

# India



**1,353**  
Population (thousands)



**\$2,718,732**  
Gross national product (millions)



**21%**  
Population below international poverty line



**90%**  
Literacy rate for male youth (15-24)



**69 YEARS**  
Average life expectancy at birth

**82%**  
Literacy rate for female youth (15-24)



**37**  
Under 5 mortality rate (per 1,000 births)

## Behaviors and Conditions Generally Viewed as Child Maltreatment

### Age an individual is legally considered an adult <sup>Q9</sup>

- 18

### Forms of acceptable punishment <sup>Q11</sup>

- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child's mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes
- Hitting a child anywhere else on the body with a fist

### Actions considered forms of child maltreatment:

#### Affecting children's safety, health, or development <sup>Q12</sup>

- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor - under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons

- Making a child responsible for an adult crime to lessen risk of prosecution

#### In the following places <sup>Q13</sup>

- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp
- Home

#### Involving a parent or caregiver <sup>Q14</sup>

- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Failure to seek medical care for child based on religious beliefs
- Child is exposed to (witnesses) intimate partner (or domestic) violence
- Child exposed to parent's substance use
- Verbal

## Official Documentation on Child Maltreatment

<b>Government agency maintains official record/count of all suspected CM reported to authorities <sup>Q15</sup></b>	Yes	<b>Multiple agencies have interconnected recordkeeping systems <sup>Q18</sup></b>	No
<b>Agencies that maintain these records <sup>Q16</sup></b>		<b>How long this counting system has been in place <sup>Q19</sup></b>	Less than 5 years
<ul style="list-style-type: none"> <li>• Social services</li> <li>• State and National Child Right Commission</li> <li>• Child Welfare Committee</li> <li>• Child care institutions</li> </ul>		<b>Types of CM and intimate partner violence used to classify reports <sup>Q20</sup></b>	
<b>The level at which records are maintained <sup>Q17</sup></b>		Physical abuse	Yes
<ul style="list-style-type: none"> <li>• National</li> <li>• Regional/State</li> <li>• Local</li> </ul>		Sexual abuse	Yes
		Neglect	No
		Emotional (psychological) maltreatment	No

Exposure to intimate partner violence (IPV)	No	Street children	46-60%
<b>Change in the past 4 years in the number of reports for the following types of CM</b> <sup>Q21</sup>		Abandoned children	61-75%
Physical abuse	No change	Exposure to IPV	16-30%
Sexual abuse	More cases	<b>Percent of substantiated reports that result in</b> <sup>Q37</sup>	
Neglect	More cases	Result in the perpetrator being removed from the home	0-15%
Emotional (psychological) maltreatment	More cases	Lead to prosecution of the alleged perpetrator	0-15%
Exposure to intimate partner violence (IPV)	No change	Result in the child being removed from the home	76-90%
<b>Subgroups of children are systematically excluded from the reporting system</b> <sup>Q22</sup>	No	<b>Number of children removed from home living in:</b> <sup>Q38</sup>	
<b>Subgroups of children are included in this reporting system</b> <sup>Q24</sup>	Yes	Kinship care (with a family member)?	46-60%
<b>Country or most states/provinces have a law mandating reporting of suspected CM</b> <sup>Q26</sup>	Yes	Non-relative family foster care	0-15%
<b>Year law took effect</b> <sup>Q27</sup>	After 2005	Residential care/orphanages	46-60%
<b>Law applies to</b> <sup>Q28</sup>			
• Sexual abuse			
<b>National Statistics</b>			
<b>The rate of reported CM nationwide per 1,000 children per year</b> <sup>Q29</sup>	75	<b>Child Fatalities</b>	
<b>Percentage of reports of suspected CM that are responded to/investigated by social services</b> <sup>Q30</sup>	0-15%	<b>An autopsy is required by law when a child's death</b> <sup>Q39</sup>	
<b>The rate of proven CM per 1,000 children</b> <sup>Q32</sup>	50	Is unexpected	Yes
<b>Year and period this rate applies to</b> <sup>Q33</sup>	2018-2019	Has an unclear cause	Yes
<b>Official count represents number of children or number of responses</b> <sup>Q34</sup>	Response count	<b>The autopsy is conducted by</b> <sup>Q40</sup>	
<b>One child or household can be counted more than once</b> <sup>Q35</sup>	No	• Forensic doctor	
<b>Percentage of responses/investigations for each of the following types of CM</b> <sup>Q36</sup>		• Coroner	
Physical abuse	31-45%	• Hospital	
Sexual abuse	46-60%	<b>There is a specific protocol</b> <sup>Q41</sup>	Yes
Neglect	76-90%	<b>My country has child death/fatality review teams</b> <sup>Q42</sup>	No
Emotional (psychological) maltreatment	76-90%	<b>An official annual count of deaths due to child abuse or neglect is maintained by a government agency</b> <sup>Q46</sup>	No
		<b>The annual rate of child deaths attributed to CM</b> <sup>Q47</sup>	More than 4 in 100,000
		<b>Time period that this annual rate applies to</b> <sup>Q48</sup>	2018
		<b>Percentage of child deaths that involves</b> <sup>Q49</sup>	
		Physical abuse	0-15%
		Neglect	0-15%
		Sexual Abuse	0-15%
		Emotional Abuse	0-15%
		Intimate Partner Violence	0-15%
		<b>In the past 10 years, the number of reported deaths due to CM</b> <sup>Q50</sup>	About the same

### Responses to Child Maltreatment

<b>My country has an identified government agency (or agencies) at the national, state, or local levels that is mandated to respond to reports of CM</b> <sup>Q51</sup>	Yes	<b>Primary investigations are conducted by</b> <sup>Q52</sup>	
		• Social services	

### Laws and Policies Responding to Child Maltreatment

<b>My country has national laws or policies implemented at the state/provincial/territorial level regarding CM</b> <sup>Q53</sup>	Yes	Provisions for removing the alleged perpetrator from the home	Yes
<b>These laws were established</b> <sup>Q54</sup>	After 2000	Requirement that background checks be conducted for employees who work with children (e.g., teachers, day care workers, etc.)	Yes
<b>The following elements are specified in laws or policies</b> <sup>Q55</sup>		Specific criminal penalties for maltreating a child	Yes
Mandated periodic training for professionals who may encounter maltreated children	Yes	Requirement that all victims receive some form of service or intervention	Yes
Mandated reporting of suspected CM for specific groups of professionals or individuals	Yes	Requirement that all perpetrators receive some form of service or intervention	No
Mandated reporting of suspected CM for all adults	Yes	Requires the development of specific prevention services	Yes
Provisions that allow for voluntary reporting of suspected CM by any professional or individual	Yes	Requires that a separate attorney or advocate be assigned to represent the child's interests	Yes
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Yes	Penalties for professionals who fail to report CM	Yes
Requirement that the investigation be a coordinated intersectoral response	Yes	Provision of immunity from liability when reports are made in good faith	Yes
Requirement that the child(ren)'s and family's needs be assessed	Yes	Provide a specific budget for preventing CM	No
Provisions for removing child from his or her parents/caretakers to ensure the child's safety	Yes	Clear definition of child neglect	No
		Clear definition of child physical abuse	No
		Clear definition of child sexual abuse	Yes

Clear definition of child emotional/psychological abuse	No	Requirement that all perpetrators receive some form of service or intervention	Inconsistently
Clear definition of exposure to IPV	No	Requirement that the development of specific prevention services	Inconsistently
<b>The sectors that are required to be included in the response</b> <sup>Q56</sup>		Requirement that a separate attorney or advocate be assigned to represent the child's interests	Inconsistently
• Child protection		Penalties for professionals who fail to report CM	Inconsistently
• Law enforcement (police)		Provision of immunity from liability when reports are made in good faith	Inconsistently
• Health (e.g., forensic doctor or pediatrician)		Provision of a specific budget for preventing CM	Inconsistently
• Legal (e.g., prosecutor or court appointed advocate)		<b>The adequacy of government resources for implementing these laws or policies</b> <sup>Q58</sup>	
• Education (teachers)		Mandated periodic training for professionals who may encounter	Somewhat inadequate
• Social workers		Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Somewhat inadequate
<b>The extent to which these laws or policies are being enforced</b> <sup>Q57</sup>		Requirement that an investigation be a coordinated intersectoral response	Somewhat inadequate
Mandated periodic training for professionals who may encounter maltreated children	Inconsistently	Requirement that the child(ren)'s and family's needs be assessed	Somewhat inadequate
Mandated reporting of suspected CM for specific groups of professionals or individuals	Inconsistently	Provisions for removing child from his or her parents/caretakers to ensure the child's safety	Somewhat inadequate
Mandated reporting of suspected CM for all adults	Inconsistently	Provisions for removing the alleged perpetrator from the home	Somewhat inadequate
Provisions that allow for voluntary reporting of suspected CM by any professional or individual	Inconsistently	Requirement that all victims receive some form of service or intervention	Somewhat inadequate
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Inconsistently	Requirement that all perpetrators receive some form of service or intervention	Somewhat inadequate
Requirement that the investigation be a coordinated intersectoral response	Inconsistently	Requirement that a separate attorney or advocate be assigned to represent the child's interests	Somewhat inadequate
Requirement that the child(ren)'s and family's needs be assessed	Inconsistently	Provision of a specific budget for preventing CM	Somewhat inadequate
Provisions for removing child from his or her parents/caretakers to ensure the child's safety	Widely		
Provisions for removing the alleged perpetrator from the home	Almost never		
Requirement that background checks be conducted for employees who work with children (e.g., teachers, daycare workers, etc.)	Inconsistently		
Requirement that all victims receive some form of service or intervention	Inconsistently		

## Services

<b>Child abuse and neglect services available and to what extent</b> <sup>Q59</sup>		Public shelters for victims of domestic violence and their children	Occasionally
Therapy for those who neglect a child	None	Institutional care for maltreated children	Moderately
Therapy for neglected children	Moderately	Financial and other material support	Moderately
Therapy for those who physically abuse a child	None	Hospitalization for mental illness for adults	Moderately
Therapy for physically abused children	Moderately	Hospitalization for mental illness for children	Occasionally
Therapy for those who sexually abuse a child	Occasionally	Substance abuse treatment for parents	None
Therapy for sexually abused children	Occasionally	Substance abuse treatment for children	Moderately
Case management support services to meet a family's basic needs	Moderately	Centers for parents to share experiences/concerns	Occasionally
Home-based services to support parents and family	None	Universal home visits for all new parents	Moderately
Foster care with official foster parents	Occasionally	Targeted home visits for new parents at-risk	None
Group homes for maltreated children	Moderately	Free/highly subsidized child care	Moderately
Public shelters for maltreated children	Moderately	Universal health screening for children	Occasionally
		Universal, mostly free medical care for children	None
		Universal, mostly free medical care for all citizens	None

## Prevention

<b>The involvement of the following sectors in providing CM prevention services before CM has occurred</b> <sup>Q60</sup>		Courts/law enforcement	Minimal
Hospitals/medical centers	None	Universities	Minimal
Mental health agencies	None	<b>The level of involvement for the following sectors in providing CM treatment services after CM has occurred</b> <sup>Q61</sup>	
Businesses/factories	Minimal	Hospitals/medical centers	Minimal
Schools	Minimal	Mental health agencies	Minimal
Public social service agencies	Minimal	Businesses/factories	Minimal
Community-based NGOs	Minimal	Schools	Minimal
Religious institutions	None	Public social service agencies	Minimal
Voluntary civic organizations	Minimal		

Community-based NGOs	Minimal	Services for victims of domestic violence	Not effective
Religious institutions	None	Child death review teams	Not used
Voluntary civic organizations	Minimal	Trauma-Focused Cognitive Behavioral Therapy	Not effective
Courts/law enforcement	None	Multi-Systemic Therapy	Not effective
Universities	None	Triple P Positive Parenting Program	Not used
<b>The extent to which government and non-governmental agencies fund CM prevention services</b> <sup>Q62</sup>		Safe Care parenting program	Not used
Government	Minimal	<b>The importance of the following barriers in limiting efforts to prevent CM</b> <sup>Q65</sup>	
Non-government	Minimal	Limited resources for improving the government's response to CM	Quite
<b>The extent to which government and non-governmental agencies fund CM treatment services</b> <sup>Q63</sup>		Lack of specific laws related to CM	Very
Government	None	Lack of system to investigate reports of CM	Very
Non-government	None	Lack of trained professionals	Very
<b>The effectiveness of these strategies in preventing CM</b> <sup>Q64</sup>		Public resistance to supporting prevention efforts	Very
Nurse Family Partnership	Not used	Extreme poverty	Very
Home-based services and support for parents at risk	Not used	Decline in family life and informal support systems for parents	Very
Media campaigns to raise public awareness	Not effective	Country's dependency on foreign investment to sustain its local economy	Somewhat
Risk assessment methods	Not effective	Strong sense of family privacy and parental rights to raise children as they choose	Quite
Increasing individual responsibility for child protection	Not effective	General support for the use of corporal punishment/physical discipline of children	Very
Prosecution of child abuse offenders	Not effective	Lack of commitment or support for children's rights	Very
Universal home visitation for new parents	Not effective	Overwhelming number of children living on their own	Quite
Improving/increasing local services	Not effective	Generally inadequate and poorly developed systems of basic health care or social services	Quite
A system of universal health care and access to preventive medical care	Not effective	Political or religious conflict and instability	Quite
Professional training	Not effective	Lack of access to mental health services	Quite
University programs for students	Not effective	Lack of substance abuse treatment	Very
Advocacy for children's rights	Not effective	Lack of laws allowing sharing of information among professionals	Quite
Improving the basic living conditions of families (e.g., housing, access to clean water).	Not effective		
Mental health services	Not used		
Substance abuse services	Not effective		

## Child Sexual Exploitation

The following questions pertain to child sex exploitation (CSE), defined as: the recruitment, harboring, transportation, trafficking, provision, or obtaining of a person under 18 for the purpose of a commercial sex act -- by force, fraud, or coercion.

<b>The extent to which my country has laws concerning CSE</b> <sup>Q66</sup>	Somewhat	<b>The extent to which my country prosecutes citizens who engage in CSE</b> <sup>Q74</sup>	Rarely
<b>The extent to which my country has programs to combat CSE</b> <sup>Q67</sup>	Somewhat	<b>The extent to which my country prosecutes citizens who engage in CSE abroad</b> <sup>Q75</sup>	Don't know
<b>The extent to which agencies collaborate to stop CSE</b> <sup>Q68</sup>	Somewhat	<b>The extent to which my country prosecutes foreigners who engage in CSE within my country</b> <sup>Q76</sup>	Most of the time
<b>The extent to which clear policies exist for reporting CSE to a public agency or NGO</b> <sup>Q69</sup>	Not really	<b>The extent to which my country arrests children who are exploited sexually</b> <sup>Q77</sup>	Most of the time
<b>My country keeps official records on CSE</b> <sup>Q70</sup>	Yes	<b>There have been arrests in my country in the past year of persons who sexually exploit children</b> <sup>Q78</sup>	Yes
<b>Commercial sex work is legal in my country</b> <sup>Q71</sup>	Yes	<b>There have been arrests in my country in the past year of persons for the possession or production of child pornography</b> <sup>Q79</sup>	Yes
<b>At age what is it legal to be a sex worker</b> <sup>Q72</sup>	18		
<b>The extent to which CSE victims receive mental health care</b> <sup>Q73</sup>	Rarely		

## Resources

<b>The extent to which the UNCR has helped improve CM policies and programs</b> <sup>Q80</sup>	Somewhat	<b>Reputable agencies or organizations in my country able to provide reliable information, with contact information, especially websites.</b> <sup>Q84</sup>	
<b>Major developments in child abuse and neglect in my country in the past year</b> <sup>Q83</sup>		<b>Snehalata center for child rights</b>	
<ul style="list-style-type: none"> <li>• POCSO Act</li> <li>• At block level and at all levels health and education looked after</li> <li>• Pediatricians are being trained in child abuse.</li> <li>• Efforts in coming together of all professional in contact with child care by conferences.</li> <li>• Sexual abuse detection and management workshops.</li> <li>• Opportunity given to victims for self reporting</li> <li>• Activities of Childline and NGO on child rights.</li> <li>• Children empowerment and feedback</li> </ul>		<b>Address:</b> K.B Road Paltan Bazaar P.O REHABARI, Guwahati, Assam, India 781008	
		<b>Email:</b> jsteinherr@gmail.com	
		<b>Resources Provided:</b> Child care institutions registered under govt, child empowerment programme	
		<b>UTSAH</b>	
		<b>Address:</b> Bamunimaidan, Guwahati, Assam, India 7810021	
		<b>Email:</b> utsah7@gmail.com	
		<b>Resources Provided:</b> Information on sexual abuse	