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Introduction

This Handbook is a complete guide for Doctors and other health care providers associated with the care of children. The Handbook adopts a systems-based approach to sensitize, inform, and empower persons in the position of trust and authority to ensure that children are protected from Sexual Abuse.

The safety of children is paramount consideration in health sector and the doctors and other health care providers have the duty and responsibility to ensure safety and protection of all children during health care management. The health care system has to take all possible preventive actions in order to make it a safe space for children and to ensure identification of potential risk/danger and reporting of any instances of child sexual abuse. This includes setting up protocols for child safety, institutional mechanisms for disclosure and reporting, engaging counsellors for supporting victims and families and so on.

The health care professionals need to be aware of various laws, legislations, guidelines and protocols established for continuing care and protection of children in all health care system.

This handbook aims to increase the understanding of health care providers about various stakeholders and their roles in ensuring safety of children. Gaining an understanding of the role of various duty bearers will be helpful for the health care providers.

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Child Protection Workforce Capacity Building to End Child Sexual Abuse in India

Child Sexual Exploitation and Abuse cases in India have gone up by more than 200 times since 2004. The issue is affecting all dimensions of child development including physical, mental, emotional and economic well-being. Therefore, protecting children from sexual abuse and exploitation by strengthening the Protection and Prevention mechanism is an immediate need of the hour.

The main causes contributing to the alarming numbers of sexual abuse of children are: weak system with lack of implementation of the relevant laws and policies, lack of skill and efficiency of the child protection workforce, ignorance of parents and care givers, lack of political will and accountability, and poor budgeting.

It is for these reasons that the project aims to build skills and capacities of the child protection workforce who provide frontline services. The enhanced skills and capacities of the workforce will increase efficiency and competency in addressing Child Sexual Abuse & Exploitation (CSEA) issues.

Child Rights and the Convention on the Rights of the Child (CRC)

Children, defined as any person under the age of 18 years, have the same general human rights as adults. But they additionally also have specific rights that recognize their special needs. Children, need special safeguards, care and protection in view of their age when related to physical and mental vulnerabilities. Children's rights cover their developmental and age-appropriate needs that change over time as a child grows up. Children's rights include the right to health, education, family life, play and recreation, an adequate standard of living and to be protected from abuse and harm.

> The Protection of Children from Sexual Offences Act define a child as any person below the age of 18 years and provides protection to all children from sexual abuse.

The Convention on the Rights of the Child (CRC)sets out the rights that must be realized for children to develop to their full potential. The CRC focuses on non – discrimination, the best interest of the child, survival and development, as well as the right of children to engage and participate in various aspects of life. It underscores the importance of the principle of the best interest of the child in all actions and decisions concerning children. The CRC specifies that "the best interests of the child" to be the "primary consideration" in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies.

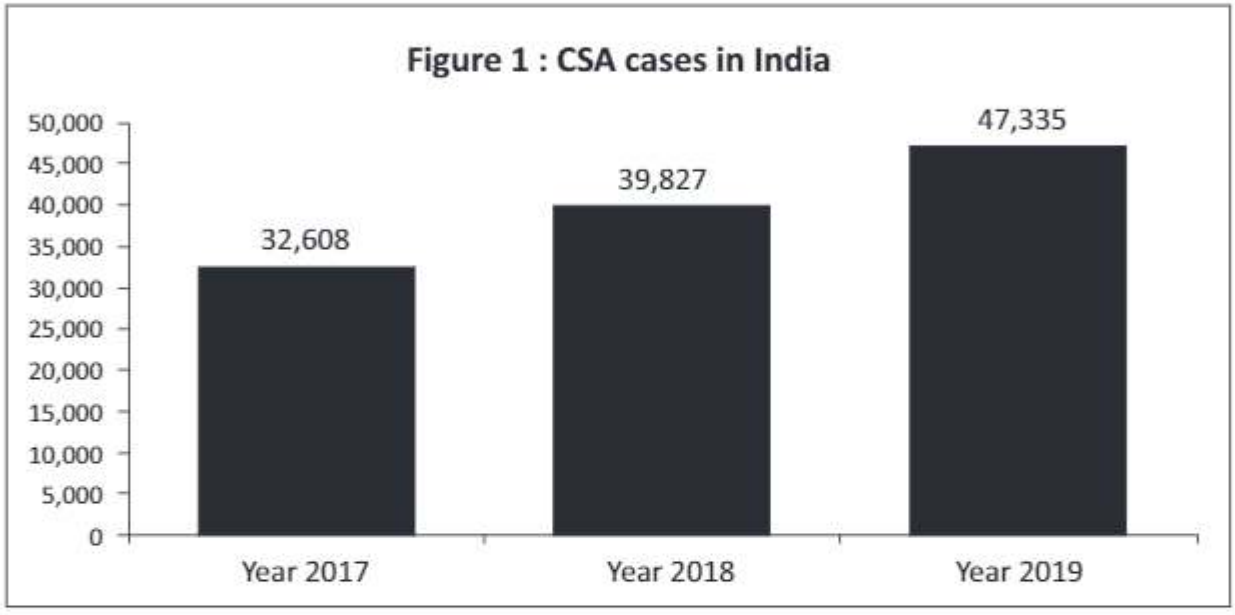
The four guiding principles that underpin children's rights include:

1. **Non-Discrimination / Equality (Article 2):** All children are entitled to the same rights without discrimination of any kind of individual or group.
2. **Best Interests of the Child (Article 3):** All actions concerning children will take account the best interests of the individual child or group of children as the primary consideration.
3. **Survival and Development (Article 4 & 6):** The state has a responsibility; all children have the right to survival and development to their full potential to the maximum extent possible.

4. **Participation/Inclusion (Article 12):** Children have the right to express their views in all matters affecting them and their opinions are given due weight age with their maturity and evolving capacities.

Magnitude of Child Sexual Abuse

According to data released by the National Crime Record Bureau (NCRB), a total of 109 children were sexually abused every day in India in 2018. This is a 22 per cent jump in such cases from the previous year. 32,608 cases were reported under POCSO in 2017, increasing to 39,827 cases in 2018. The figures are even higher in 2019 with cases reported under POCSO rising to an alarming 47,335.



Protection of Children from Sexual Offences Act (POCSO) 2012

The Protection of Children from Sexual Offences Act of 2012 (POCSO Act) defines a child as any person below the age of 18 years and provides protection to all children from sexual abuse. It also intends to protect the child through all stages of judicial processes and gives paramount importance to the principle of best interest of child. It has been amended in 2019 with the provisions of stringent punishment to the abusers.

There are six categories of sexual offences under this act:

- Sexual Harassment
- Sexual Assault
- Aggravated Sexual Assault
- Penetrative Sexual Assault
- Aggravated Penetrative Sexual Assault
- Pornography

Punishment provisions under POCSO Act:

Sl. No.	Punishable Offences	Section of punishment	Nature of Offence	Punishment
1.	Sexual Harassment	(Sec.12)	-Using sexual intent words, gestures, exhibit any object or part of body or make the child to do so -Constantly follow or watch or contact the child directly or through in any medium	3 years and fine
2.	Sexual Assault	(Sec.8)	Sexual Intent touches of private parts of a child	3 to 5 years and fine
3.	Aggravated Sexual Assault	(Sec.10)	Sexual assault repeatedly/ by more than one person/in the custody/by public servant/ if the child is below 12 years	5 - 7 years and fine
4.	Penetrative Sexual Assault–	(Sec.4)	If penetrates into the vagina/ mouth/urethra/anus Or insert any object or part of body into vagina/urethra/ anus or make the child to do so	10 years to life imprisonment (if victim is below 16-20 years to rest of life imprisonment and fine)
5.	Aggravated Penetrative Sexual Assault	(Sec.6)	Penetrative sexual assault repeatedly/by more than one person/in the custody/by public servant/ if the child is below 12 years/if the child is pregnant/if the child is affected by STD or HIV etc.	20 years to imprisonment for rest of life and fine or death penalty
6.	Pornography	{Sec.14 (1)}	Any person uses the child for any pornographic purpose	5-7 years and fine
7.	Using child and directly participating with Pornography	{Sec.14 (2)}	Any person uses the child for any pornographic purpose and commit the offence under Sec.3, 5,7 & 9	5-7 years + punishment for participating in the act
8.	Storage and Propagation	(Sec. 15)	Any person who stores or possess pornographic materials	3-7 years and fine

Sl. No.	Punishable Offences	Section of punishment	Nature of Offence	Punishment
9.	Abetment	(Sec.17)	Any person who instigates or pursue the conspiracy for the offence	3 years and fine
10.	Attempt to commit offence	(Sec.18)	Person attempt to commit any offence punishable under POCSO	50% of the maximum punishment fixed
11.	Failure of reporting	(Sec.21)	Any person who knows the fact fails to record the offence and report to the police	6 months to one year or fine or both
12.	False reporting	(Sec.22)	False complaint about sexual abuse with an intention to humiliate, threaten or defame a person	6 months (No punishment for a child)

Who can report a child abuse case? Any person (including the child) who has an apprehension that an offence under the POCSO Act is likely to be committed or has knowledge that an offence has been committed has a mandatory obligation to report the matter. An express obligation has also been vested upon media personnel, staffs of hotels, lodges, hospitals, clubs, studios, or photographic facilities, to report a case if they come across materials or objects that are sexually exploitative of children. Failure to report is punishable with imprisonment of up to six months or fine or both. This penalty is, however, not applicable to a child.

Whom should the case be reported to? A case must be reported to the Special Juvenile Police Unit (SJPU) or the local police. The police or the SJPU must then record the report in writing, ascribe an entry number, read the report over to the informant for verification, and enter it in a book. A FIR must be registered and its copy must be handed to the informant free of charge. If a case is reported by a child, it must be recorded verbatim and in simple language so that the child understands what is being recorded. If it is being recorded in a language that the child does not understand, a qualified translator or interpreter must be provided to the child.

Child friendly procedures (POCSO)

Child friendly procedures mandated under POCSO Act (for reporting, recording of evidence, investigation and trial of offences) include the following:

Recording of offences	• Recording the statement of the child at the residence of the child or at the place of choice, preferably by a woman police officer not below the rank of sub-inspector. Evidence has to be recorded within 30 days • Police officer to not be in uniform while recording the statement of the child • The statement of the child to be recorded as spoken by the child • Assistance of an interpreter or translator or an expert as per the need • Assistance of special educator or any person familiar with the manner of communication of the child in case child is disabled
Medical Examination	• Medical examination of the child to be conducted in the presence of the parent of the child or any other person in whom the child has trust or confidence. • In case victim is a girl child, medical examination shall be conducted by a woman doctor. • Examination should be conducted within 24 hours
Trial	• Frequent breaks for the child during trial • Child not to be called repeatedly to testify • No aggressive questioning or character assassination of the child • In-camera trial of cases

When medical examination is to be conducted?

Section 27(1)- the medical examination of a child in respect of whom any offence has been committed under this act, shall notwithstanding that the FIR or complaint has not been registered for the offence under this act be conducted in accordance with section 164 (A) of Cr.PC.

Section 27(2) – Incase the victim is a girl child the medical examination shall be conducted by a women doctor.

Section 27(3) – Medical examination be conducted in presence of the parents or any other person, in whom the victim has trust.

Non-disclosure of information/identity of the child

Under Section 23, POCSO Act, no individual shall report/ comment on any child using any form of media/ studio/ photographic facilities which may, result in affecting the child's reputation/invade the child's privacy. Similarly, media shall not disclose the identity of a child including his name, address, photograph,

family details, school, neighborhood or any other information. Any such action shall result in action against not just the individual, but also the publisher/owner of the media/ studio/photographic facilities. Finally, any person who acts against the provisions of sub-section (1) or (2) shall be liable to punishment for a minimum of six months to one year or with fine or with both (Section23, POCSOAct2012).

How should a doctor/health care provider respond if a child shares his/ her experience of abuse?

First Response to Child Sharing on Abuse

- Try to find a quiet place where you would not be overheard or interrupted
- Remain calm and do not react loudly, or with shock or disbelief. Do not negate what the child is trying to say.
- Listen carefully and with patience. If you show impatience, or hurry the child may clam up, and stop sharing.
- Do not ask too many questions immediately. Let the child and yourself first understand the gravity of the situation.
- In case you have some questions, let them be simple and not probing or leading questions. Put emphasis on child saying things in his/her own words.
- Do try and make mental notes of what all the child said so that if you have to state in writing/share your experience, you would be able to do so. How should a doctor/health care provider respond if a child shares his/ her experience of abuse?

Importance of doctors and medical practitioners under POCSO

Doctors and medical professionals have a dual role to play under POCSO. They are in a position to detect that a child has been or is being abused. They are also often the first point of reference in confirming that a child has indeed been the victim of sexual abuse. Their expertise is particularly valued for:

⊕ Having a thorough understanding of sexual victimization

⊕ Obtaining the medical history of a survivor in a professional and empathetic manner

⊕ Conducting a detailed examination and ensuring the effective collection and preservation of forensic evidence

Role of doctors and medical practitioners – processes and responsibilities

Seeking Medical Assistance

A survivor of child sexual abuse (CSA) can seek medical assistance directly, or with a police requisition after filing a police complaint.

1. When a survivor seeks medical assistance directly, the required medical treatment should be provided immediately. In any case of sexual assault, the survivor must be given free treatment at government or private medical facilities. No document or precondition is necessary for providing this medical care. The hospital is bound to provide treatment and conduct a medical examination with consent of the child/parent/guardian, depending upon the age of the child. Police requisition is not a pre – requisite in this case. There is no need to have the FIR (First Information Report) registered first (As per POCSO Rule 5(3)- no doctor can demand legal document like FIR, before rendering medical care). After providing due assistance and conducting examination, the doctor should subsequently report the matter to the police.

> Filing of an FIR with the police is not a pre – condition for providing medical examination or treatment to the survivor

2. When a case is first reported to the Special Juvenile Police Unit (SJPU) or the local police, the police or the SJPU must first record the report in writing. An FIR must be registered, and its copy handed over to the informant free of charge. The police must take the survivor to the nearest health facility for medical examination, treatment and care.

3. This should be done immediately (not later than twenty-four hours from the time of receiving the information), as delay can jeopardize the health and condition of the survivor. The doctors should also ask the survivor/s whether they were examined elsewhere, and if they are carrying documentation of the same. If the survivor has been examined elsewhere, the doctor must not carry out an additional examination merely because the police have brought a requisition.

> The police must take the survivor to the nearest health facility for medical examination, treatment and care without any delay

4. As per section 357(C) of Cr.PC, a private doctor also has duty to provide first aid and medical treatment to the female rape victim or acid attack victims, free of cost.

5. Medical examination facility in govt. hospitals to be available round the clock on 24X7 service model.

6. In absence of Govt. doctors, a private registered medical practitioner can also carry out medical examinations.

Medical Assistance, Examination & Report

Attending to medical needs

The registered medical practitioner rendering emergency medical care shall attend to the needs of the child, including:

- ⊕ treatment for cuts, bruises, and other injuries including genital injuries, if any;
- ⊕ treatment for exposure to sexually transmitted diseases (STDs) including prophylaxis for identified STDs;
- ⊕ treatment for exposure to Human Immunodeficiency Virus (HIV), including prophylaxis for HIV after necessary consultation with infectious disease experts;
- ⊕ possible pregnancy and emergency contraceptives should be discussed with the pubertal child and her parent or any other person in whom the child has trust and confidence;
- ⊕ wherever necessary, a referral or consultation for mental or psychological health or other counselling should be made.

Medical examination and report

Medical examination should be conducted as per the provisions of the POCSO Act.[2] The medical examination should be conducted:

- ⊕ by a registered medical practitioner employed in a hospital run by the Government or a local authority and in the absence of such a practitioner, by any other registered medical practitioner.
- ⊕ with the consent of the child or a person competent to give such consent on the child's behalf
- ⊕ by a woman doctor if the survivor is a girl child
- ⊕ in the presence of the parent of the child or any other person in whom the child reposes trust or confidence. If the parent or other such trusted person cannot be present, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution

The registered medical practitioner shall examine the child without delay and prepare a report of the examination giving the following particulars:

- ⊕ name and address of the child and of the person by whom she was brought
- ⊕ age of the child
- ⊕ description of material taken from the person of the child for DNA profiling
- ⊕ marks of injury, if any, on the person of the child
- ⊕ general mental condition of the child
- ⊕ reasons for each conclusion arrived at
- ⊕ exact time of commencement and completion of the examination
- ⊕ other material particulars in reasonable detail.

The report shall specifically record that the consent to such examination had been obtained from the child or the person competent to give such consent on the child's behalf.

[2] Section 27 of POCSO read in conjunction with Section 164A of the Criminal Procedure Code, 1973

The registered medical practitioner shall, without delay forward the report to the Investigation officer (who shall forward it to the Magistrate).

STEP 1 : SEEKING MEDICAL ASSISTANCE

A survivor can seek medical assistance directly, without first informing the police or SJPU

A survivor can first approach the SJPU or the local Police, and then be sent for medical examination

STEP 2 : MEDICAL EXAMINATION & ASSISTANCE

The child will be examined by a registered medical practitioner, preferably one employed in a government hospital

The child will be examined in the presence of a parent or trusted person. A Girl will be examined by a woman doctor

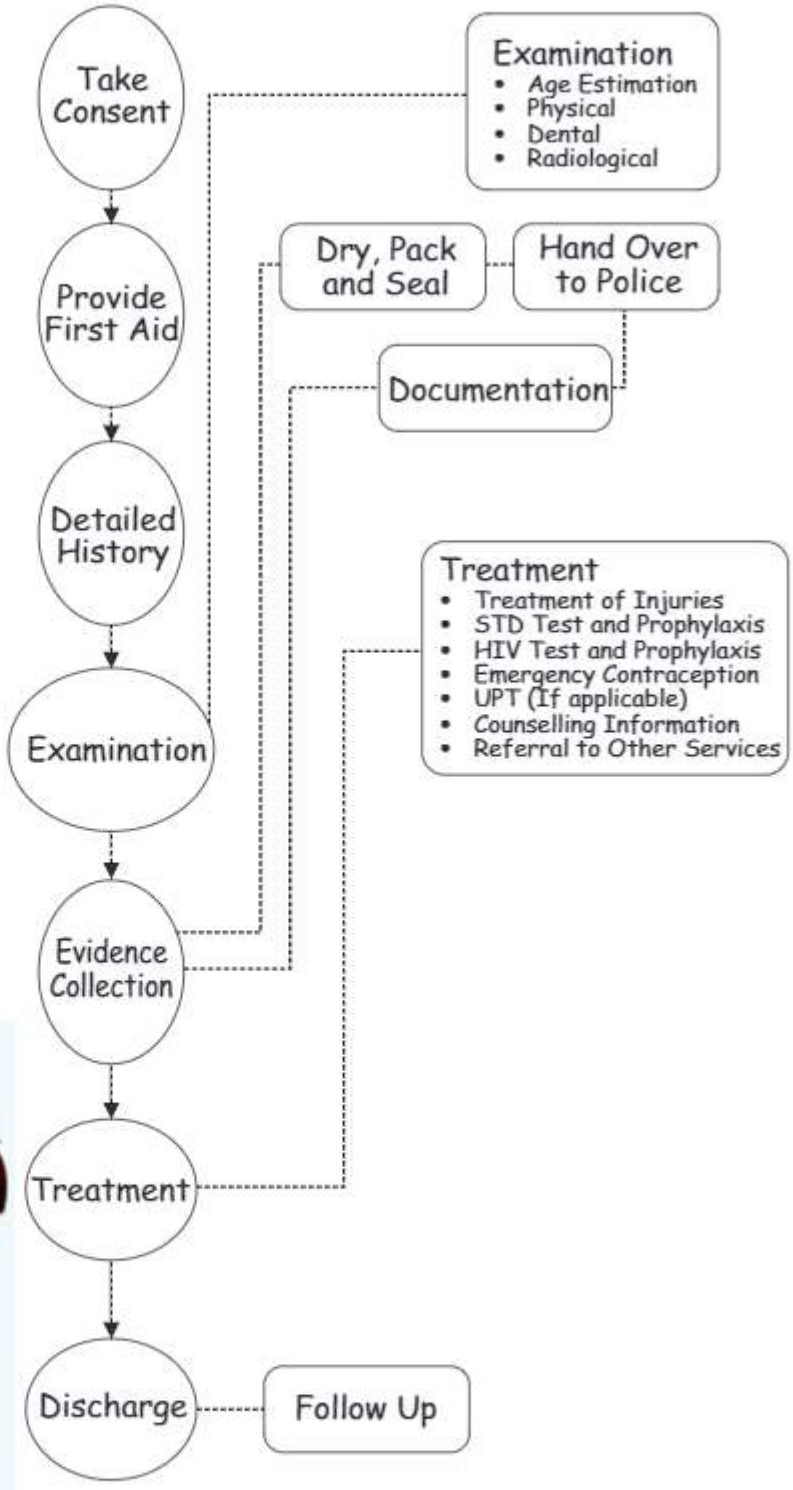
STEP 3 : MEDICAL EXAMINATION REPORT

The examining doctor will prepare a report and send it to the investigation officer

The investigation officer wi forward the report to the magistrate

Procedure for Medical Professionals

A quick glance at step to be followed during medical examination of child victims of sexual violence.



Key Factors for the doctor to keep in Mind

Consent

The registered medical practitioner rendering emergency medical care shall attend to the needs of the child, including:

- ⊕ The three main elements of consent are information, comprehension and voluntariness. The child and his/her family should be given information about the medical examination process and what is involved therein, so that they can choose whether or not to participate. Secondly, they should be allowed enough time to understand the information and to ask questions so that they can clarify their doubts. Lastly, the child and/or his or her parent/guardian should agree to the examination voluntarily, without feeling pressurized to do so. In some situations, it may be appropriate to spend time with the child/adolescent alone, without the parent/guardian present. This may make it easier for the child to ask questions and not feel coerced by a parent/guardian.

> The survivor cannot be forced to undergo medical examination without an informed consent of the child/parent/guardian

- ⊕ Consent should be taken in writing.
- ⊕ Where the child is too young or otherwise incapable of giving consent, consent should be obtained from the child's parent, guardian or other person in whom the child has trust and confidence.
- ⊕ The right to informed consent implies the right to informed refusal.
- ⊕ To be able to give informed consent, the child and his/ her parents/guardian need to understand that health care professionals may have a legal obligation to report the case and to disclose information received during the course of the consultation to the authorities even in the absence of consent.

What Should a Doctor do if a child resists the medical examination?

a) The Physical examination should not cause any trauma to the child. It may be wise to defer the examination.

b) It may be possible to address some of the child's fears and anxiety (e.g., fear of needles) or potential source of uneasy (e.g., the sex of the examining health worker), further utmost comfort and care for the child should be provided (e.g., examining very small children, while on the mother' s lap, or lying with her on Sofa).

c) If the child still refuses, the examination may be deferred or even abandoned. Force may represent assault to the child.

d) The child should not be held down or restrained for the examination.

Relaxing the child for medical examination

a) Offer clear age-appropriate explanations and offer the child some control over the examination process.

b) Proceed slowly, explain each step, in advance.

c) Use curtains to protect privacy, if the child wishes.

d) Explain to parent or support person that their job is to talk to and distract the child and the finding of the examination will be shared with them after it is completed.

e) Position the parent near the child's head.

f) Use distractors, e.g., ask the parents to sing a song, or tell a familiar story or read a book to the child or show a doll.

g) Use television, cell phone game or other visual distraction.

h) Don't forcibly restrained the child for the examination.

Confidentiality

The information obtained for medical examination is confidential, and therefore, every effort must be made to protect the privacy and safety of the patient. The health sector has a therapeutic role and confidentiality of information and privacy in the entire course of examination and treatment must be ensured. The police should not be present while details of the incident of sexual violence, examination, evidence collection and treatment are being sought from the survivor. The police cannot interface with the duties of a health professional. They cannot take away the survivor immediately after evidence collection but must wait until treatment and care is provided.

In the case of unaccompanied survivors brought by the police for sexual violence examination, police should not be asked to sign as witness in the medico legal form. In such situations, a senior medical officer or any health professional should sign as witness in the best interest of the survivor.

Mandatory Reporting

When a doctor has reason to suspect that a child has been or is being sexually abused, he/she is required to report this to the appropriate authorities (i.e., the police or the relevant person within his/her organization who will then have to report it to the police). Failure to do this would result in imprisonment of up to six months, with or without fine.

There are at least three different circumstances when there is no direct allegation but when the doctor may consider the diagnosis of sexual abuse and have to ask questions of the parent and child. These include but are not limited to:

⊕ when a child has a complaint that might be directly related to the possibility of sexual abuse, such as a girl with a vaginal discharge;

⊕ when a child has a complaint that is not directly related to the possibility of sexual abuse, such as abdominal pain or encopresis (soiling);

⊕ when a child has no complaint but an incidental finding, such as an enlarged hymenal ring, makes the doctor suspicious.

The victim may or may not want to lodge a complaint, but requires medical examination and treatment. In such cases, the doctor is bound to inform the police as per law. However, neither court nor the police can force the survivor to undergo medical examination without an informed consent of the child/parent/guardian. If the victim does not want to pursue a police case, a medico-legal case (MLC) must be made and an informed refusal to be documented. If the victim has reported with a police requisition or wishes to lodge a complaint later, the information about MLC number and police station must be recorded.

DO's and DON'Ts for Collecting Forensic Evidence

Any forensic evidence collected in the course of rendering emergency medical care must be collected in accordance with section 27 of the POCSO Act. Thus, doctors and support medical staff are involved both at the time of rendering emergency medical care as well as at the time of medical examination.

- ⊕ Do a thorough medical and forensic examination, as valuable evidence is lost after repeated examinations.
- ⊕ Preserve the clothes and other relevant material that the child was wearing at the time of the incident
- ⊕ Collect materials, swabs and samples for DNA profiling/ forensic evidence from hair, nails, body surfaces or orifices, any product of conception, before washing /cleaning / before the child urinates / defecates. Collect blood samples for intoxicants and blood group.
- ⊕ Ensure proper labeling, storage, preservation and chain of custody is established for samples and materials being handed over for forensic examination. Critical forensic evidence, especially DNA, could be lost or contaminated unless care is taken.

Examination Do's and Don'ts

Where a child is brought to a doctor for a medical examination to confirm sexual abuse, the doctor must:

- ⊕ Document who was present during the conversation with the child.
- ⊕ Document questions asked and child's answers in the child's own words.
- ⊕ Conduct the examination in a sensitive manner. It is important that the exam is never painful. The exam should be done in a manner that is least disturbing to the child.
- ⊕ Focus on asking simply worded, open-ended, non-leading questions, such as the "what, when, where, and how" questions, which are important to the medical evaluation of suspected child sexual abuse.
- ⊕ Reliance should be placed as far as possible on such questioning as "tell me more" followed by "and then what happened?"
- ⊕ Do not ask uncomfortable questions related to details of the abuse, but try to find out more about the medical and family history of the child.
- ⊕ Using the child's words for body parts may make the child more comfortable with difficult conversations about sexual activities.
- ⊕ Using drawings may also help children describe where they may have been touched and with what they were touched.
- ⊕ Ensure that the child has adequate privacy while the examination is being conducted.
- ⊕ Do not conduct the examination in a labor room or other place that may cause additional trauma to the child.

- ⊕ Always ensure patient privacy. Be sensitive to the child's feelings of vulnerability and embarrassment and stop the examination if the child indicates discomfort or withdraws permission to continue.
- ⊕ Always prepare the child by explaining the examination and showing equipment; this has been shown to diminish fears and anxiety. Encourage the child to ask questions about the examination.
- ⊕ If the child is old enough, and it is deemed appropriate, ask whom they would like in the room for support during the examination. Some older children may choose a trusted adult to be present.
- ⊕ Record the height and weight of the child (neglect may co-exist with sexual abuse).
- ⊕ Note any bruises, burns, scars or rashes on the skin. Carefully describe the size, location, pattern and color of any such injuries.
- ⊕ Check for any signs that force and/or restraints were used, particularly around the neck and in the extremities.
- ⊕ Record the child's sexual development stage and check the breasts for signs of injury. If the survivor is menstruating at the time of examination, then a second examination is required on a later date in order to record the injuries clearly.
- ⊕ Some amount of evidence is lost because of menstruation. Hence, it is important to record whether the survivor was menstruating at the time of assault/examination.
- ⊕ The same applies to bathing, douching, defecating, urinating and use of spermicide after the assault.
- ⊕ As a minimum, the medical history should cover any known health problems (including allergies), immunization status and medications. In terms of obtaining information about the child's general health status, useful questions to ask would be:
  a. Tell me about your general health.
  b. Have you seen a nurse or doctor lately?
  c. Have you been diagnosed with any illnesses?
  d. Have you had any operations?
  e. Do you suffer from any infectious diseases?
- ⊕ Carefully collect and preserve forensic evidence. Clothing collection is critical when evidence is collected. Clothing, especially underwear, is the most likely positive site for evidentiary DNA. Scene investigation, including collection of linens and clothing should be done early. Evidence from clothing and other objects is more likely to be positive than evidence from the patient's body. Children often report weeks or months after the abuse event, and physical injuries to the genital or anal regions usually heal within a few days. This is why the medical provider should always consider differential diagnosis and alternative explanations for physical signs and symptoms.
- ⊕ The child should not be held down or restrained for the examination (exception for infants or very young toddlers).
- ⊕ In the case of a child with special needs, ensure that the procedures are explained to the child in a

manner which he/she understands and that he/she is asked what help he/she requires, if any (e.g., a child with physical disabilities may need help to get on and off the medical examination table or to assume positions necessary for the examination). However, do not assume that the child will need special aid. Also, ask for permission before proceeding to help the child.

⊕ Recognize that it may be the first time the child is having an internal examination. The child may have very limited knowledge of reproductive health issues and not be able to describe what happened to them. He/she may not know how he/she feels about the incident or even identify that a crime was committed against him/her.

⊕ Wherever necessary, refer the child for counselling.

⊕ Wherever applicable, refer the child for testing for HIV and other Sexually Transmitted Diseases.

⊕ As per the norms, emergency medical care would be rendered in such a manner as to protect the privacy of the child, and in the presence of a parent or guardian, whom the child trusts.

Moreover, no medical practitioner, hospital or other medical facility giving emergency medical care to a child can demand legal requisition or other documentation before providing care.

Process of medical examination of a child

The physical examination of children, which should consist of a head-to-toe review plus a detailed inspection of the genito-anal area, can be conducted according to the procedures outlined for adults. When performing the head-to-toe examination of children, however, the following points are particularly noteworthy:

- Record the height and weight of the child (neglect may co-exist with sexual abuse).
- Note any bruises, burns, scars or rashes on the skin.
- Carefully describe the size, location, pattern and colour of any such injuries.
- In the mouth/pharynx, note petechiae of the palate or posterior pharynx, and look for any tears to the frenulum.
- Check for any signs that force and/or restraints were used, particularly around the neck and in the extremities.
- Record the child's sexual development and check the breasts for signs of injury.

In order to conduct the genital examination in girls, it is helpful to ask the child to lie supine in the frog-leg position, and/or, if comfortable, in the knee-chest position. In girls, the external genital structures to be examined are the followings :-

- mons pubis
- labia majora and labia minora
- clitoris
- urethra
- vaginal vestibule

- hymen
- fossa navicularis
- posterior fourchette

In most cases, the hymen and surrounding structures will be easily identified. If not, the following technique may be useful for assisting in the visualizing of the hymen and surrounding structures to check for signs of injury: — separate the labia with gentle lateral movement or with anterior traction (i.e. by pulling labia slightly towards examiner); — after forewarning the child, gently drop a small amount of warm water on the structures; this may cause the structures to "unstick" and become more visible; — ask the child to push or bear down.

In boys, the genital examination should include the following structures and tissues, checking for signs of injury (i.e. bruising, laceration, bleeding, or discharge):

- the glans and frenulum;
- shaft;
- scrotum;
- testicles and epididymis;
- inguinal region;
- perineum.

In order to examine the anal area (in boys and girls), place the child in the lateral position and apply gentle traction to part the buttock cheeks. During the course of an anal examination the following tissues and structures should be inspected, again looking specifically for signs of injury (e.g. bruising, fissures, lacerations, bleeding, or discharge):

- anal verge tissues;
- ano-rectal canal;
- perianal region;
- gluteal cleft[3].

Doctors to give evidence in court

Doctors can provide opinion testimony that is based upon the child's history, statements, and medical examination, even if the physician's examination of the child reveals no concrete physical evidence supportive of the child's allegations. In their testimony regarding a forensic examination, medical professionals typically describe the process of examining the victim, the physical findings that were observed, and their interpretation. It is important to remember that the medical professional cannot be asked to testify to "diagnose" sexual abuse. The doctor cannot make any definitive conclusions regarding the degree of force used by the abuser or whether the victim consented to any sexual activity. What he/she can appropriately conclude is whether there is evidence of sexual contact and/or recent trauma. He/she can state whether the medical history and examination are consistent with sexual abuse.

[3] https://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap7.pdf