

Research Article

Decoding Age in Pocsso Cases: Legal Scrutiny and Medical Evidence Issues

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Abstract: The Protection of Children from Sexual Offences Act, 2012 (POCSO Act) establishes a robust statutory framework to combat sexual offences against minors, placing decisive importance on the accurate determination of age for the purposes of criminal liability and sentencing. Notwithstanding its significance, the process of age determination under the Act is beset with persistent legal, medical, and evidentiary complexities. Documentary evidence, including birth certificates and school records, is often either inaccessible or of questionable authenticity, while medical age estimation techniques such as ossification and dental analysis remain inherently imprecise and subject to variations arising from biological, environmental, and socio-economic factors. This paper critically evaluates the legal regime governing age determination under the POCSO Act, with particular emphasis on statutory provisions, judicial pronouncements, and prevailing forensic practices. It underscores the inconsistencies and evidentiary limitations that frequently give rise to judicial uncertainty, as reflected in key case law, thereby exposing the tension between the objectives of stringent child protection and the imperatives of due process. Adopting a comparative and reform-centric perspective, the study advocates for the development of uniform age determination standards, the incorporation of interdisciplinary and multi-method medical assessments, and the exercise of nuanced judicial discretion in cases involving marginal age differences. By synthesising legal, medical, and ethical considerations, the paper seeks to contribute to a more coherent and balanced application of the POCSO framework, ensuring both the effective protection of children and the preservation of fundamental rights.

Keywords: POCSO Act, Child Protection, Forensic Evidence, Medical Jurisprudence, Judicial Analysis.

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INTRODUCTION

Determining the Age constitutes a pivotal aspect of the implementation of the Protection of Children from Sexual Offences Act, 2012 (POCSO Act), as its applicability is confined to individuals recognized as children, defined under Section 2(d) as persons below the age of eighteen years.¹ This definition sets a legal threshold for criminal liability, distinguishing offences committed against minors from those involving adults. The Act criminalises all sexual activity involving children irrespective of consent, emphasising the primacy of child protection over individual intent. Consequently, accurate age verification is essential to ensure that the law is applied correctly and fairly.

In practical terms, age determination under POCSO often involves a combination of documentary evidence, such as birth certificates, school records, or government-issued identification, and medical assessment, including radiological examinations of bones, dental analysis, and ossification studies. Courts may also exercise judicial discretion in interpreting conflicting evidence or resolving borderline cases.² Errors in age estimation can lead to grave legal consequences: minors may be wrongly treated as adults and denied statutory protection, while adults may be erroneously subjected to criminal liability and stringent punishment, thereby raising serious concerns regarding justice and fairness.

The complexities surrounding age determination underscore its position at the intersection of law, medical science, and human rights. While medical assessment techniques are grounded in scientific principles, they remain inherently probabilistic and are influenced by variables such as nutrition, socio-economic conditions, and genetic diversity. In contrast,

the legal framework demands a high degree of certainty and adherence to procedural fairness, compelling courts to carefully evaluate and balance such evidence with due caution.³ Moreover, a careful balance must be maintained between safeguarding the rights of children and protecting the rights of the accused, ensuring that the objective of protection does not undermine due process or result in over-criminalisation.

Accordingly, age determination under the POCSO Act cannot be viewed as a mere procedural formality; rather, it represents a complex socio-legal and scientific exercise. It necessitates the convergence of medical expertise, reliable documentary evidence, and sound judicial discretion, all within a framework that upholds the dignity, rights, and welfare of children. Effectively addressing these challenges is essential to preserving the credibility and efficacy of the POCSO regime, while ensuring that justice is fairly administered in each case.⁴

LEGAL REGIME FOR AGE ASSESSMENT UNDER THE POCSO ACT

The Protection of Children from Sexual Offences Act, 2012 does not lay down a single or uniform procedure for determining the age of an alleged victim or accused, thereby leaving the assessment largely to judicial discretion based on the evaluation of available evidence. In practice, courts adopt a composite approach, relying on both documentary and medical evidence to ascertain whether an individual is below the statutory threshold of eighteen years. Documentary evidence—such as birth certificates, school records, passports, or Aadhaar identification—is generally treated as prima facie proof of age.

However, in many instances, such documents are either unavailable, incomplete, or unreliable—particularly in rural and socio-economically disadvantaged contexts—thereby necessitating recourse to alternative methods of age verification. In many instances, such documents are either unavailable, incomplete, or unreliable—particularly in rural and socio-economically disadvantaged contexts—thereby necessitating recourse to alternative methods of age verification.⁵

Medical examination has thus emerged as a crucial mechanism for age determination under the POCSO framework. Commonly employed techniques include radiological assessment of bones—such as the hand, wrist, or clavicle—and dental analysis to estimate chronological age. Although grounded in scientific methodology, these approaches are inherently probabilistic and subject to biological variability, with factors like nutrition, genetic background, and environmental conditions potentially affecting their accuracy. Recognising these limitations, courts have consistently emphasised that medical opinions should, wherever possible, be corroborated by documentary evidence and not relied upon in isolation.⁶

Further, procedural safeguards exist under related legislation to ensure child-sensitive handling of age verification. Section 164A of the Code of Criminal Procedure, 1973 mandates that a child victim must be medically examined promptly and, in a child, -friendly manner, with consent from guardians and strict confidentiality. Similarly, the Juvenile Justice (Care and Protection of Children) Act, 2015 prescribes procedures to determine whether an individual qualifies as a child or juvenile, particularly in cases where age is disputed or documents are unavailable.⁷

Judicial pronouncements have consistently affirmed that age cannot be ascertained solely on the basis of physical appearance or secondary sexual characteristics, as such indicators are inherently unreliable and may result in misclassification. Courts have therefore directed trial judges to adopt a comprehensive approach, carefully evaluating documentary, medical, and circumstantial evidence in determining age. This legal framework reflects a careful balance between protecting children from sexual exploitation and ensuring fairness to the accused,

FORENSIC AND MEDICAL TECHNIQUES IN AGE DETERMINATION

Medical evaluation assumes a pivotal role in age determination under the POCSO Act, especially in situations where documentary evidence is absent, contested, or unreliable. The most commonly used method is radiological examination of bones, such as X-rays of the wrist, elbow, or collarbone, which evaluate the ossification centers and epiphyseal fusion to estimate chronological age.⁹

While widely employed in forensic practice, radiological methods are subject to an inherent margin of error of $\pm 1-2$ years, influenced by factors such as nutrition, genetic background, socioeconomic conditions, and health status, making precise determination challenging.¹⁰

Dental age assessment is also frequently relied upon, involving the analysis of tooth development and eruption sequences. This method provides supportive evidence, especially in instances where skeletal growth does not align with actual age. However, these methods also carry a margin of error, particularly among adolescents, and must be interpreted alongside other medical and documentary data.¹¹

For older adolescents and young adults, ossification of the clavicle, assessed through MRI or CT scans, has proven useful

in estimating age in the range of 18–25 years. MRI is generally preferred over CT or X-ray for ethical and medical reasons, as it avoids radiation exposure and is less invasive.¹²

Courts increasingly advocate a convergent or multi-method approach, where medical evidence is considered together with documentary proof, witness testimony, and other circumstantial factors. This approach enhances the reliability and credibility of age determination, while recognising that no single method can offer absolute certainty.¹³

Notwithstanding technological advancements, all medical methods of age assessment remain inherently probabilistic, necessitating judicial caution and the application of the benefit of doubt in cases approaching the statutory age threshold. By adopting a holistic approach that integrates multiple forms of evidence, the legal system seeks to strike a balance between the protective intent of the POCSO Act and the requirements of procedural fairness, ensuring that children are adequately safeguarded while preventing the unjust prosecution of adults.

JUDICIAL PERSPECTIVES

Indian courts have often confronted the challenges inherent in determining age under the POCSO Act, particularly in cases where the age of the victim or accused is disputed or lies close to the statutory threshold of eighteen years. In such borderline situations, judicial scrutiny has underscored that medical evidence, though significant, is not conclusive and must be evaluated alongside other forms of evidence. For instance, in *Reema v. State of Rajasthan* (2020), the Rajasthan High Court observed that radiological age assessments inherently carry a margin of error of 1–2 years, and slight deviations should not automatically result in criminal liability.¹⁴

Similarly, in *Sunil Kumar v. State of Uttar Pradesh* (2021), the Allahabad High Court held that documentary evidence such as birth certificates or school records should be treated as primary, with medical assessments serving only a corroborative role, particularly when there are conflicting reports.¹⁵

Judicial practice increasingly reflects a principled application of the benefit-of-doubt rule in favour of the accused, without undermining the protective objectives of the POCSO Act. Courts have cautioned against mechanical reliance on X-rays or dental reports alone, recognising the variability introduced by nutrition, genetics, and socio-economic conditions.¹⁶ For example, in *Rohit v. State of Himachal Pradesh* (2022), the court highlighted the importance of a holistic evaluation, considering documentary records, circumstantial evidence, and expert medical testimony collectively before arriving at a conclusion on age. This approach ensures that while the law remains strictly protective of children, it also respects principles of fairness, proportionality, and procedural justice.

Judicial controversies frequently emerge in cases involving adolescents nearing the age of majority, where courts are required to strike a delicate balance between safeguarding children and protecting the rights of young adults. The emerging jurisprudence suggests a careful, reasoned approach that weighs all available evidence, applies benefit-of-doubt principles, and avoids over-criminalisation in borderline cases, thereby aligning legal outcomes with both scientific uncertainty and social justice imperatives.¹⁷

COMPLEXITIES IN AGE ASSESSMENT

Age determination under the POCSO Act is fraught with multiple interrelated challenges encompassing scientific, legal, ethical, and practical dimensions. From a scientific perspective, methods such as radiological bone assessment and dental examination, while widely used, are inherently probabilistic and subject to a margin of error, typically $\pm 1-2$ years.¹⁸ Factors such as physiological development, nutrition, ethnicity, and general health significantly influence skeletal and dental maturity, making precise chronological age estimation difficult and potentially leading to wrongful conviction or acquittal. These scientific limitations necessitate careful judicial interpretation and caution in relying solely on medical evidence.¹⁹

Legal ambiguities further complicate age determination. The POCSO Act does not provide a standardized procedural framework for age verification, and judicial approaches vary across jurisdictions. This divergence creates uncertainty for prosecutors, defence counsel, and trial courts, particularly in cases where documentary evidence is lacking or conflicting.²⁰ The absence of uniform guidelines can result in inconsistent application of the law and challenge the principle of legal certainty, which is essential in criminal proceedings.

Ethical and human rights concern also arise in the process of medical age estimation. Radiological and dental examinations may be invasive or psychologically distressing, especially for child victims who are already vulnerable. Courts and medical practitioners are required to ensure that procedures are child-friendly, that informed consent is obtained from guardians, and that the privacy and dignity of the child are preserved throughout the process.²¹

~~Finally, practical issues can impede accurate age determination. Delays in obtaining essential documents such as birth~~

certificates, school records, or government-issued identification can prolong judicial proceedings and hinder timely resolution of cases. In some instances, misreporting or falsification of age by parents or guardians adds further complexity, forcing courts to rely on a combination of documentary, medical, and circumstantial evidence.²² These challenges highlight the necessity of a multi-disciplinary, standardized approach that balances the protective objectives of the POCSO Act with procedural fairness and scientific reliability, ensuring justice for both children and accused individuals.

GLOBAL PERSPECTIVES ON THE ISSUE

Various jurisdictions have evolved flexible and context-sensitive frameworks for age determination in sexual offence cases, offering valuable insights for the Indian legal system under the POCSO Act.

In the United Kingdom, courts primarily rely on documentary evidence—such as birth certificates, school records, or government-issued identification—to establish age, resorting to medical assessment only when such documents are unavailable, contested, or unreliable. This approach reflects the principle that documentary evidence should serve as the primary basis for determining age, with medical opinion functioning in a supplementary capacity.

In South Africa, the judicial system permits the use of medical evidence for age estimation but places it within a framework of judicial discretion.²³ Courts are instructed to consider factors such as socio-economic background, nutritional status, and developmental variability when interpreting medical reports. This ensures that scientific evidence is applied sensitively and contextually, reducing the risk of over-criminalisation or erroneous classification based on minor physiological differences.

Similarly, in Australia, judicial discretion plays a central role in age determination.²⁴ In borderline situations, particularly those involving adolescents close to the statutory age threshold, courts often extend the benefit of the doubt to the accused while ensuring that the protective purpose of child sexual offence laws is not undermined. This approach reflects a nuanced appreciation of adolescent development and recognises the inherent uncertainty associated with medical age estimation.

Collectively, these comparative frameworks highlight the importance of balancing child protection with fairness to the accused—an objective that is increasingly acknowledged within Indian jurisprudence under the POCSO regime. Indian courts are progressively moving towards these principles by adopting a holistic, multi-evidentiary approach that takes into account documentary records, medical assessments, and surrounding circumstances, while exercising judicious discretion in cases involving disputed or borderline age. Such an approach not only strengthens the protection afforded to children but also ensures that the rights of individuals are not unjustly compromised, thereby promoting both fairness and scientific reliability in the administration of justice.

SUGGESTIONS

To effectively tackle the ongoing challenges associated with age determination under the POCSO Act, a range of practical and policy-driven measures may be implemented to improve accuracy, ensure fairness, and strengthen child protection.

Firstly, the adoption of standardised national protocols combining medical, dental, and documentary evidence would provide uniformity across jurisdictions and reduce inconsistencies in judicial outcomes.²⁵ The guidelines should clearly outline procedures for radiological and dental assessments, prescribe standards for documentation, and establish frameworks for evaluating evidence, thereby providing courts with a structured and reliable basis for decision-making.

Secondly, courts must explicitly account for the inherent margin of error in medical age estimation, typically 1–2 years, particularly for adolescents close to the statutory age threshold of eighteen years.²⁶ Acknowledging this margin of error can help prevent the over-criminalisation of young individuals and uphold the principle of fairness, while still preserving the protective intent of the law.

Thirdly, training and capacity building are essential. Judicial officers, forensic doctors, and investigators should receive specialised training on child-sensitive procedures, scientific methodologies for age estimation, and ethical considerations, enabling more informed and consistent decision-making.²⁷

Fourthly, age determination processes must prioritise child-centric approaches, ensuring that medical examinations are conducted in a manner that preserves the dignity, consent, and psychological safety of child victims. Procedures should be minimally invasive, confidential, and respectful, reflecting the vulnerability of children and the trauma they may have experienced.²⁸

Finally, the establishment of multi-disciplinary panels comprising forensic experts, paediatricians, and legal officers is recommended for complex or disputed age cases. These panels can facilitate a well-rounded assessment by combining medical expertise, developmental insights, and legal analysis, thereby enhancing the credibility of conclusions and aiding

courts in making balanced decisions in borderline cases. Collectively, such measures are aimed at fortifying the POCSO framework, ensuring that the objective of child protection is fulfilled without undermining the procedural safeguards available to the accused, and thereby advancing fairness, scientific reliability, and equity in age determination processes.

CONCLUSION

Determination of Age under the POCSO Act remains a vital yet intricate exercise, central to ensuring both accountability and protection within the legal framework. Although medical methods offer important scientific insights, their inherent limitations make it imperative for courts to exercise caution and corroborate such findings with reliable documentary evidence.

A more structured and standardised approach to age assessment is essential to minimise inconsistencies and enhance the credibility of outcomes. This includes the adoption of uniform guidelines, greater reliance on multidisciplinary evaluation, and the careful application of judicial discretion in borderline cases. Ultimately, such an approach can strike a meaningful balance—ensuring that children receive the protection intended under the law while also safeguarding individuals from wrongful classification and unjust prosecution, thereby reinforcing fairness, accuracy, and trust in the justice system.

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