Child Protection Recognition and Response
Training Reference Manual

Nepal Paediatric Society
(NEPAS)

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The information in this book is true and complete to the best of our knowledge as it is gartered with recommendation, discussion and review of available literature and organizations within Nepal. Recommendations are made without guarantee on the part of NEPAS. Few pictures are cited from child protection companion RCPCH. The author and publisher disclaim any liability in connection with the use of this information.

Message from President

Nepal Paediatric Society (NEPAS) is committed to strive for overall development of the children of Nepal and has been a major advocate for the rights of the child.

I feel happy to share with all readers that NEPAS has played a pivotal role in different forums on child rights and feels pride in being a party to raising this awareness and promulgation of child friendly acts and regulations for child protection and mitigation of abuse and neglect in the country.

The impact of child maltreatment can be profound. Research shows that child maltreatment is associated with adverse physical and mental health outcomes in children and families, and those negative effects can last a lifetime. In societal perspective, child abuse and neglect can affect various government systems, including healthcare delivery, law enforcement, judicial and public social services agencies in addition to non governmental agencies as they respond to the incident and support the victims. Many of our fellow colleagues and other allied health workers on rights may not be aware but child right is a fundamental right according to Nepal's new constitution. It is therefore imperative that majority of these stakeholders receive appropriate training and education on child rights issues.

In this regard, I am delighted to know that a team of members from NEPAS and international experts have prepared manual and training materials to educate all these stakeholders on "Child protection recognition and response". I would like to thank everyone involved in preparation of this material and organization of the training.

I hope that all stakeholders will benefit immensely from this manual. I hope that this will help improve the detection of child maltreatment, enhance the capacity to deal with the child protection issues, familiarize the legal aspects and consequences of child protection issues among all stakeholders.

Dr. Krishna P. Bista
President
Nepal Paediatric Society (NEPAS)

Foreword

This training manual is developed by the professionals involved in the recognition of child maltreatment. It focuses on the rights of children, identifying the signs of child abuse, legal aspects in context of Nepal and the holistic approach of management to it.

There is an entailed description of the status of child protection, issues related to recognition and response towards it.

Every individual should come forward in enhancing the voice of those children to make a better place for them to live.

Nepal Paediatric Society (NEPAS)

Acknowledgement

We would like to thank NEPAS Executive Committee for taking initiatives on developing this manual. The initiative from Dr. Chris Hobbs, Dr. Jean Price, Senior Consultant Community Paediatrician with interest in Child Protection from UK and Advanced Life Support Group UK deserve special thanks for the training of Nepalese pediatricians and nurses in child protection. Many of the contents in this manual have been adapted from the ALSG manual. Dr. Chris Hobbs, Dr. Diana Jellinek, Dr. Jean Price Dr. Neela Shabde, Dr. Ronald Smith, Dr. Deepak Upadhyaya, Dr. Jamuna Acharya, Dr. Sabina Shah Pahari, Joanne Lott and Sheila Moore, Specialist Child Protection Nurses, Dr. Kate Denning, educator and the whole team from United Kingdom deserve special mention in all the efforts they have put in giving momentum to child protection activities in Nepal. We thank So The Child May Live (STCML) and Health Exchange Nepal (HeXan) for contribution. We also thank stakeholders from Nepal including Central Child Welfare Committee, Women and Children Directorate of Nepal Police, UNICEF Nepal and various news media whose feedback have been very useful in development of this manual. We thank Children Rescue and Co-ordination Center, Bhrikutimandap and CWIN child helpline, Thankot for letting us visit the site and providing us with the information on the procedures of their work. We finally would like to thank Kanti Children's Hospital for allowing us to use its venue for meetings, consultations and pretesting of this manual.

Editorial Committee

Abbreviation

CPRR	Child Protection Recognition and Response
NAHI	Non Accidental Head Injury
FII	Fabricated /Induced Illness
UNCRC	United Nations Convention on rights of Child
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CCWB	Central Child Welfare Board
DCWB	District Child Welfare Board
CEDAW	Convention to End all forms of Discrimination Against Women
CERD	Convention to End all forms of Racial Discrimination
UNCRPD	United Nation Convention on the Rights of Person with Disability
CAT	Convention Against Torture
ITP	Idiopathic Thrombocytopenic Purpura
NAI	Non Accidental Injury
RTA	Road Traffic Accident
FY	Fiscal Year

Table of Contents

Target Audience

This manual is specially targeted to pediatrician, pediatric nurses and other health personnel who are involved in the management and care of children. This manual will be helpful to those who are involved with the overall care of children like school, daycare center, social welfare areas, etc.

Objective

The objectives of this manual are:

1. To increase the case detection rates regarding child protection in health facilities.
2. To enhance the capacity to deal with the child protection issues.
3. To know about the legal status, stakeholders involved and the consequences associated with child protection issues.

Facilitating the Training

Training Outline

Introduction	Time 15 mins	1. Welcome 2. Housekeeping 3. Overview of training 4. Expectations	
Introduction to child protection	60 mins	1. What is child protection? 2. Why is it necessary? 3. What is the status? 4. Definition 5. Indicators of abuse	Participants will: 1. Elaborate the history of child right. 2. Define child right, child protection recognition and response 3. Understand the situation of Nepal regarding CPRR
Legislation	60 mins	1. Understanding child protection 2. Prevalence of child abuse in Nepal 3. Nepal's governance 4. Child protection mechanisms and their role 5. Role of health practitioners	Participants will: 1. Explain the child protection and its prevalence 2. Define the role of health practitioners 3. How to address the issues legally?

How do you feel?	45 mins	1. How an individual's feelings and attitudes might affect their response to child protection work?	Participants will: 1. Understand how social class, culture, race, religion and gender issues might influence their response to child abuse 1. Recognise the need for emotional support and supervision and know where to go for help 1. Acknowledge that a difference of opinion and conflict may arise within child protection work and know where to go for help
Physical abuse	60 mins	1. How to recognise child abuse and neglect 2. What they need to learn to be able to recognise child abuseand neglect. 3. Then they should call a senior colleague?	Participants will: 1. Know and recognise the indicators of possible abuse or neglect, such as patterns of injury 2. delay in presentation and inconsistencies in the history
Non physical abuse	60 mins	1. Creating awareness in recognizing child abuse and neglect. 2. Help in evaluating the feature that enables the candidate to recognize child abuse and neglect.	Participants will: 1. What are the different forms of child abuse? 2. Define Emotional abuse, neglect and sexual abuse. 3. What are the risk factors for child abuse? 4. What are the common presenting features of child abuse?
Cases	60 mins	1. Case studies 2. Disclosure from child	Participants will: 1. Analyze the various contact points. 2. Basic components of responding to such issues.
Multidisciplinary approach	60 mins	1. Identification and approach to management	Participants will: 1. Logistic approach of managing the cases.
Training closure	30 mins	1. Review and summary. 2. Training evaluation	

Responsibilities of Pediatrician

Every pediatrician has responsibility to safeguard children and to do this effectively, all pediatricians should have an understanding of key legislation and guidance including child's right. Pediatricians are supposed to be able to recognize child maltreatment applying the latest evidence based to their clinical management of children in relation to child abuse and child neglect.

Knowledge

Requirements include understanding the importance of children's right , legal provisions of Nepal, how the criminal justice system works, I/ NGOs working in child protection, the issue surrounding misdiagnosis, models of effective reflective practices, the long term effect of maltreatment, the range and efficacy of interventions for maltreatment and process for auditing the effectiveness and quality of services for child protection.

Skills

Skill requirements include making considerable judgments about how to communicate effectively with children and young people, giving effectively feedback and challenges to other professionals, acting proactively reduce the risk of maltreatment occurrence, identifying associated medical conditions which may increase the risk of maltreatment.

Attitude and values

Requirements include recognizing when additional support is needed, recognizing the ethical consideration in assessing and managing children and young people and understanding the importance and benefits of working in an environment that support professionals.

Chapter I

Introduction of Child Protection Recognition and Response

Objectives

After completion of this chapter, candidates will be able to

1. Elaborate the history of Child right
2. Define Child Right, Child protection Recognition and Response (CPRR)
3. Understand the Situation of Nepal regarding CPRR

Introduction

Child protection is the protection of children from violence, exploitation, abuse and neglect. The United Nation Convention on the Rights of the Child (UNCRC), 1989 has universally guaranteed the rights of the child: Provision, Protection and Participation. Article 19 of the UN Convention on the Rights of the Child provides the protection of children in and out of the home. Child protection systems are a set of usually government-run services designed to protect children and young people who are underage and to encourage family stability. The United Nations has addressed child abuse as a human rights issue, adding a section specifically to children in the Universal Declaration of Human Rights:

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding… should be afforded the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life.

UNICEF defines[1] a 'child protection system' as: the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection-related risks. These systems are part of social protection, and extend beyond it. At the level of prevention, their aim includes supporting and strengthening families to reduce social exclusion, and to lower the risk of separation, violence and exploitation. Responsibilities are often spread across government agencies, with services delivered by local authorities, non-State providers, and community groups, making coordination between sectors and levels, including routine referral systems, a necessary component of effective child protection system.

Problems related to Children

Children encounter different types of problems. The burden is different in different places. In developing countries like Nepal, child labor, child abuse, and child maltreatment are common. Endangerment and infanticide is also a problem. A 2014 European Commission survey on child protection systems listed the following categories of children needing help:[2]

- Child victims of sexual abuse/exploitation
- Child victims of neglect or abuse
- Child victims of trafficking
- Children with disabilities
- Children in a situation of migration
- Unaccompanied children in a situation of migration
- Children without parental care/in alternative care
- Children in police custody or detention
- Street children
- Children of parents in prison or custody
- Children in judicial proceedings
- Children in or at risk of poverty
- Missing children (e.g. runaways, abducted children, unaccompanied children going missing)
- Children affected by custody disputes, including parental child abduction
- Children left behind (by parents who move to another EU country for work)
- Children belonging to minority ethnic groups
- Child victims of female genital mutilation or forced marriage
- Children who are not in compulsory education or training or working children below the legal age for work
- Child victims of bullying or cyber bullying

Situation of Nepal

Despite the numerous efforts made by different governmental and nongovernmental organization in improving the child's protection issues, only little progress has been made and there is a long way to go. Some example and data shows some scenarios of the child protection issues.

According to the 'Nepal Demographic and Health Survey, 2016, 36 percent of children under 5 are stunted, 27 percent are under weight (weight for age), and 10 percent are wasted. Similarly, under 5 mortality rate is 39 per 1000 children, infant mortality rate is 32 per 1000 and neonatal mortality rate is 21 per 1000 live birth. A total of 593 boys and 63 girls (656 children) were rescued under the campaign "Street Children Free Kathmandu Valley Campaign" between Fiscal Year (FY) 2016/017 and 2017/18 by The Central Child Welfare Board (CCWB) Population Monograph of Nepal 2014 (Part two) (Social and Demographic) showed 26.3 percent were already married among the children aged 10 to 18 years. Likewise,in the FY 2016/017, a total of 2,772 (1,047 boys and 1,725 girls) children were reported missing. Among them 720 (353 boys and 367 girls) were found and others are being traced/

searched. In the FY 2016/017, a total of 2,410 children at risk were rescued and provided with necessary relief, psycho-counseling, family reunification and social rehabilitation services as per their need through the Toll Free Child Helpline 1098. (State of Children in Nepal, 2017). CCWB through DCWBs has collected information of 47,570 children living at-risk in 14 districts mostly affected by earthquake. Of the total, 48.3 percent were boys and 51.7 percent were girls. Among them 15,034 and 8,222 children were provided with necessary supports respectively by the Central Child welfare Boards and UNICEF's partner NGOs. A total of 79 children were reported accompanying their parents/ guardians in 32 jails in FY 2073/2074, In the FY 2016/017, out of a total number of 235 filed cases against child delinquencies, 162 (68.9%) were settled and the rest 73 (31.1%) are under the process. Out of the 162 settled cases, children were convicted in 119 (73.5%) cases. In the total filed cases, 347 children were defendants, in which 3 were female child. In total cases, the largest number (127) of cases was related to rape.[3]

The National Planning Commission (2017) in SDG Roadmaps presents that 81 percent of children in Nepal has suffered one or more forms of violence at home and schools. The study report in Nepal suggests every year almost 400 thousand children visit hospitals with complaint of physical injuries (Panta, 2012). Still the status of psychological problems and harms, emotional abuse and neglect has been missing. There is no information on malnourishment among children which could be result of parental negligence as well as poverty and incapability of parents and families.

As child protection is everybody's responsibility, the child with possible harm or with having protections issues will come to the health care providers in one or other way. Health care providers are in the place to help immediately in terms of treatment and in long term to suspect, prior information and refer as well as counseling and raise voice so it help in prevention in long run. Thus, the child protection issue is must in child health system.

Definition

Child protection: Child protection refers to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labor and harmful traditional practices, such as female genital mutilation/cutting and child marriage.[4]

Child Right: Children's rights are the human rights of children with particular attention to the rights of special protection and care afforded to minors.[5]

Child Abuse: Child abuse is the behavior of adults or harm suffered by child; Commission of Act or Omission of Act by adults or caregivers. As explicit form, child abuse can be categorized as: Physical abuse, Emotional Abuse, Sexual Abuse. The commission of act means any action against children that result in harm to the child or group of children. It includes behavioral, verbal, physical and other activities.

Neglect: Child neglect is the failure to provide for the shelter, safety, supervision and nutritional needs of the child. Child neglect may be physical, educational, or emotional neglect.[6] The Neglect is all about Omission of Act. The Omission of Act is the inaction of the caregivers or adult responsible for the child that results in harm against children. It includes unintentional injuries, ignoring child and often depriving the children form parental and guardians care.

Way Forward

Child health care providers are not much aware about the legal frame work of Nepal and in relation with international prospective regarding the child protection. There is no provision of immediate case conference between the pediatrician, forensic expert and concerned parties. Proper documentation system and protocol for the examination is not well established.

There is no definite policy on taking action of the accused ones in child abuse cases. If the alleged case of physical assault is brought to the hospital or if the pediatrician suspects a case of physical assault, doctor will treat the case and send back with caregivers. Pediatricians are often the first ones to identify child protection cases, but not all pediatricians and pediatric nurses are aware of it. Even after identifying a case there are no clear guidelines on commencement with the other agencies .It has been advocated that NEPAS as being a professional body should take lead role to incorporate the agenda in national health issues. NEPAS should also organize training regarding awareness at different levels, provide materials.

During the recent Nepal pediatric conference 2018, pediatricians raised voices via paper presentations, conducted precongress training workshop on child protection recognition and response. It is perceived that pediatrician and pediatric nurses need special training to increase the case detection and rational handling of the child abuse and neglect and this manual is mainly meant for meeting this purpose.

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Chapter II

Legal Arrangements on Child Protection Norms and Mechanisms in Nepal

Objectives

After completion of this chapter, candidates will be able to

1. Elaborate the political structure of Nepal
2. Enumerate the legislation existing in Nepal
3. Understand the CPRR situation of Nepal in legal background

Nepal's Governance and Political Structure

Nepal has adopted its new constitution in 2015 September that changed the political and governance structure of the Nation. The Constitution of Nepal has adopted Federal Republic Governance system with devolution of power to the local government level from almost 250 years old unitary governance structure.

With the new political structure there are 753 Local Governments, 7 State Governments and 1 Federal Governments. They all function in the principle of Co-existence, coordination and cooperation. The list of power as single authority and concurrent power has been listed by the constitution of Nepal.

In the issues mentioned as single power, the respective government can formulate laws and policies with its own context and requirements without contradicting with federal and state laws and policies. On the area of concurrent power, the federal government function as standards setting, state government as rule setting and local government as procedure and delivery government.

With the new constitution, the basic health service has been the single power of local governments, health standards are the power of Federal Governments and health service management are power of state government.

In terms of responding child abuse following are the authorities set by the constitution:

Local Government	State Government	Federal Government
• Formation and Functioning of Local Child Rights Committee and appoint child welfare officer • Listing of Local Social Worker and Child Psychologist/Counsellor • Establishing Child Protection Support Fund and special social protection fund • Organise local capacity building activities, awareness raising activities • Adjudicate Neglect cases • Refer criminal offences against child • Adjudicate violation of child rights • Register and support children clubs • Implement Disaster Risk Management and Child Trafficking • Develop and implement child safety standard for local institutions and public places • Child health services through local health facilities • School health and safety programs • Activities to end child labor, child marriages, trafficking and child abuse.	• Formation of State Child Rights Board • Establishing special fund for children including child protection fund • Provide rehabilitation support and services for victim • Provide alternative and interim compensation for crime victim • Develop and implement police investigation, medico-legal standards and guidelines • Implement capacity building activities • Develop health service rules and procedures • Adjudicate child labor and crime against children.	• Formation of National Child Rights Council • Establish special fund for children including child protection fund • Develop health service standards, medico-legal standards and procedures • Implement capacity building activities • Monitor and promote child rights, child protection and child safety standards and rules.

Applicable Nepalese Legal Provision

There are specific legal provisions that address and respond the cases of child abuse in Nepal. Based on the constitution and its provisions, some additional laws are in the process of amendment by 5th of March 2019.

The constitution of Nepal has provisioned unique and specific rights for children, which has made the Nepal's constitution as outstanding constitution from child rights perspective in the world.

Constitutional Provision

The Constitution of Nepal is the supreme law of land. Provisions of constitution supersede all other laws and policies in Nepal. The constitution has provisioned Fundamental Rights and duties in Part 3. The provision mentioned in fundamental rights and duties are legally binding to the state. The constitution has provisioned right to live in dignity (Art.16), Right to

Justice along with state support to access justice for incapacitated person (Art.20), Rights of Crime Victims specially right to access information on own case and social rehabilitation, compensation as per the law (Art.21), Rights against exploitation including prohibition and criminalisation of traditional harmful practices, forced labor and slavery and trafficking (Art.29), Right to education (Art.31) and Right to fair labor practices (Art.34). The Constitution has specially provisioned list of child rights in Article 39. The government of Nepal has enacted several laws for the implementation of fundamental rights provision.

The Constitution of Nepal Article 39: Rights of the Child

1. Every child shall have the right to name and birth registration along with his or her identity.
2. Every child shall have the right to education, health, maintenance, proper care, sports, entertainment and overall personality development from the families and the State.
3. Every child shall have the right to elementary child development and child participation.
4. No child shall be employed to work in any factory, mine or engaged in similar other hazardous work.
5. No child shall be subjected to child marriage, transported illegally, abducted/kidnapped or taken in hostage.
6. No child shall be recruited or used in army, police or any armed group, or be subjected, in the name of cultural or religious traditions, to abuse, exclusion or physical, mental, sexual or other form of exploitation or improper use by any means or in any manner.

On Part 4, the constitution has provisioned Directive Principles, Policies and Responsibilities of State. Generally this chapter is considered as ornamental and have lack of power to be enforced, but the constitution of Nepal has made it enforceable through provisioning a monitoring committee in Federal Parliament that receive the government annual report on the progress made on Directive Principles, Policies and Responsibilities of State. On Article 51 the constitution provisioned elimination of all forms of child labor and also considered “Best Interest of Child as State Policy”.

International Human Rights Law

As per the Nepal’s Treaty Act (2048), the International Human Rights Laws are equally applicable as national laws and supersedes the domestic law in case of domestic legal provision contradicts with international law. Nepal is party to the seven out of nine UN core human rights treaties including UN Convention on the Rights of the Child (1989). Further the issues of civil rights and welfare from International Covenant on Civil and Political Rights (1966), issues of economic, social and cultural rights as well as development rights from International Covenant on Economic, Social and Cultural Rights (1966), Issues of Girls from Convention to End All Forms of Discrimination Against Women (CEDAW, 1979), Issues of Dalit Children from Convention to End All Forms of Racial Discrimination (CERD, 1965), issues of children with disability from Convention on the Rights of Person with Disability (UNCRPD,2006), issues of Tortures and degrading treatment from Convention Against Torture (CAT, 1984) can be invoked in Nepalese legal system. In addition to this ILO convention 29, 105, 138 and 182 can be invoked on enforcing anti child labor laws.

Domestic Legal Provision

In Nepal several laws can be invoked for child safety and child protection. Generally we can divide the Nepalese legal provisions on child safety and child protection as General Law and Specific Law. General Law is normally applied in absence of specific law, but in the availability of specific law, specific law must be invoked for claiming.

The National Civil Code (2074) and National Criminal Code (2074) can be considered as general law in Nepalese context and that is also applicable on child rights and child protection provisions. Some specific provisions from these codes are mentioned below. The National Civil Code has defined any individual less than 18 years as child (Part 1, Section 2, nga). The code has also prohibited forced employment (Chapter 2 Section 24), prohibited marriage under 20 years (Part 3, Chapter 1, Section 70 Gha), Compulsory birth registration within 3 months of birth (Part3, Chapter 4, Section 113), prohibited employing children under 14 years and under 16 years in hazardous work (chapter 14, section 640,642 and 643), rules on employing domestic worker (section 644). The Civil Code has also set out rules for in country and inter country child adoption to make it safe and protective for children.

The National Criminal Offence Code (2074) has provisioned some significant protection for children, this includes:

- No criminal liability for children under 10 years, half liability for children of 10-14 years and 2/3rd liability for children 15-18 years.
- No recognition of children (under 18 years) consent for any act against him/her or other criminal offences.
- Adult for engaging children in criminal acts must fulfill criminal liability.
- Right to information of crime victims.
- Provision of multiple accusations in case of multiple crimes in single incidence and increased punishment for the criminal.
- Provision of protection services and interim compensation for victim through court order.
- Production, possession, sale and distribution of porn material are defined as criminal offence.
- Engaging children in begging, street performing and in performance to raise donation is defined as offence.
- Physical Assault, violence has been defined as offence and punishable
- Forced employment and children's employment beyond the legal provision has been defined as offence
- Chapter 18 of the Criminal Code has defined and provisioned punishment on Child Sexual Exploitation and Abuse.

Similarly, the Labor Act (2074) has prohibited use of children in employment against the law and made it punishable.

The Crime Victim Protection Act (2075) has provisioned interim and alternative compensation through establishing compensation fund. The act also provided provision of right to information, psychosocial care, rehabilitation support and safety and protection during adjudication of case.

The Government of Nepal has enacted new Children Act (2075) since September 2018 in the spirit of fundamental rights of children provisioned in the constitution. The children act is the special act on rights and protection of children and child labor prohibition act is the special act on addressing child labor issues. The Children Act 2075 has some significant provision on child protection: this includes children's right against discrimination, right to receive care and protection from caregivers and parents, right to education, right to privacy, right to protection against harm and risk and special right of children with disability. The Act also provisioned rights of juveniles and juvenile procedures, crime victims' children.

The Children Act (2075) has defined Children in Need of Special Protection (Section 48), defined crime against children (section 66) with details of abusive practices and sexual abuse acts. The Act has provisioned mandatory reporting by teacher, health workers and frontline workers with children in case of reported and suspected abuse of child. The Act has defined the prosecution of crime against children would be considered as state offence act and Public Attorney on behalf of Government of Nepal would file the cases. The timeline for complaining is upto one year generally and if there is other provision in applicable laws that is applied; it has also provisioned that a person can file case within a year after accomplished 18 years.

The act has also made it mandatory for public places that have children as users must adopt child safety standards.

Designated Child Protection Mechanisms and their Role

The government of Nepal has provisioned specific mechanism on protecting children from local governments to federal government.

At Local Government level, a child rights committee has been designated with employment of child welfare officer. The committee would be led by deputy mayor or vice chair or designated member of local government executive council. The committee is responsible for planning local child rights and child protection program along with responding and referring cases of child abuse and providing protection services. Similarly Local Judicial Committee is responsible to adjudicate cases of child rights violation and neglect as well as refer criminal offence against children.

At State Government Level, State Child Rights Board has been envisioned with mandate to advise policies, programs and implement state-wide activities for child rights and child protection.

There is National Child Rights Council led by Minister to advise federal government on national child rights policies, programs and interventions as well as to implement nationwide campaigns and programs.

The Judiciary has provisioned Central Juvenile Justice Coordination Committee to be placed in Supreme Court and state level Juvenile Justice Coordination Committee to be placed in high court.

Nepal police has special department on children issue at Central level, it has women and children service directorate and at district level it has women and children service center.

Further, there are number of hotline services for child protection. The Helpline Service (1098) and Missing Child Service (104) are two major toll free helpline services that provide child protection services including rescue and rehabilitation as well as other supports as required.

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Chapter III

How Do You Feel?

Objectives

By the end of the training candidates will be able to:

1. Understand the way in which their values, beliefs, experience and attitudes might affect their personal feelings and professional response to child protection work.
2. Understand how social class, culture, race, religion and gender issues might influence their response to child abuse.
3. Recognize the need for emotional support and supervision and know where to go for help.
4. Acknowledge that a difference of opinion and conflict may arise within child protection work and know where to go for help.

Participants should complete a short exercise as preparation for child protection training. Following activity should complete with 20 minutes.

Score 1 to 5 for each item (eg. 1 being the most acceptable- 5 for the least)	Personal view Acceptable/Not acceptable 1 2 3 4 5
8 year old who is hit by her mother	
Baby whose parents ask for him to be circumcised for cultural reasons	
11 year old girl with cerebral palsy whose father allows her to cuddle up to him in bed when she is upset	
A 6 year old who witnesses his father slapping his mother after an argument	
A toddler whose father usually drinks a bottle of alcohol before noon	

How do you feel?

Situation Ranking 1 to 5

1. 8 year old who is hit by her mother

2. Baby whose parents ask for him to be circumcised for cultural reasons
3. 11 year old girl with cerebral palsy whose father allows her to cuddle up to him in bed when she is upset
4. A 6 year old who witnesses his father slapping his mother after an argument
5. A toddler whose father usually drinks a bottle of alcohol before noon

Chapter IV

Physical Abuse

Objectives

By the end of the training the candidates will be able to:

1. Know and recognize the indicators of possible abuse or neglect.
2. Begin to recognize signs and symptoms of the range of abuse in children of all ages.
3. Know what knowledge and skills doctors need in order to recognize child abuse.

Physical Abuse

Physical abuse is deliberately hurting a child causing injuries such as bruises, fracture of bones, burns, cuts or internal injuries. It is non-accidentally induced trauma. Common forms of inducing physical abuse are – Hitting, kicking, slapping, poisoning, burn injuries. Shaking or hitting babies can cause non-accidental head injuries (NAHI). Fabricated or induced illnesses (FII) are other form of physical abuse.

- *Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.' -Working Together to Safeguard Children DH 2000*

In United Kingdom, 7 percent of children suffer serious physical abuse at the hands of their parents and carers. (Cawson, P. et al. (2000) London: NSPCC. p.35 reviewed 2011). As many as one child in six is exposed to violence in the home across the UK. (Radford et al). 52 per cent of one-year-olds are hit weekly, or more frequently, by their parents. (Nobes, G. and Smith, M. (1997) Clinical Child Psychology and Psychiatry 2(2): 271-281 p.276.).

In Nepal, one in every third (33%) of children were spanked, hit or slapped on the bottom, 25% were hit or slapped on the face and approximately 3% were beaten up hard. (Child maltreatment in Nepal: prevalence and associated factors P. Kandel).

Bruises

Bruises are the commonest form of patterned injury resulting from physical abuse in children. The bruises often depict the object of implement and thus, are important clue to diagnosis of physical abuse in children.

Common site of bruises in physical abuse are seen around:

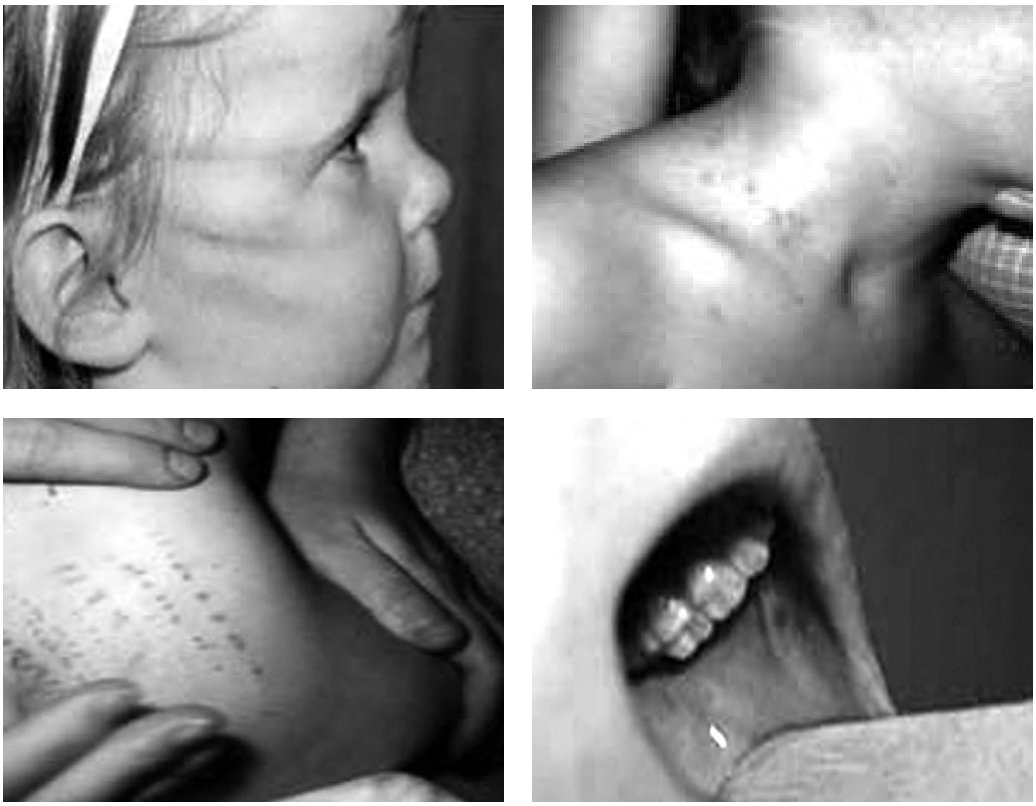
- Head, neck and face, cheeks
- On or around the ears, eyes or mouth
- Lumbar region, chest, back, buttocks
- Genitalia and Inner thighs- suggestive of sexual abuse
- Feet

The bruises presenting on the bony prominences like knee, elbow are more suggestive of accidental injury.

Types

- Patterns matching an implement
- Number vs Age of the child
- Petechiae

Examples: Pictures of Bruise



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Differential Diagnosis

Before making a conclusion that bruises may be due to abuse, certain differentials must be kept in mind. A serious diagnosis like Meningococcal disease, which presents with petechial/purpura and must not be missed. Bleeding disorders both primary and acquired, like hemophilia, von-willebrad disease and acute ITP should also be kept in mind. Familial bleeding disorders can be suspected when there is history of recurrent bleeding, prolonged bleeding, menorrhagia and when there is similar history in family. Birth marks - Mongolian blue spots may sometimes misguide the doctor. Artifacts like color stains from clothings can mimic bruise in children. Accidental bruising from fall, sports and injuries should always be ruled out.

Reference

https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/physical-abuse

Burns

According to US data, burn injuries make up about 10 percent of all child abuse cases. In comparison with accidentally burned children, abused children are significantly younger and have longer hospital stays and higher mortality rates. The child burn victim is almost always under the age of 10, with the majority under the age of 2.

Scald burns are the most common type. They may be caused by any hot liquid— hot tap water, boiling water, water-like liquids such as tea or coffee, and thicker liquids such as soup and grease. Scald burns may be either, a spill/splash type of burn or an immersion burn, the most common of the liquid burn injuries.

Contact burns are usually of the branding type and will mirror the object used to cause the injury—curling iron, steam iron, cigarette lighter, fireplace or hibachi grill, and heated kitchen tool or other implement

Sites: Common site of Non accidental burn injuries are the feet and hands (especially the backs of hands), buttocks, face and burns on multiple sites.

Patterns of abusive burns are deep, cratered, circular from cigarettes, glove and stocking distribution from immersion in hot water tub, friction burns from dragging on carpets or rough surfaces, poured or thrown scalds

References

Data: https://www.ncjrs.gov/pdffiles/91190-6.pdf

Fractures

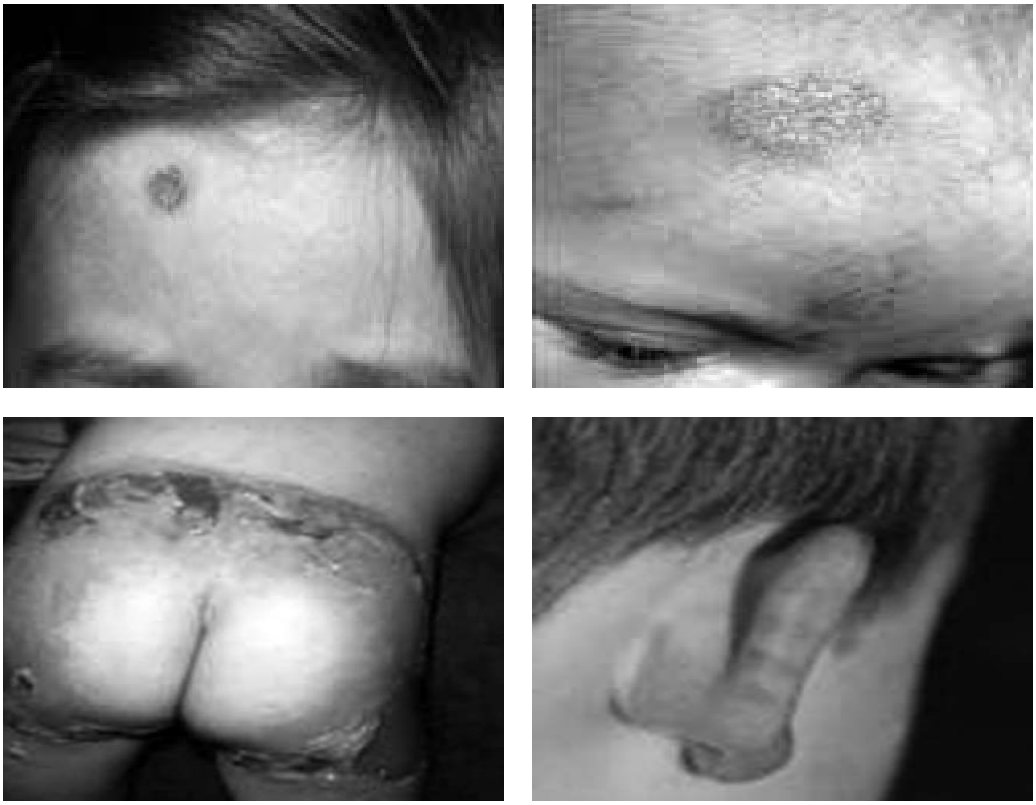
Fractures are sometimes associated with abuse. Children may present in hospital with abusive fractures. Identifying and differentiating it from accidental traumatic fractures are important.

Young Children - The younger the child the greater the likelihood of abuse. One or more fractures in a child less than 1 year is highly suggestive of abuse. Spiral fractures of the humerus are uncommon and strongly linked with abuse. Any humeral fracture in infancy is strongly linked to NAI. Ribs are highly specific for abuse, and may be associated in some

cases with shaking. Rib fractures virtually never occur with cardiopulmonary resuscitation. In infants less than one year, 2/3 fractured femurs are due to abuse, the remainder to RTAs and falls of considerable distance. Lumbar fractures are characteristic of slamming a child onto a hard surface. A linear parietal fracture of skull is the commonest accidental and non-accidental fracture.

Particularly concerning skull fractures are occipital, depressed, growing fracture, wide, Multiple or Complex, history of fall <3 feet (Falls less than 3ft are unlikely to causes fractures), associated with an intracranial injury.

Metaphyseal (usually pulling/rough handling) - Bucket handle and corner fractures – are highly specific for abuse. Spiral – Unusual, but not impossible. However, after an accident concerns should be raised about abuse, need an appropriate explanation of a twisting injury.



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Head Injuries

Head injuries (HI) are severe form of child abuse that can have a long term physical and psychological morbidity and in number of cases, mortality. Features of non-accidental HI

- Not always an acute presentation
- Not always a history of trauma
- Diagnosis may be delayed
- 95% of head injuries under 1 are abusive

Obvious features

- Altered consciousness
- Collapse
- Fits
- Apnoea
- Evidence of injury

Less obvious features

- Poor feeding
- Irritability
- Pallor
- Vomiting
- Hypotonia
- Developmental delay
- Increasing head size

Key suggestive features

- History
- Presentation
- Examination
- Child
- Family

History And Presentation:

- Vague, inconsistent, discrepant, unwitnessed
- Doesn’t make sense
- No believable explanation
- Previous injuries
- Who was present?
- Time delay
- Where did they present?

Examination

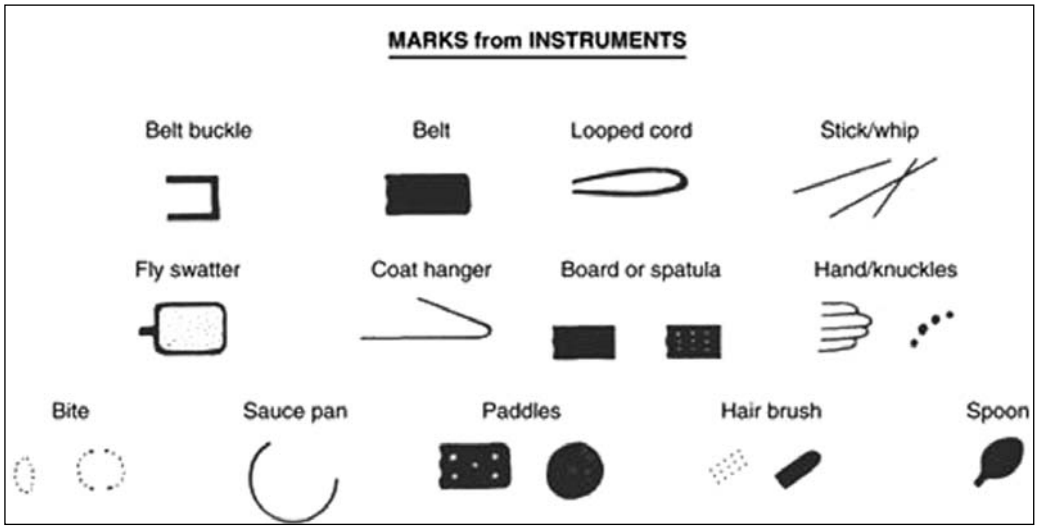
- Other injuries
- Sites of injury
- Shape and size
- Unusual distinguishing features
- Pattern within injury
- Clustering of injuries

Child

- Vulnerability/Predisposing factors:
- Age
- Health
- Culture
- Response

Family

- Structure
- Support
- Known to social services
- Domestic violence



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The following are the key points to remember:

- Does the history and examination make sense?
- Do you believe what you are being told?
- Verify what you have been told
- Know the key suggestive histories
- Know the key suggestive presentations
- If you don't think about it you won't recognize and respond to it.

Chapter V

Non Physical Abuse

Objectives

By the end of this training, candidates will be able to:

1. Define emotional abuse, neglect and sexual abuse.
2. Recognize signs and symptoms of the range of abuse in children of all ages.

Child Abuse

Abuse is a form of maltreatment of a child. It can occur at different places by different people for different reasons. Recent research showed that the children rarely experience one form of abuse at once. They often occur together with other forms of maltreatment.[1]
Child abuse usually takes in the following forms: Physical abuse, Emotional abuse, Sexual abuse, Neglect.

Emotional Abuse

Emotional abuse is defined as persistent, non- physical, harmful interaction with the child by the caregiver.[2] It includes act of omission (what is not done) like not expressing love and affection and act of commission (what is done) like humiliation, restriction.

It imparts negative effects on child's competency and emotional development. Children can be abused emotionally at home, school, or other different places by the parents, teachers, or other adults. The exact data regarding the emotional abuse is not known but it is said that 1 in 14 children have experienced emotional abuse by a parent or guardian.[3]

Risk Factors

- Parental mental health problems, poor parent- child relationship and negative interaction
- Young, single, non -biological parents
- Parent's history of domestic abuse
- Domestic violence
- Substance abuse in family
- Disabilities or mental retardation in children that increase the caretaker's burden

Clinical Presentation

A variety of features of emotional abuse can be observed at different stages of the child.

Infants

- Feeding difficulties, delayed development
- Demanding, irritable
- Described as difficult infant, not belonging to me.

Toddler and Pre School

- Behavioral problems (head banging, rocking, bad temper, overactive to apathetic, noisy to quiet)
- Developmental delay (language and social skills)

School Children

- Poor school performance
- Poor behavior
- Wetting/soiling
- Feels worthless, unloved, frightened

Adolescents

- Depression
- Self-harm, substance abuse, eating disorder
- Examination: On examining the child following features can be noted.
- Poor growth (underweight and/or stunted)
- Signs of failure to achieve milestones, FTT, academic failure
- Behavioral signs: restless, very active, over friendly
- Emotional signs: sad, withdrawn, angry, and apathetic
- Most of the time, there is hesitancy in diagnosing emotional abuse and remains undercover. It can be assessed by simple description of observation of child/ caretaker relationship.
- The severity of the emotional abuse has to be assessed along with the possible need for immediate protection. Suspected emotional abuse requires a multi agency referral along with the treatment.

Neglect

Neglect is a broad term describing one of the primary maltreatment types that refer to deprivation, or "the absence of sufficient attention, responsiveness, and protection appropriate to the age and needs of a child"[4]. It can result in impaired functioning or development of a child.

It is the most common form of child abuse, but is hard to identify.

Categories

- Physical- Failure to provide basic needs of food, shelter or warmth.

- Medical- Failure to seek, obtain or follow through with medical care for the child.
- Abandonment- Leaving young children without adult supervision/ care.
- Emotional- Persistent emotional unavailability and unresponsiveness towards a child.
- Failure to provide supervision and guidance- Failing to ensure that the child is physically safe and protected from harm.

Presentation

Poor uptake of immunization, failure to seek appropriate medical advice.

Persistently poor attendance at school

Inappropriate clothing, poor hygiene, severe and persistent infestations, hypothermia

The child's health can invariably be affected even when they are in utero. Several factors like maternal nutrition and general health during pregnancy can have an effect on the susceptibility of the child to a wide range of diseases. Likewise, drug use, violence, and antenatal care leading to delay in seeking medical help can also affect the unborn child's health.

In order to recognize the neglected children there should be a proper assessment which should include the entire picture, chronicity and extent of child health needs[5]

1. Assesing parent/ carers knowledge and understanding of child's health, development and needs.
2. Family and social history- employment status, physical and mental health
3. Relationship with family members- unwanted child/ wrong sex
4. Child's language and cognitive abilities, past illness, accident history, schooling, socializing behaviors, self -injurious behavior
5. Specific vulnerabilities like sexual orientation or racial harassment.
6. Associated risk factors- parental mental health issues , learning disability and parental history of poor parenting.

   Examination:

   To observe the parent/ care giver and child and their interaction.

   Parent/ Care giver

   a. How do they care for and supervise?
   b. Way of interaction with child
   c. Do they focus on child/ needs?
   d. Child behavior and interaction
   e. Child's growth, development , signs of nutritional deficiency

The children's concerns should be well assessed, understood and communicated. Appropriate treatment plan including the follow up of the child should be ensured.

Sexual Abuse

Sexual abuse includes physical contact, including penetrative and non- penetrative acts, non-contact activities such as exposure to sexually explicit material, and child sexual exploitation.[6]

Most of the sexual abuse isn't reported, detected or prosecuted. The disclosure about the abuse immediately after the event is rarely done by the children.

Over 90% sexually abused children were abused by someone they knew.[7]

According to the data collected from Women and Children Service Directorate of Nepal Police, total number of abused children in 2074/2075 was 995. Total number of registered rape case was 1480 among which 727 were attempt to rape, 261 cases belong to less than 10 years of age and 734 upto 18 years of age.

Risk Factor

- Age: Any child of any age can be affected. One research showed that the teenage girls between the age of 15 and 17 years get mostly affected.[3]
- Gender: It is observed that the girls are abused mostly by the family members and boys by the strangers.[8]
- History of previous sexual abuse
- Disability
- Broken homes
- Social isolation (lacking an emotional support network)
- Parents with mental illness, or alcohol or drug dependency.

Presentation

- Pregnancy and sexual activity: intentionally rape, sexually assault by penetration, sexual assault by touching, making a child to engage in sexual activity.
- Sexually transmitted infection
- Ano-genital injury
- Unexplained vaginal/ rectal bleeding in the absence of accidental trauma
- Vaginal discharge/ vulvo-vaginitis
- Soiling/ bowel disturbance/ enuresis
- Foreign body in anus/vagina
- Behavioral features- self harm, aggression, anxiety, poor school performance, abdominal pain, enuresis, masturbation
- Allegation

Approach

A detailed interview should be taken about the incident. So, while interviewing the child victims of sexual abuse, following points have to be taken into consideration.[9]

- All children should be approached with extreme sensitivity and their vulnerability recognized and understood.
- A friendly environment with the child should be established before interviewing.
- The event should be explained by the children in their own words.
- Open ended questions should be asked.
- Consider examining the child's siblings and the caretaker of the child in the absence of child.

Special skills and techniques are required for the evaluation of children in history taking, forensic examination followed by multi agency management plan.

1. Management of acute health needs:
    - Treating bleeding/ urinary retention
    - Emergency contraception
    - Post Exposure Prophylaxis following Sexual Exposure for HIV, Hepatitis B

2. The abused child should be assessed by the doctor with the appropriate expertise.
3. Involvement of police
4. Forensic Assessment [10, 11]
    a. The clinical history
    b. The general examination
    c. The examination relevant to the abuse
    d. Detailed documentation of clinical findings
    e. Obtaining any relevant forensic samples for trace evidence and toxicology
    f. Appropriate screening for STI; with chain of evidence where appropriate
    g. Risk assessment for post-exposure prophylaxis (Hepatitis B and HIV infection)
    h. Emergency contraception where appropriate
    i. Attending to child protection needs
    j. Arranging any necessary aftercare
    k. Writing a report

Specialist support and help is needed throughout the process. Confidentiality needs to be maintained and emotional, behavioral and psychological consequences of the abuse should be addressed, thereby, a follow up consultation is strongly recommended.

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Chapter VI

Multidisciplinary Approach

Objectives

By the end of this training, candidates will be able to:

1. Emphasize that child protection is a complex endeavor
2. Identify mechanism involving professionals from a wide range of specialties is required
3. Know our role and the importance of role of professionals in other areas
4. Emphasize that it is a duty to work on child protection

Let's imagine that while working in a busy OPD or emergency in your hospital you come across an 18 month old child with left periorbital hematoma. The mother seems worried and the father says it happened after he fell from bed while he was playing with the child. There is an old bruise on right ear of the child. You found that the father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day, today he is under the influence of alcohol. You conclude that this is a child protection issue. You try calling the police on duty in your hospital; he is on leave today and not reachable by phone. What do you do next?

Addressing child protection issue needs many more people and agencies. It requires consideration on social, cultural, legal, financial and health related issues which is not possible via a single agency.

Our role as health professional is important and it involves the following:

- If suspicion arises of potential child protection issue, consult and involve the social service or the police else, consult and engage a colleague with expertise in this area (designated doctor or nurse) in the institution.
- All doctors are required to be able to recognize the signs and symptoms of child abuse and identify children in need of safeguarding or families needing help in caring of their children.
- Be aware of local practices and procedures for contacting child protection agencies and to consult colleagues with skills in assessing children with child protection issues.
- Assess the family structure and identify other children who may be at risk
- Ensure medical care to the child when needed.
- Examine the child, document the findings and if needs

- be, collect specimen for forensic evaluation.
- Contribute to enquiries and provide written reports and recommendations when needed. Contribute to a child protection plan.
- Maintain one's training up to date or as required by existing policy.
- One-stop Crisis Management Center (OCMC): It has been established in many of the central level and district hospitals for the management of Gender Based Violence. If your hospital has one such center, and if the child protection issue in consideration also happens to be a case of gender-based violence, it has to be handled as per OCMC guidelines by incorporating the sensitivities of child protection into the actions.

Other important agencies are:

Police

- Take immediate measures to safeguard children when necessary.
- Investigate criminal offences against children and gather evidences.
- Liaison with child protection officer and other agencies including NGOs working in the area when it is necessary to safeguard children.
- Manage the risks posed by dangerous offenders.
- Contribute in child protection plan with available information including intelligence.
- In each district police office there is a provision of separate site / room for dealing cases of women and children. Many of the district police offices have a separate child friendly room for dealing with child protection issues.
- The number 104 can be dialed from any telephone which will be received in respective district police office.
- In Kathmandu there is a dedicated child rescue and co-ordination center. It is commanded by DSP of Nepal Police and also includes Social service officers and counsellors.
- 104 can be called by any health personnel coming across a child protection issue where involvement of police is deemed necessary.

Social Services (District women and children office)

- In developed countries, social services have the ultimate responsibility of child protection by liaisoning with other relevant agencies.
- Child protection officers from social service take referrals from hospitals, or schools, or police or any other agency of person with regards to child protection concern. In countries with well-established social services, child protection officers are responsible for obtaining a court order if needed for removing the child from primary care givers and are entitled to take decisions in emergencies. Child protection office has the responsibility of making a child protection plan in each specific child's case. It is also responsible for implementing the plan.
- Social workers are an integral part of any hospital, especially hospitals where children are treated. We are yet to develop such system in Nepal.
- In federal restructuring, each local administrative authority (municipality/village council) has created posts for 'महिला विकास अधिकृत'and 'महिला विकास निरीक्षक'in the "Health and Social development Section". Conventionally, child welfare issues used to be dealt by 'Women and Children officers' in "District Women and Children Office". Delegation of

authority and services to lower level is expected to facilitate child protection activities.

- A separate post of 'Child protection officer' has been proposed in all local administrative authority. After implementation of this proposal, child protection activities may be further facilitated.
- There is a provision of 'बाल कल्याण परिषद्' in local as well as central level. Perhaps this will evolve into full-fledged authority on coordination and enforcement of child protection activities.
- As of now, the ministry of women children and social welfare directs the functioning of a Child Helpline – the telephone number 10-9-8 . It is running in 12 districts with 6 being operated by CWIN, a NGO working in areas of child welfare.
- Child helplines have mandate and requirement to work for rescue and shelter as well as reintegration in coordination with relevant government authorities such as police and women and children offices.
- *Child helpline operation working procedure* delineates basic requirements and detailed process of running a child helpline.
- In Kathmandu CWIN runs the child helpline and it is located in Thankot.
- Health personnel may call 10-9-8 when they come across child protection issues. Helpline is required to address the call and then do necessary co-ordination.

School nurse or designated school teacher

- Every school is expected to have a designated teacher or a nurse who would be specially trained on child protection. The teacher is expected to ensure that children in specific need for safeguarding are referred to social service agency.
- He/she is expected to contribute to a child protection plan.

NGOs

- The role of NGOs is more important in country like ours where the government's systems are not fully established and adequate facilities are not available.
- NGOs may help in running child helpline.
- They may assist in immediate rescue and shelter of a child requiring protection. NGOs may facilitate foster care.
- NGOs may also assist in finances in matters of child protection as well as for child protection campaigns and trainings.
- NGOs may perform advocacy to influence national policies and public awareness.

Anyone involved in the child's everyday care

Anyone involved in child's everyday care can contribute a lot in identifying and planning appropriate intervention for a child requiring safeguarding.

Summary

Child protection cannot be done by a single person or agency. We should consult someone with expertise in this area and we should get the appropriate agencies involved. It is important to know our role and the role of other agencies and professionals so as to effectively and efficiently execute a child protection work by avoiding duplication of efforts and/or inadequate efforts. We as health professionals have a very important task – of identifying a child protection

issue. We are required to be competent with the skills and with the local mechanism of executing a child protection work. Child protection, by law, is one of our duties.

Exercise

Let's imagine that while working in a busy OPD or emergency in your hospital you come across an 18 month old child with left periorbital hematoma. The mother seems worried and the father says it happened after he fell from bed while he was playing with the child. There is an old bruise on right ear of the child. You found that the father is a truck driver and has to go on long trips frequently. While at home he drinks for most of the day, today he is under the influence of alcohol. You conclude that this is a child protection issue. You try calling the police on duty in your hospital; he is on leave today and not reachable by phone. What do you do next?

- Possible child protection issue: the same case as outlined above.
- Consult a senior or a colleague with expertise (Second participant).
- Decide that it is an issue needing immediate protection. Because of possibility of physical offence call 104.
- Police officer (Third participant) decides that the case needs intervention. The father is taken into custody.
- Police informs local Women and Children officer (4th participant) and also calls a NGO working on rescue of children (5th participant) for immediate logistic management.
- Women and Children officer decides to proceed with prosecution of the father and protection of the mother and child, speaks with police officer for collection of evidences and building of case, and asks the NGO (5th participant) for coordinating the treatment, finances and psychological counselling.
- Child's preliminary assessment reveals no intracranial injury. Health personnel (1st and 2nd participant) decide to discharge the child.
- NGO rep (5th participant) takes the mother and child to rescue center after informing the police and women and children officer. They would now facilitate reintegration.
- The father pleaded guilty and was sorry for his way of dealing with the family. He has given up drinking and is back to home.
- The team decides to have some rounds of talk between the mother and the father and if they arrive in an agreement, to send the mother and child back to home.

Annex

The participants are required to divide into groups and discuss among themselves about the cases as instructed.

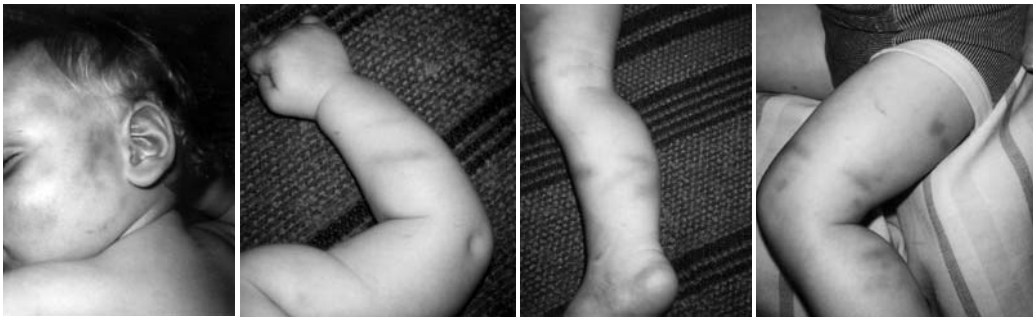
Case 1

Ram Bahadur, one year old child presented in emergency at 11pm with the history of falling out of the bed. He is examined and managed further by the on duty doctor and team.

Groups are required to discuss and present under following topics:

- History
- Presentation
- Examination
- Child
- Family

On Examination



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On further history taking, father told that baby fell down from bed while he was asleep 4 days back. Six year old elder sibling told that father had bitten baby four days back when he was drunk. In separate conversation with nurse mother told it happened when baby fell down from stairs.

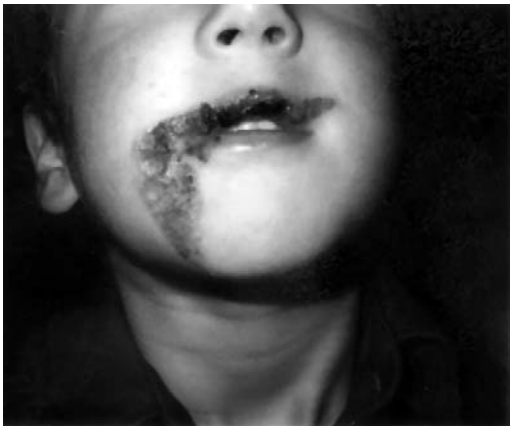
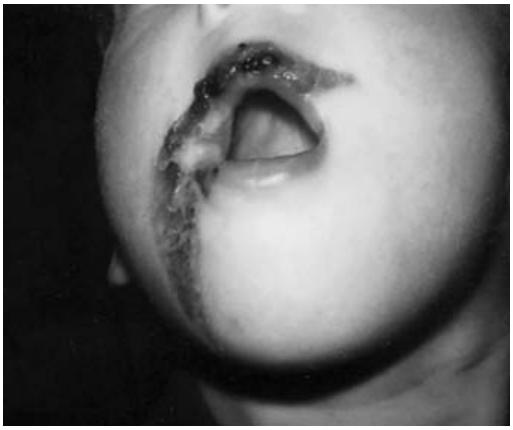
On examination by duty doctor he was found to have more than 15 patterned bruises at different sites.

Case 2

8 years old female child, Sarita , presented to ER with the history of scalding burn of mouth and face .Duty doctor and team proceeds with further examination and treatment.

The groups are required to discuss and present under topics as mentioned above.

On Examination

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On examination scald burn spread inside the mouth.
When child was asked separately she revealed that mother forcibly asked her to drink hot dal.

Case 3

Ramesh, a 9 year old boy had long history of soiling. On further questioning, it was found that he had poor attendance in his school, suspended twice because of his behavior and mother also says that he is evil.

Groups are required to discuss and present under following topics:

- History
- Presentation
- Examination
- Child
- Family
- Interpretation: Emotional Abuse

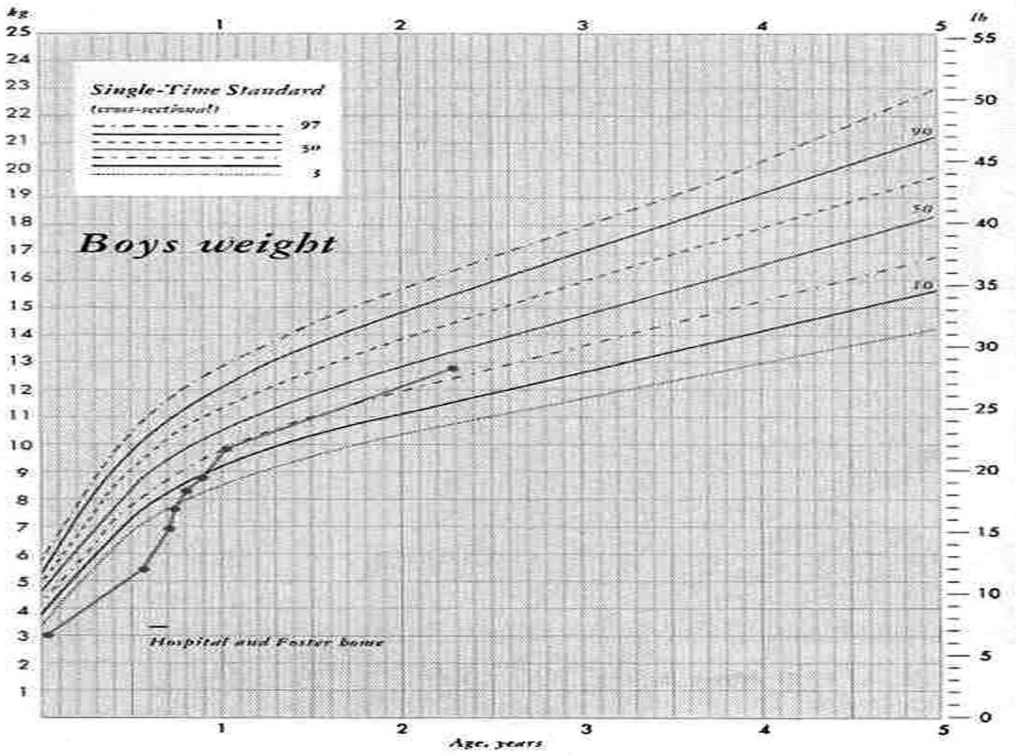
Case 4

Babu Shrestha, 27 months old boy was referred to the hospital by Primary health center. A growth chart is provided which is to be evaluated and interpretation is to be done.

The growth chart shows falling away across the centiles during infancy, followed by dramatic weight gain in hospital stay.

Interpretation: Non organic failure to thrive

Interpretation: Neglect



Case 5

Nirmala, a 12 year old girl was seen by an ENT surgeon for not being able to speak for 2 weeks.

Groups are required to discuss and present under following topics:

- History
- Presentation
- Examination
- Child
- Family

On further questioning, she had been staying with her mother and step father, elder sister and brother. She refuses to talk about her family. However, on gaining confidence with the nurse, she tried to open up with her.

Interpretation- Sexual Abuse

Procedural response to physical abuse in Children

Patient identification

Name Age DOB Sex

Address

Hospital ID number

Parents' details

Father -Name, Age, address, contact number

Mother- Name, Age, address, contact number

Details of person accompanying child, if different- with contact number

Name of School, Class

Referred by- Parents ☐ School ☐ Health professional ☐ Police ☐ Others- ☐ specify

Initial concern at presentation -

Date and time of examination:

Place of examination:

Examining doctor:

Accompanying nurse:

Name of lead consultant for the case Notified ☐

History from the Parent/ guardian/ adult accompanying the child

History from the Child (where applicable)

Birth history

Developmental history

Any delayed development/ learning difficulty Y/ N

Immunization

Past medical history

Medications

Family history

Social history- alcohol, smoking, substance abuse. History of domestic violence, previous police involvements/ charges for offence

Consent for

1. Medical examination
2. Clinical photographs done by hospital medical photography/ Police
3. Medical/ Surgical procedures if required
4. Storage of samples , if required

Medical examination- list people present during examination (health professional, family representative, social worker, police)

General appearance

Child's interaction with parents/ adults present

Growth- height weight head circumference (below 2 years age)

Scalp/ face/ mouth/ frenulum

Eyes/ ENT/ teeth

Central nervous system (fundi if indicated)

Respiratory

Cardiovascular

Abdominal (including external genitalia)

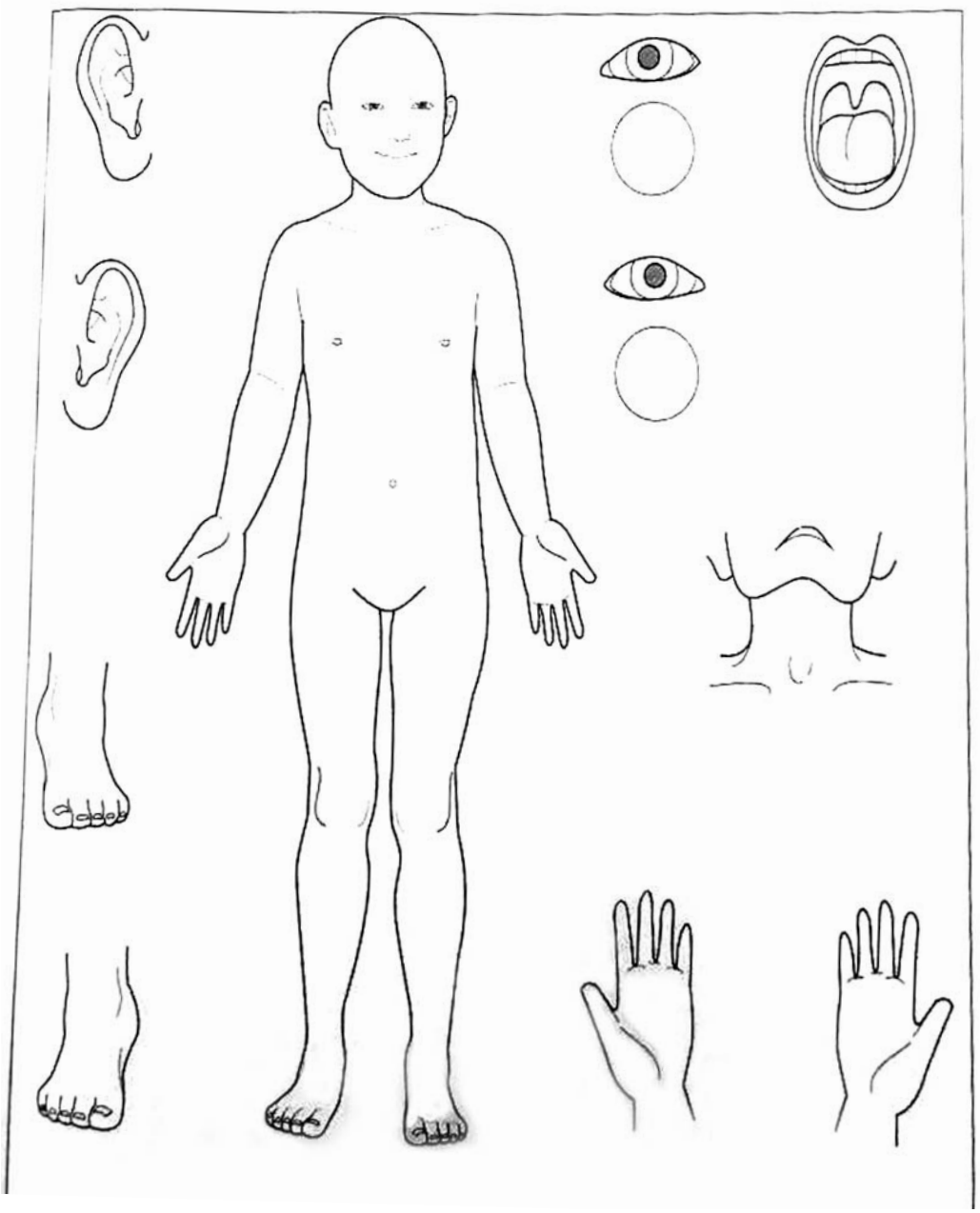
Skin- detail any scars, marks, bruises with description, measurement,
Use body maps

Body map will be attached covering all views of external examination

NAME..... DATE.....

DIAGRAMS/BODY MAPS

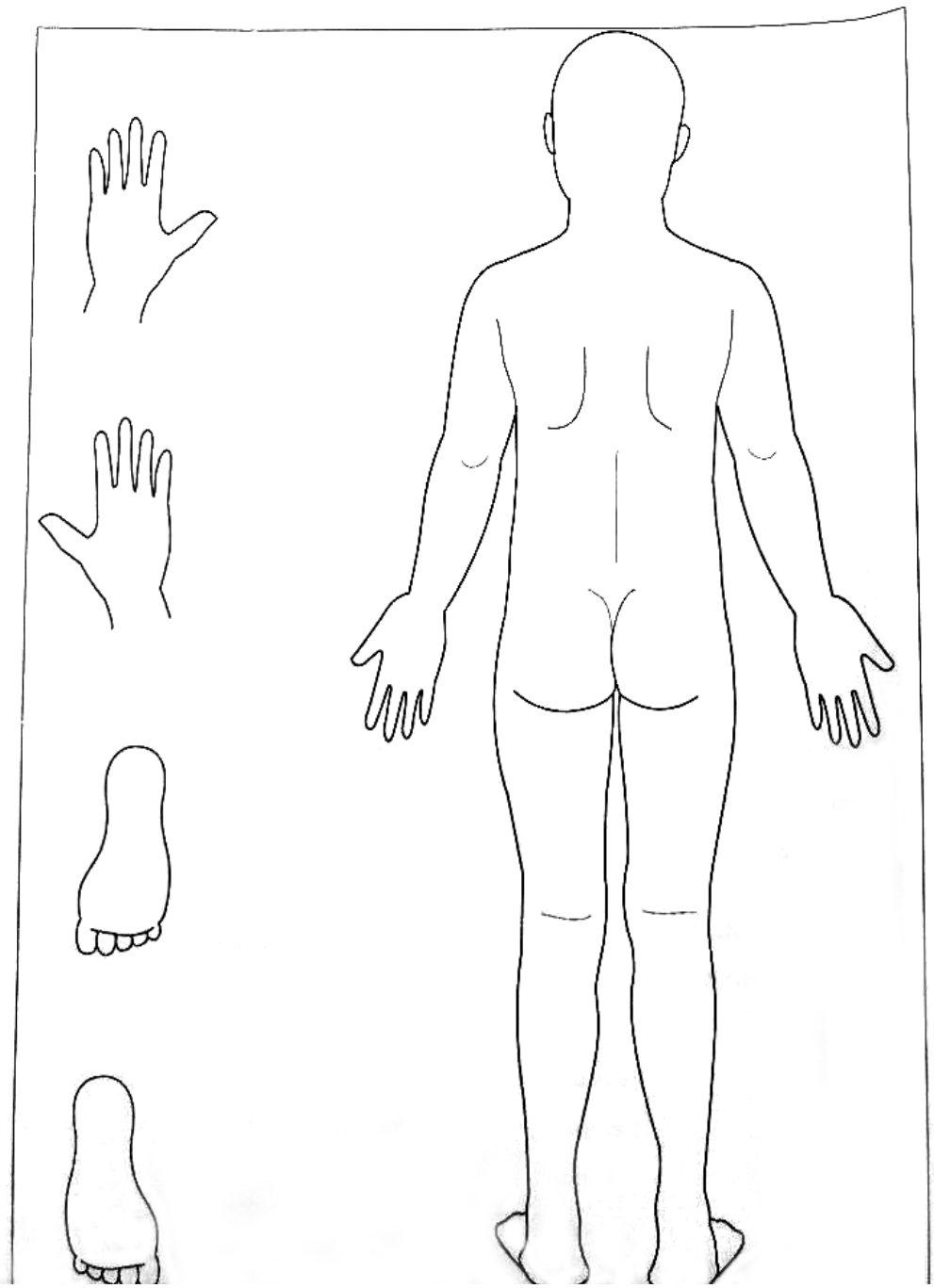
- record all injuries and findings including colour, measurements, appearance, imprint marks etc where relevant



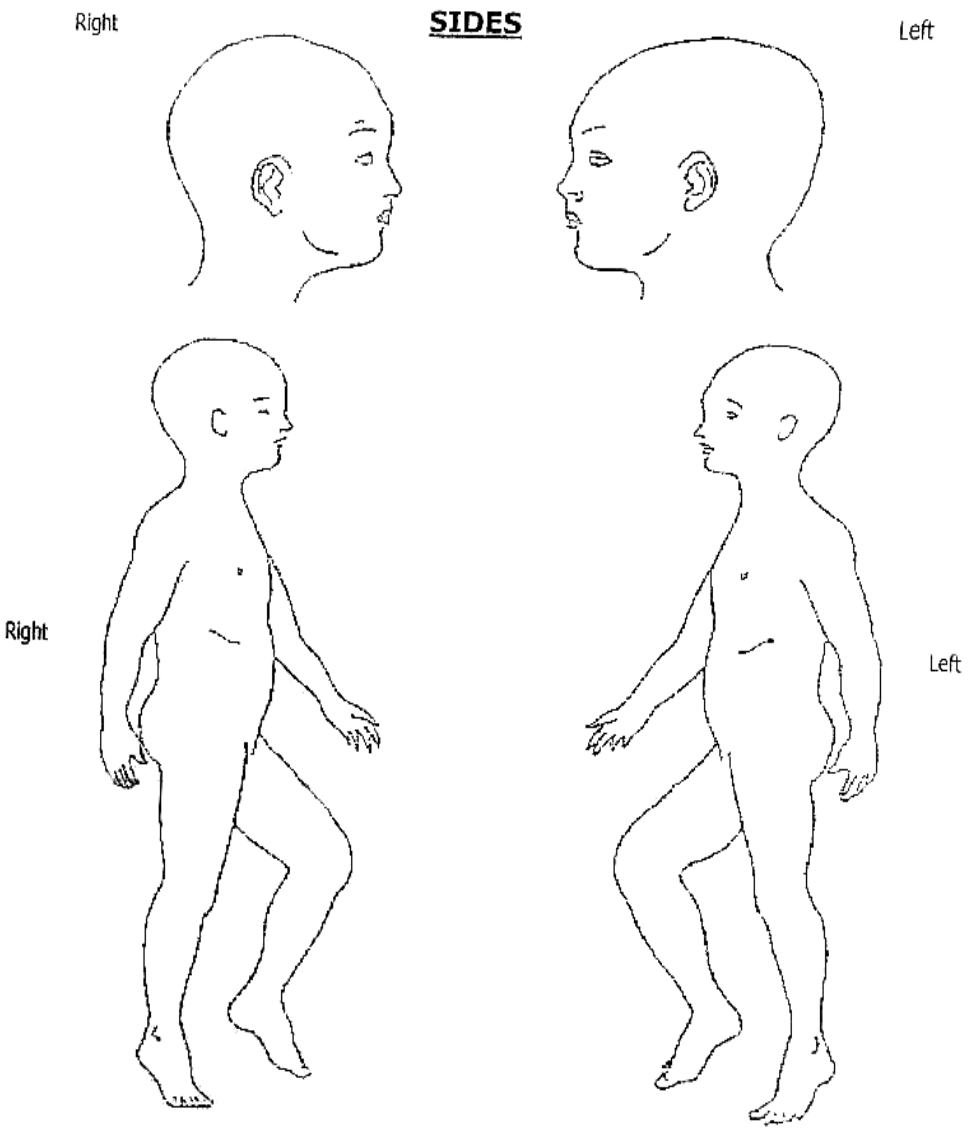
NAME..... DATE.....

DIAGRAMS/BODY MAPS

- record all injuries and findings including colour, measurements, appearance, imprint marks etc where relevant



and sign



Name of Doctor completing the assessment (please print clearly)		Date and time
Signature of Doctor		

NAME..... DATE.....

EXAMINATION OF GIRLS

EXTERNAL GENITALIA

Tanner Scale (please circle) Genitalia 1 2 3 4 5 Girls Breast 1 2 3 4 5

Table 1 CLASSIFICATION OF SEX MATURITY STAGES IN GIRLS

STAGE	PUBIC HAIR	BREASTS
1	Preadolescent	Preadolescent
2	Sparse, lightly pigmented, straight medial border of labia	Breast and papilla elevated as small mound, areolar diameter increased.
3	Darker, beginning to curl, increased amount	Breast and areola enlarged no contour separation
4	Coarse, curly abundant but amount less than in adult	Areola and papilla form secondary mound
5	Adult feminine triangle, spread to medial surface of thighs	Mature; nipple projects, areola part of general breast contour

Colposcopy No ☐ Yes ☐ Magnification.....
Dvd No ☐ Yes ☐
Photographs taken No ☐ Yes ☐

Position used: (Tick all that apply) Supine ☐ Knee chest ☐ Left lateral ☐

FINDINGS

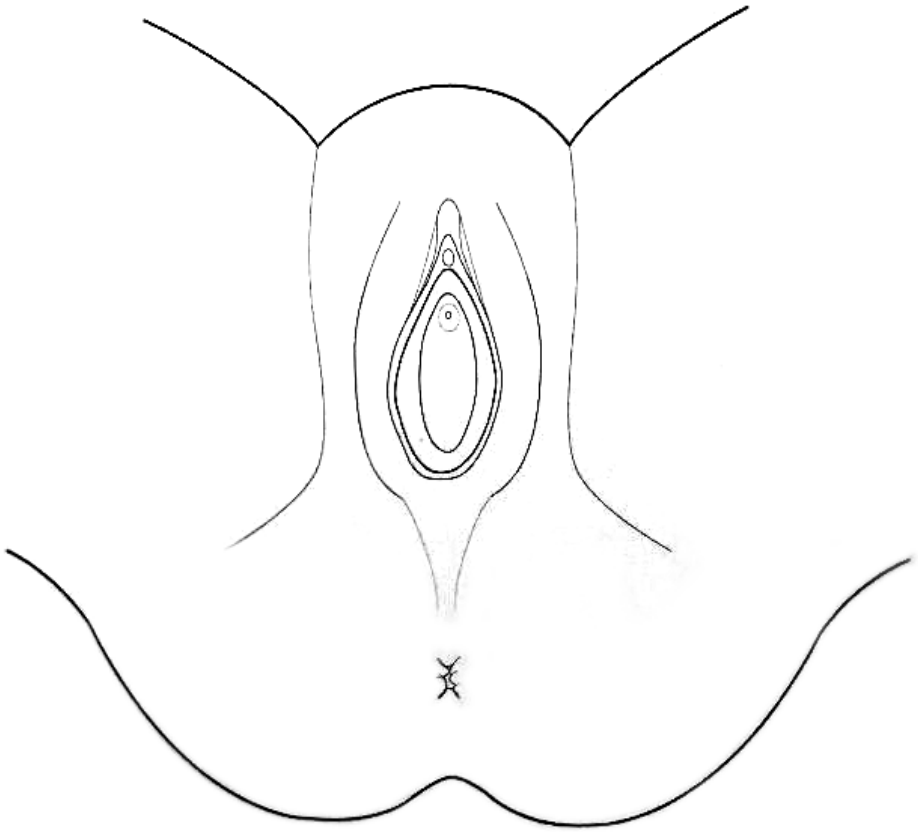
External genitalia

			Describe
Reddening	No ☐	Yes ☐	.....
Oedema	No ☐	Yes ☐	
Abrasion	No ☐	Yes ☐	.....
Bruising	No ☐	Yes ☐	.....
Laceration	No ☐	Yes ☐	.....
Labial fusion	No ☐	Yes ☐	Extent.....cm.thick/thin

Internal genitalia:		**Normal**	**Abnormal**	**Describe**
Posterior fourchette		☐	☐	
Hymen		☐	☐	
Type hymen	Fimbriated	Annular		.....
	Crescentic	Other		.....
Vagina	Normal	Abnormal	Not seen	
Discharge	Yes	No	Describe	.....
Bleeding	Yes	No		.....

NAME..... DATE.....

FEMALE GENITALIA (draw in hymen)



NAME..... DATE.....

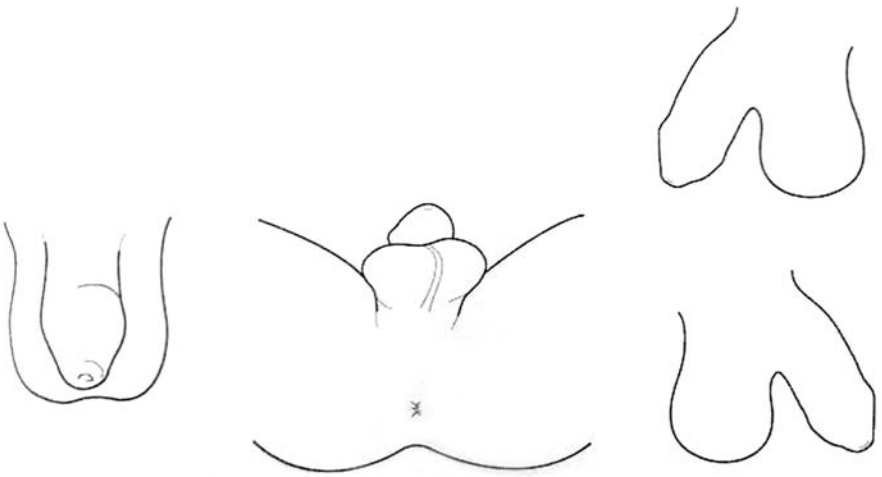
EXAMINATION OF BOYS

Tanner Scale (please circle) Boys 1 2 3 4 5

Table 2 CLASSIFICATION OF SEX MATURITY STAGES IN BOYS

STAGE	PUBIC HAIR	PENIS	TESTES
1	None	Preadolescent	Preadolescent
2	Scanty, long, slightly pigmented	Slight enlargement	Enlarged scrotum, pink texture altered
3	Darker, starts to curl, small amount	Longer	Larger
4	Resembles adult type but less in quantity curly in size	Larger, glans and breadth increase	Larger, scrotum dark coarse
5	Adult distribution spread to medial surface of thighs	Adult size	Adult size

EXAMINATION OF THE MALE GENITALIA/ANUS



FINDINGS (GENITALIA BOYS)

Describe e.g. abnormality:

Penis ..... Circumcised Yes ☐ No ☐

Testes Present x 2 ☐ Present x 1 ☐ Absent ☐

Bruises/Trauma.....

NAME..... DATE.....

ANAL EXAMINATION (BOYS AND GIRLS)

Examination — Left lateral / Knee chest / Other ☐

Fissures — Yes ☐ No ☐ **Describe** Superficial / Deep or extensive / Number ☐

Skin Change ☐ ☐ _____

Venous Congestion ☐ ☐ _____

Tyre Sign ☐ ☐ _____

Gaping ☐ ☐ _____

Reddening ☐ ☐ _____

Laxity ☐ ☐ _____

Scars ☐ ☐ _____

Bruises ☐ ☐ _____

Dilatation ☐ ☐ Maximum diameter.....

Other (e.g. warts, twitchy) .....

Investigations

Blood tests- for multiple/ extensive bruising, suspected intracranial bleed
Not required for minor, localised bruising, patterned bruise eg slap mark

BLOOD TESTS

RADIOLOGY-

Xrays - Unusual fractures, multiple fractures, fractures in an immobile child, rib/ pelvic fractures

- ☐ Full skeletal survey in children less than 2 years (new guideline with advice to repeat in 2 weeks)

- ☐ CT head- in children below 2 years of age

Full report from Consultant Radiologist - file in notes

OPHTHALMOLOGY review- for children less than 2 years- for retinal haemorrhages

OTHERS - as relevant, eg Bite marks- (Forensic) dentist for adult vs child bite marks

For suspected/ alleged Sexual abuse

- Notify the Police immediately
- Notify the named Paediatrician or Gynaecologist for formal assessment
- History taking (or statement by police) and examination should be done by a senior or named paediatrician for child protection
- The child should be supervised at all times following presentation to the hospital
- Offer comfort, pain relief, sedation if required. Treat emergencies accordingly.
- Treat patient with dignity and maintain confidentiality at all times.
- Doctors should not disclose any information to the press or members of the public/ extended family
- Clothing and samples should be labelled, sealed and stored before handover to the forensics
- Emergency contraception
- Screening for STI (vaginal swabs) and repeat in 2 weeks post assault, HIV and Hep B serology (repeat in 3 months)
- Vaccination against Hep B
- Pregnancy test (time)

- ☐ Separate sheets in Proforma for external and internal genitalia examination for cases of suspected sexual abuse will be attached with sexual maturity staging

Child Protection Recognition and Response

How do you feel?

Score 1 to 5 for each item (eg. 1 being the most acceptable- 5 for the least)	Personal view Acceptable/Not acceptable 1 2 3 4 5
8 years old who is hit by her mother.	
Baby whose parents ask for him to be circumcised for cultural reasons.	
11 year old girl with cerebral palsy whose father allows her to cuddle up to him in bed when she is upset.	
A 6 year old who witnesses his father slapping his mother after an argument.	
A toddler whose father usually drinks a bottle of alcohol before noon.	

Nepal Paediatric Society
Child Protection Recognition and Response Training Module Finalization Workshop

Kanti Children's Hospital, Maharajgunj, Kathmandu
Chaitra 5, 2075 (March 19, 2019), Tuesday

Expert Participant

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