Referral" to SARU. Record statement at a safe place and upload audio/video file. Maintain digital chain of custody for evidence. Update digital case diary daily on DPP. File charge-sheet and upload to DPP within 60/90 days.</i>
<b>Medical (SARU)</b>	<i>Acknowledge DPP referral. Conduct medical exam within 24 hours. Provide immediate medical and psychological first aid. Use SAFE kit. Upload medico-legal report to DPP within 4 hours of completion. Confidentially notify CWC of pregnancy via secure DPP module.</i>
<b>Child Welfare Committee (CWC)</b>	<i>Acknowledge DPP alert. Immediately register the child as a CNCP. Appoint a Support Person and update details on DPP within 24 hours. Conduct a home-safety assessment and issue placement order on DPP if required. Formulate and monitor the Individual Care Plan (ICP) on the DPP.</i>
<b>District Protection Unit (DCPU) / Child Unit</b>	<i>Acknowledge CWC directives on DPP. Implement the ICP. Deploy trained counsellors. Coordinate long-term rehabilitation, including education and vocational training. Update progress on the ICP module of the DPP bi-monthly.</i>
<b>Judiciary (Magistrate Special Court) /</b>	<i>Acknowledge IO's request for Section 183 of the BNSS statement on DPP. Record statement within 24 hours and upload. Conduct in-camera trial. Designate a Victim Liaison Officer (VLO). Adhere to trial timelines. Upload anonymised orders and judgments using PID.</i>



<b>District Legal Services Authority (DLSA)</b>	<i>Acknowledge DPP alert. Appoint a legal aid advocate and update details on DPP within 24 hours. File interim compensation application on DPP within 15 days of FIR. Track disbursement status on DPP.</i>
<b>Forensic Science Laboratory (FSL)</b>	<i>Acknowledge receipt of forensic samples on DPP. Prioritise POCSO samples. Upload digitally signed report directly to DPP within 15 days.</i>
<b>Special Public Prosecutor (SPP)</b>	<i>Access case file on DPP. File applications for compensation and witness protection through the DPP. Ensure victim is briefed and trial proceeds without delay.</i>

#### 1.7.5. **Inter-Agency Communication via the DPP**

1.7.5.1. The DPP shall serve as the exclusive channel for all official inter-agency communications, rendering the physical movement of files obsolete. All reporting, including police intimation to the CWC, medical reports to the police and Court, and FSL reports, will be conducted using standardised digital forms embedded within the DPP. This ensures uniformity, completeness, and immediate availability of information to all authorised stakeholders. Every communication and document upload will be automatically date and time-stamped and logged in an immutable audit trail, creating a transparent and verifiable



record of the entire procedural history of the case.

2. **CHRONOLOGICAL WORKFLOW (T = Time from Reporting)**

2.1. **Reporting and Emergency Response (T=0 to 24 Hours)**

2.1.1. **Reporting and FIR Registration (T=0 to 2 Hours)**

2.1.1.1. The procedural timeline commences the moment information regarding a sexual offence against a child is received by any person or authority. Any individual or institution, including schools, hospitals, or NGOs, that comes to know of such an offence is under a mandatory legal obligation to report it to the police under Section 19 of the POCSO Act. Upon receipt of such information, the police shall register an FIR immediately. No preliminary inquiry is permissible, as per the binding directive of the Supreme Court in ***Lalita Kumari v. Govt. of U.P.***. Any refusal or delay in registration constitutes professional misconduct and dereliction of duty. The FIR must be logged directly into the CCTNS, which will instantaneously auto-populate the DPP. This single action triggers the generation of the



victim's PID and sends automated alerts to the CWC, DLSA, and the SARU of the nearest designated hospital.

**2.1.2. Immediate Medical Care and Forensic Evidence (T=0 to 24 Hours)**

- 2.1.2.1. Within two hours of the report, the victim must be transported to the designated hospital's SARU, accompanied by a female police officer. The guiding principle for the SARU is that life-saving medical intervention and stabilisation of the victim take absolute precedence over forensic procedures. The immediate medical care protocol includes the provision of emergency contraception (if appropriate), Post-Exposure Prophylaxis (PEP) for HIV and other STIs, and Hepatitis-B immunisation. The invasive and unscientific "two-finger test" is strictly prohibited and its performance will invite severe departmental and legal action.
- 2.1.2.2. The medico-legal examination must be completed within 24 hours of the victim's arrival. This examination shall be conducted using the standardised Sexual Assault Forensic Evidence (SAFE) kit. All biological samples collected must be sealed, labelled with a system-generated barcode linked to the PID, and the chain of custody must be meticulously logged on the DPP before the sealed kit is handed over





to the IO. The comprehensive Medico-Legal Report must be finalised and uploaded to the DPP within four hours of the examination's completion.

**2.1.3. Psychological First Aid and Support Person (T=0 to 24 Hours)**

2.1.3.1. The response to trauma must be as immediate as the medical response. A trained clinical psychologist or psychiatric social worker from the DCPU's empanelled list must meet the child within six hours of their arrival at the hospital. The objective of this initial contact is not interrogation but to provide psychological first aid, establish rapport, and stabilise the child in a safe and reassuring environment.

2.1.3.2. Simultaneously, upon receiving the automated alert from the DPP, the CWC is mandated to appoint a trained **Support Person** within 24 hours. The list of qualified and trained Support Persons shall be maintained by the DCPU. The appointment order is uploaded to the DPP, and the Support Person's details are entered into the case file. This grants them secure, limited, read-only access to the DPP to monitor case progress and effectively assist the child and their family by explaining each step of the process, accompanying them to all proceedings, and acting as their primary non-legal guide and advocate.



**2.1.4. Judicial Statement and Safe Shelter (T=0 to 24 Hours post-medical)**

2.1.4.1. To preserve the pristine nature of the child's testimony, the IO must file a request on the DPP for the recording of the child's statement under Section 183 of BNSS within 24 hours of the completion of the medical examination. The jurisdictional Magistrate shall prioritise this request and record the statement in a child-friendly environment, such as a dedicated room within the court complex, avoiding the formality of judicial robes and intimidating court settings. The Support Person and/or parent/guardian shall be present during the recording.

2.1.4.2. Concurrently, the CWC must conduct a rapid social investigation and home-safety assessment. If the home environment is deemed unsafe or non-conducive to the child's recovery (e.g., if the accused is a family member or if the family is hostile), the CWC will issue an immediate placement order. This order, uploaded to the DPP, will direct the DCPU to place the child in a registered Child Care Institution (CCI) or with a 'fit person' to ensure their immediate safety and protection.

**2.2. Investigation and Pre-Trial Phase (T=24 Hours to 60/90 Days)**

**2.2.1. Time-bound Investigation and**



## **Digital Case Diary**

2.2.1.1. The investigation phase must be conducted with maximum efficiency to minimise the period of uncertainty for the victim. The IO is directed to complete the collection of all evidence, including the recording of witness statements, preferably within 15 days of FIR registration. A cornerstone of this SOP is the mandatory maintenance of a digital Case Diary on the DPP. Every single investigative action, from a site visit to a witness interview, must be logged in real-time with a system-generated date and timestamp. This digital diary replaces the traditional paper-based diary, ensuring transparency, accountability, and enabling real-time supervision. The child victim shall not be subjected to repeated questioning. It must be endeavoured that any necessary clarifications must be sought in a single session, conducted in a child-friendly manner in the presence of the Support Person and, if required, a counsellor.

## **2.2.2. Forensic Analysis and Reporting**

2.2.2.1. The integrity and speed of forensic analysis are critical to



the successful prosecution of POCSO cases. The IO must ensure that the sealed SAFE kit is delivered to the designated Forensic Science Laboratory (FSL) within 24 hours of its collection, with the transfer and acknowledgement of receipt logged on the DPP to maintain an unbroken digital chain of custody. The FSL is mandated to prioritise POCSO samples and complete its analysis, preparing a comprehensive report within 15 days of receiving the samples. The final report, bearing the digital signature of the authorised expert, must be uploaded directly to the DPP. The system will then automatically and securely transmit the report to the IO and the Special Court. Any failure by the FSL to meet this 15-day deadline will trigger an immediate 'Red' alert on the dashboards of the District Judge and the **SLMC**, ensuring necessary intervention to address the delay.

### **2.2.3. Filing of Charge-Sheet and Supervisory Review**

2.2.3.1. The investigation must culminate in the filing of the charge-sheet (final report)



within the statutory period of 60 days where the accused is in custody, and 90 days otherwise. The IO's immediate supervisory officer (DySP/ACP) is required to conduct a fortnightly review of the digital case diary on the DPP. This review is not a mere formality; the officer must record their specific instructions, observations, and directions in a dedicated section of the digital diary. The DPP will automatically flag any case that has not been reviewed within the stipulated 15-day interval, ensuring consistent and active supervision of the investigation.

#### **2.2.4. Victim and Witness Protection**

2.2.4.1. At the outset of the investigation, the IO must conduct an initial threat assessment for the victim and key witnesses, recording the findings on the DPP. If at any stage, the victim, their family, the Support Person, or any witness reports any form of threat, intimidation, or coercion, the IO is duty-bound to immediately file an application before the Special Court to invoke the provisions of the State's Witness



Protection Scheme. The Court's orders on such applications will be uploaded to the DPP and their implementation will be monitored by the supervisory police officers.

### **2.3. Trial Phase (T=Month 3 to Month 9)**

#### **2.3.1. Anonymisation of Judgments**

2.3.1.1. All judgments and interim orders passed by the Court must be meticulously anonymised, using the victim's PID or a pseudonym in the cause title and body of the text. Certified copies issued to any party shall be redacted to remove any information that could lead to the identification of the child. The final judgment, whether of conviction or acquittal, shall be uploaded to the DPP, which will trigger an automatic notification to the CWC and DCPU to either continue, modify, or conclude the child's rehabilitation plan as may be appropriate.

### **3. VICTIM CARE AND REHABILITATION (CONTINUOUS)**

#### **3.1. Comprehensive Medical and Psychological Care**

##### **3.1.1. Immediate and Ongoing Medical Care**

3.1.1.1. The immediate medical care protocols outlined above, are



mandatory and form the first step in the victim's physical recovery. This care does not end after the initial examination. The DCPU, in close coordination with the District Health Officer, is responsible for arranging and funding all necessary follow-up medical care. This includes any specialised treatment, surgeries, or long-term medication required as a direct consequence of the sexual assault, ensuring a continuum of care for the child's physical health.

### **3.1.2. Long-Term Mental Health Support (Psychological Support Plan - PSP)**

3.1.2.1. Psychological recovery is a long-term process that must run parallel to the criminal justice proceedings. Within seven days of the offence being reported, the clinical psychologist or psychiatric social worker assigned by the DCPU shall conduct a comprehensive trauma assessment. Based on this assessment, a formal Psychological Support Plan (PSP) must be prepared. This plan is not a generic document; it must be tailored to the child's age, developmental stage, and specific psychological needs. It



will detail the proposed therapeutic modality (e.g., Cognitive Behavioural Therapy, play therapy, art therapy), the frequency of sessions (mandatorily weekly for the first three months, then fortnightly or as needed), and measurable therapeutic goals. The PSP will be appended to the child's Individual Care Plan (ICP) on the DPP for monitoring by the CWC. Therapy shall continue for a minimum of two years post-incident or until the treating psychologist certifies that the child has achieved psychological stability and recovery, whichever is later. All communications and records from therapy sessions are strictly confidential and are inadmissible as evidence in Court, protecting the therapeutic space.

### **3.1.3. Nutritional and Educational Continuity**

3.1.3.1. The trauma of assault must not be allowed to derail a child's development. The DCPO shall ensure the child and their family are immediately enrolled in relevant government schemes for nutritional support, such as the Integrated Child Development Services (ICDS).





Critically, the child must not be withdrawn from school unless medically unavoidable. The DCPU and the District Education Officer must work in tandem to ensure educational continuity. If the assault occurred within the school environment, necessitating a change of school for the child's safety and well-being, the transfer must be facilitated discreetly and without publicly disclosing the reasons, to protect the child from stigma.

### **3.2. Victim Compensation and Financial Support**

#### **3.2.1. Procedure for Interim and Final Compensation**

3.2.1.1. Financial relief is a legal right of the victim, intended to mitigate immediate hardship and aid in rehabilitation. The DLSA is mandated to file an application for interim compensation before the Special Court within 15 days of the FIR being registered, in accordance with Rule 9 of the POCSO Rules, 2020. This interim relief is meant to cover immediate out-of-pocket expenses for medical treatment, counselling, nutrition, travel to Court, and other essential needs. The Special Court shall pass an order on this application



expeditiously. The application for final compensation is to be filed by the SPP or DLSA within 30 days of the final judgment in the case, regardless of whether it ends in conviction or acquittal.

### **3.2.2. Direct Benefit Transfer and Tracking through DPP**

3.2.2.1. To eliminate bureaucratic delays that plague the disbursement of compensation, all amounts awarded by the Court shall be transferred directly to the bank account of the victim or their legal guardian through a Direct Benefit Transfer (DBT) mechanism. This process will be technologically integrated between the DPP and the state treasury's online portal (e.g., Khajane-II). The DPP will provide end-to-end tracking of the compensation lifecycle: from the moment the judge uploads the compensation order, the system will track its processing by the DLSA and the treasury, up to the final confirmation of credit into the beneficiary's account. Any delay in disbursement beyond 30 days from the date of the order will trigger an automatic 'Red' alert to the DLSA Secretary and



the supervising District Judge,  
ensuring swift accountability.

### **3.2.3. Recovery of Costs from Offender**

3.2.3.1. In every case that results in a conviction, the Special Court shall, in addition to imposing a sentence of imprisonment, actively consider levying a substantial fine on the convicted person under Section 395 of BNSS. The Court may direct that the whole or any part of this fine, upon recovery, be paid as compensation to the victim for the physical and emotional injury suffered. This is in addition to the compensation provided by the State under the Victim Compensation Scheme.

### **3.3. Long-Term Rehabilitation and Social Reintegration**

#### **3.3.1. Individual Care Plan (ICP) Formulation and Monitoring**

3.3.1.1. The cornerstone of long-term rehabilitation is the **Individual Care Plan (ICP)**. The CWC holds the primary responsibility for creating this comprehensive plan within seven days of the case being reported. This must be done in close consultation with the child (in an age-appropriate manner), their parents or guardian, and the assigned psychologist. The ICP



is not a static form but a dynamic, evolving document hosted on the DPP. It serves as a holistic roadmap for the child's recovery, with specific, time-bound goals related to physical health, mental health (incorporating the PSP), educational progress, skill development, and eventual social reintegration. The DCPU is the designated implementing agency, and its progress in executing the various components of the ICP is actively monitored by the CWC through regular updates on the DPP.

### **3.3.2. Educational, Vocational, and Livelihood Support**

3.3.2.1. For victims whose education has been disrupted, the ICP must include a clear plan for their reintegration into the formal schooling system. If this is not immediately feasible, the DCPU must arrange for bridge schooling or enrollment in the National Institute of Open Schooling (NIOS) to prevent a permanent educational gap. For adolescent victims (aged 16 and above), the ICP must have a strong focus on future self-reliance. It should include a component for certified



vocational training or skill development in a trade of their interest, coupled with a stipend, to ensure they are equipped for financial independence upon attaining adulthood.

### **3.3.3. Family Counselling and Supervised Reintegration**

3.3.3.1. If the child has been placed in a Child Care Institution (CCI) for their safety, their eventual reintegration with their family is a delicate process that must be carefully managed. Reintegration can be considered only after the CWC, through a thorough home study report from the DCPO, verifies that the home environment is safe, secure, and supportive. A mandatory prerequisite for reintegration is the participation of the family members in structured counselling sessions. These sessions are designed to address issues of stigma, blame, or family dysfunction, ensuring the family is equipped to support the child's recovery rather than contributing to their trauma.

### **3.3.4. Closure of Rehabilitation File**

3.3.4.1. The State's responsibility for the child's welfare is a long-term commitment. The CWC shall



continue to monitor the child's progress through bi-monthly reports uploaded by the DCPO on the DPP until the child turns 18. The rehabilitation file on the DPP can be formally closed only after two conditions are met: first, the child has attained the age of majority, and second, the CWC, based on a final, comprehensive assessment report from the treating psychologist and the case social worker, formally certifies that the goals of the ICP have been substantially met and the child has been successfully and safely reintegrated into society.

#### **4. SPECIAL CIRCUMSTANCES**

##### **4.1. Management of Pregnancy and Childbirth**

##### **4.1.1. Confidential Detection and Notification Protocol**

4.1.1.1. In the event that pregnancy is detected during the medico-legal examination of a victim, a strict confidentiality protocol is immediately activated. The attending medical officer must, within 24 hours, inform the CWC and the Special Court. This communication must be made through a secure, end-to-end encrypted, sealed communication module within the DPP, ensuring the information is accessible only to



these designated authorities. The Investigating Officer shall be informed only for the purpose of record, but they shall have no role in the subsequent decision-making process regarding the pregnancy. The sensitive information of the pregnancy is to be disclosed to the minor victim herself only in a safe and supportive environment, in the presence of a trained counsellor and her Support Person.

#### **4.1.2. Trauma-Informed Counselling and Informed Choice**

4.1.2.1. Upon receiving the confidential notification, the CWC must immediately refer the child for specialised, non-directive counselling. This counselling must be provided by a psychologist experienced in adolescent reproductive health and trauma. The counsellor's role is to provide clear, unbiased information about all available legal and medical options, including the continuation of the pregnancy and Medical Termination of Pregnancy (MTP). The process must unequivocally uphold the child's right to reproductive autonomy, a principle affirmed by the Hon'ble Supreme Court.



The child's own informed choice and consent are paramount and must be respected, free from coercion from family, guardians, or institutional authorities.

4.1.3. **Procedure for Medical Termination of Pregnancy (MTP):** If the child chooses MTP, the procedure governed by the MTP Act, 1971 (as amended in 2021) to be adhered to.

4.1.3.1. **Up to 24 Weeks:** As survivors of sexual assault, minor victims are eligible for termination of pregnancy up to a gestational age of 24 weeks. The procedure requires the opinion of two registered medical practitioners and must be performed at an approved facility. Consent must be obtained in writing from the minor (if she is above 12 years of age) and her guardian. If a guardian is unavailable or deemed unfit by the CWC, the CWC shall provide the necessary consent.

4.1.3.2. **Beyond 24 Weeks:** If the pregnancy has advanced beyond 24 weeks, termination is permissible. In such cases, the hospital,





through the CWC, must approach the High Court for authorisation within 48 hours. The petition must be supported by a comprehensive report and recommendation from the state-level Medical Board constituted under the MTP Act. All medical records related to the MTP shall be kept in a sealed, confidential file, separate from the main criminal case file on the DPP, accessible only upon a specific order of the High Court.

- 4.1.4. **Care during Continuation of Pregnancy and Childbirth:** If the child victim chooses to continue with the pregnancy, the CWC shall formulate and approve an **Integrated Mother-and-Child Care Plan (IMCCP)** on the DPP. This comprehensive plan will ensure the child receives specialised obstetric and antenatal care, a high-nutrition diet, safe and secure accommodation (preferably in a specialised Mother-and-Child Care Home), and continuous psychological support throughout the pregnancy and post-partum period. The delivery must take place in a government-recognised hospital that can ensure privacy. The birth shall be registered using the mother's PID, and



the father's name shall not be recorded on the birth certificate without a specific court order.

4.1.5. **Post-Partum Care, Adoption, and Alternative Care:**

The IMCCP extends for a minimum period of two years post-birth, covering the health, nutrition, and developmental needs of both the young mother and her infant. The minor mother is provided with two choices regarding the infant's future:

4.1.5.1. **Adoption:** If she wishes to surrender the child for adoption, the CWC will facilitate a legally sound process through a CARA-recognised Specialised Adoption Agency. Her consent must be recorded before a Magistrate after she has received thorough counselling on the legal and emotional implications of her decision.

4.1.5.2. **Retention of Custody:** If she chooses to raise the child, the DCPU is mandated to provide a monthly maternal care allowance, enrol both mother and child in health insurance schemes, and provide all necessary support for the infant's care as detailed in the IMCCP.



## **5. IMPLEMENTATION AND ACCOUNTABILITY**

### **5.1. Monitoring, Audits, and Performance Indicators**

#### **5.1.1. Role of the State Level Monitoring Committee (SLMC)**

5.1.1.1. The SLMC is the apex body for overseeing the implementation of this SOP. The committee, chaired by the Principal Secretary of the Family Welfare Department, will have administrative-level access to the state-wide DPP dashboard, enabling real-time monitoring of compliance across all districts. The SLMC will conduct bi-annual reviews of district-wise performance data and is empowered to issue binding directives, seek explanations, and recommend departmental action against any non-compliant agency or official to ensure the sanctity of this judicial order.

#### **5.1.2. DPP Dashboards and Key Performance Indicators (KPIs)**

5.1.2.1. The effectiveness of this SOP will be measured through a data-driven approach. The DPP dashboard will display real-time analytics on the following Key Performance Indicators (KPIs),



which translate the SOP's qualitative goals into measurable metrics.

<b>Area</b>	<b>Key Performance Indicator (KPI)</b>
<b>Reporting &amp; Medical</b>	<i>Time from FIR registration to completion of medical exam</i>
<b>Judicial Statement</b>	<i>Time from FIR to recording of Sec 183 of BNSS statement</i>
<b>Forensics</b>	<i>Time from sample receipt to FSL report upload on DPP</i>
<b>Investigation</b>	<i>Time from FIR to filing of charge-sheet</i>
<b>Trial</b>	<i>Time from filing of charge-sheet to final judgment</i>
<b>Compensation</b>	<i>Time from court order to disbursement of interim compensation</i>
<b>Rehabilitation</b>	<i>Adherence to counselling schedule (first 3 months)</i>
<b>Rehabilitation</b>	<i>Bi-monthly review of ICP by CWC until closure</i>



### **5.1.3. Annual Compliance Audits**

5.1.3.1. To ensure that the data on the DPP reflects the reality on the ground, the SLMC will commission independent, multi-disciplinary teams to conduct annual compliance audits. These teams, which may include a retired judicial officer, a senior medical professional, and a clinical psychologist, will visit randomly selected districts. They will audit case files, inspect facilities (like child-friendly courtrooms and SARUs), and interview stakeholders to verify compliance with the SOP's procedural and ethical mandates. The confidential audit reports will be submitted directly to the SLMC for review and necessary corrective action.

## **5.2. Training and Capacity Building**

### **5.2.1. Mandatory Annual Training Modules**

5.2.1.1. The successful implementation of this technologically advanced and victim-centric SOP is contingent upon the continuous training and sensitisation of all stakeholders. Therefore, all personnel involved in the handling of POCSO cases—including Judicial Officers, Police Officers (especially of the SJPU), Medical Officers, CWC



members, Special Public Prosecutors, DLSA panel lawyers, and Support Persons—must undergo a mandatory, certified annual refresher training course on this SOP.

## **5.2.2. Curriculum Focus**

5.2.2.1. The training curriculum will be comprehensive and role-specific, with a focus on practical application rather than mere theoretical knowledge. Key modules will include:

### **5.2.2.1.1. Legal Framework:**

In-depth analysis of the POCSO Act, JJ Act, and MTP Act, including recent amendments and landmark judgments.

### **5.2.2.1.2. Trauma-Informed**

Care and Child Psychology: Practical sessions on how to interact with, interview, and examine a child victim without causing secondary trauma. This is a critical component for all front-line responders.

### **5.2.2.1.3. Digital Procedures and DPP Usage:**

Hands-on,



simulation-based training for each stakeholder on how to use the DPP to perform their specific duties, from uploading an FIR to monitoring an ICP.

**5.2.2.1.4. Forensic Interviewing Techniques:**

Specialised, evidence-based training on conducting child-friendly forensic interviews, incorporating principles from models like the NICHD protocol to elicit accurate information while minimising trauma.

**5.2.2.1.5. Forensic Evidence Management:**

Specialised training for police and medical officers on the correct procedures for using the SAFE kit, preserving biological evidence, and maintaining the digital chain of custody.



### **5.2.3. Certification and Tracking**

5.2.3.1. Completion of the annual refresher training is a prerequisite for any official to be assigned to handle POCSO cases. An officer's training and certification status will be logged and maintained on the DPP. The system will prevent the assignment of a new POCSO case to any official whose certification is not current, thereby ensuring that every child victim is handled only by trained and sensitised personnel.

### **5.3. Grievance Redressal and Review**

#### **5.3.1. District-Level Grievance Redressal Mechanism**

5.3.1.1. To ensure accountability and provide a channel for stakeholders to report non-compliance, each Principal District & Sessions Judge shall establish and supervise a confidential grievance cell. This cell will be responsible for receiving and inquiring into complaints related to any breach of the procedures laid down in this SOP. Complaints may be filed by the victim, their family, the Support Person, legal counsel, or any concerned NGO. The mechanism should include an online portal,





modeled on platforms like the National Commission for Protection of Child Rights' (NCPCR) 'eBaalNidan', allowing for confidential online filing, generation of a tracking number, and status updates. The District Judge must conduct a preliminary inquiry into every grievance and submit a factual report with recommended corrective or disciplinary action to the SLMC within 30 days of receipt.

### **5.3.2. Periodic Review and Amendment of the SOP**

5.3.2.1. This SOP is a dynamic document intended to evolve with the legal and social landscape. It shall be formally reviewed every year by the SLMC. This review process will consider legislative amendments, new judicial precedents from the Supreme Court and High Courts, technological advancements, and feedback gathered from the grievance redressal mechanism and annual compliance audits. Based on this comprehensive review, the SLMC will propose necessary amendments to the SOP, which will be notified after due consultation with all key stakeholders, ensuring the framework remains relevant, effective, and protective of the best interests of the child.



10. Coming back to the present case, I pass the following

**ORDER**

- i. The writ petition is ***allowed.***
- ii. A mandamus is issued directing respondent No.4 to take necessary steps to terminate the pregnancy of Petitioner in terms of the report dated 15.10.2025 which has been furnished by Medical Board.
- iii. Respondent No.4 is directed to preserve the terminated fetus for the purpose of DNA testing and analysis in the criminal proceedings which are pending.
- iv. Respondent No.2 is directed to conduct DNA test of the terminated fetus for the purpose of investigation in Crime No.0213/2025 registered by respondent No.2-Vishwanathpura Police Station.
- v. Respondent No.1 is directed to bear the entire expenses of medical termination of pregnancy procedure as directed by this Court.
- vi. Respondent No.3 is directed to consider the compensation which is required to be paid in terms the compensation scheme for women



victim/survivors of sexual assault which is being implemented by respondent No.3.

- vii. Though the above matter is disposed, re-list on **13.12.2025** for consideration of the report to be filed in pursuance of the general directions which have been issued.

SD/-  
**(SURAJ GOVINDARAJ)**  
**JUDGE**

SR  
List No.: 3 SI No.: 2