CANCL NEWS 2023

CHILD ABUSE, NEGLECT AND CHILD LABOUR

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"Working Together for Child Rights & Protection"

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WALKATHON


WALKATHON

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- NEW MEMBERSHIP FORM - ICANCL GROUP OF IAP

Do join the group which raise issues of neglected children It's our responsibility to become advocate of such needy children and help them to get good nutrition, shelter and gentle care.

Let's join our hands and hold their hands together

From the Editor's Desk

Dr Uma Nayak
Vadodara

Dr Samir Shah
Vadodara

We feel extremely honoured and privileged to write a message as Secretary of ICANL group of IAP. CANCLCON 2022, the 7th National conference of the ICANCL group of IAP held at Chandigarh on 12 & 13 November 2022 was a landmark event as it also signified the completion of 25 years of the formation of ICANCL. We have continued with theme of CANCLCON 2022 for this edition of CANCL NEWS 2023.

"Working together for child rights and protection"

Children's right to health, welfare, education, security and protection is a major public health responsibility. ICANCL envisages to bring all the stakeholders together to discuss, and provide a platform for working together, and provide advocacy at local, and national level.

It is quite heart wrenching to see children being deserted, wandering to fend for themselves on the streets, facing assaults, not having the privilege of even the most elementary education. They suffer many forms of violence. Moreover, they do not even have access to basic medical facilities. They are subjected to cruel and inhumane treatments every day.

According to the United Nations Convention on the Rights of the Child (UNCRC), child rights are defined as the 'minimum entitlements and freedoms that should be afforded to every citizen below the age of 18 regardless of race, national origin, colour, gender, language, religion, opinions, origin, wealth, birth status, disability, or other characteristics.' These rights include freedom of children and their civil rights, family environment, essential healthcare and welfare facilities, education, leisure and cultural activities, and special measures to protect them. There are several standards and rights guaranteed by the laws that govern our country and the international legal instruments which we have accepted by ratifying them. Various rights have been conferred in the Constitution of India specially for children.

Apart from the basic rights of right to life, health, education, equality, rights against discrimination, an important right is the right to security safety and protection. Protection from trafficking, all forms of abuse including sexual, physical, emotional, neglect, and protection from child labour and hazardous employment is the responsibility not only of parents, schools, police, Government but also most importantly of civil society.

Creation of the Indian Child Protection Scheme (ICPS) by the DWCD has brought many programs / schemes working independently under one head of the ICPS. The child line 1098, District child protection unit (DCPU), child welfare committee (CWC), the juvenile justice board (JJB), and special juvenile police unit (SJPU) work under the umbrella for implementation.

Children exposed to violence and other adversities are substantially more likely to smoke,

misuse alcohol and drugs, and engage in high-risk sexual behaviour. They also have higher rates of anxiety, depression, other mental health problems and suicide.

This issue of CANCL NEWS is aimed at creating awareness amongst all varied stake holders and specially in our fraternity of Pediatricians about the rights of the children and child protection.

In this issue of CANCL NEWS we have tried to take related articles by stalwarts in their own field. We have talked about street children, trafficked and exploited children, protecting rights of children and specially those with special needs and also about POCSO as it completes 10 years.

Let us remind ourselves:

No violence against children is justifiable. All violence against children is preventable.

30TH IPA CONGRESS & 60TH PEDICON 2023
Quality Care for Every Child Everywhere
Gandhinagar, Gujarat, India | 19th-23rd Feb, 2023
30th International Pediatric Association Congress 2023 & 60th Annual Conference of The Indian Academy of Pediatrics

INDIAN CANCER GROUP

IPA International Pediatric Association
Every Child · Every Age · Everywhere

INDIAN ACADEMY OF PEDIATRICS

ICANCL Symposium

Venue : Seminar Hall 3A, Mahatma Mandir, Gandhinagar.

Date & Time : 22nd February, 2023, Wednesday at 8.00 am to 9.30 am

Category : Specialty Expert Forum

SCIENTIFIC PROGRAM

Chairperson	Dr. Jayakumar C. Panicker
	Dr. Yogesh Sarin
Title	Health and rights challenges for street and working children **(17 minutes + 3 minutes)**
Speaker	Dr. Shanti Raman (Australia)
Title	Trauma informed care and refugees **(17 minutes + 3 minutes)**
Speaker	Dr. Moira Szilagyi (USA)
Title	Panel discussion: Children in difficult circumstances **(45 minutes)**
Moderator	Dr. Samir Shah
Panelists:	Dr. Ashok Kumar
	Dr. Umadevi Nayak
	Dr. Rajeev Seth
	Dr. Sanjeev Kumar Digra
	Dr. Chhaya Harnarain Sambharya

Message from the IAP President 2022

Dr. Remesh Kumar

Kerala

I am extremely pleased to know that Indian Child Abuse, Neglect and Child Labour (ICANCL) group of IAP is bringing out CANCL News 2022 during PEDICON 2023.

ICANCL group is one of the least known groups, but in today's time it is one of the most needed chapters in IAP. This group helps in addressing most of the Child Rights and Child Abuse issues which are rampant in the country nowadays. They look after not just the community aspect, but also the legal aspect of various issues at hand. Over the last 25 years, the stalwarts of ICANCL group, through their tireless effort has achieved to make their presence felt throughout the country.

I was fortunate to attend and inaugurate the Silver Jubilee celebrations of this group at Chandigarh in November 2022 and I was able to witness the efforts made by the office bearers and leaders of the group to reach out to the other skate holders who work in the field of Child Rights. I am also thankful to ICANCL group to bring out a module on "Child Rights, Safely and Child Protection" as the part of IAP Presidents' Action Plan 2022.

It is heartening to know that ICANL group is conducting a Preconference Workshop during IPA/IAP PEDICON 2023, in collaboration with International Organizations like ISSOP, ISPCAN, UNICEF and many NGOs in and out side the country.

I wish to congratulate all leaders of ICANCL for their excellent work and wish you all the best for your future programs.

With warm regard,

Jai Hind, Jai IAP

Dr. Remesh Kumar R

IAP President 2022.

Message from the IAP President 2023

Dr Upendra Kinjawadekar
Navi Mumbai

The covid pandemic affected every sphere of society but children from the vulnerable groups were affected the most. Entire nation was stunned and felt ashamed reading a story' when a 12-year-old girl while walking 150 kms, from a red chilli plantation in Telangana where she worked as a child labourer back to her village in Chhattisgarh died due to hunger just one hour short of her destination. We are aware of the fact that all children deserve a happy childhood and the opportunity to lead a dignified life safe from violence, exploitation, neglect, deprivation and discrimination but the real picture is not so rosy even in so called upper class societies and needs lots of innovative ideas as well as involvement of multiple stakeholders. Every IAPan is committed to ensure that all children in India stay safe and feel secure in all settings and circumstances. Doctors, lawyers, policy makers, teachers are influential members of the society, who should ensure that every child is in school, fully vaccinated, prevent child abuse, child labour/domestic workers and avoid child marriages.

Child protection is about protecting every right of every child. The failure to ensure children's right to protection adversely affects all other rights of the child and the development of the full potential of the child.

ICANCL group of IAP under the able leadership of most respected Dr Sandhya Khadse, Dr Uma Nayak, dynamic and committed VP NZ Dr Rajeev Seth are all working relentlessly year after year for this cause and I wish the team great success in their mission for the year 2023.

Together let us look forward to a new morning when we learn to respect all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity.

Jai hind

Jai IAP

Dr Upendra Kinjawadekar

National President 2023

Indian Academy of Pediatrics

Message from the IAP H.S.G. 2022-23

Dr. Vineet Saxena
Honorary Secretary General, IAP

Dear Members of ICANCL Group & all,

Let me begin by congratulating and complimenting the Editors of the CANCL NEWS,

Dr Uma S Nayak (Chairperson & Editior) Dr Samir R Shah (Editor & Jt Secretary), Dr Yogesh Kr Sarin (Secretary), Dr DN Virmani (Jt Secretary & Treasurer) and all members of ICANCL group for working for the noble cause of Child Abuse, Neglect & Child Labor & bringing out Newsletters highlighting these issues. You are really doing not only a great service to the society but also contributing to the social outreach mission of IAP in a big way.

You commitment & efforts to reach out to the neglected, deprived and abused children for their comprehensive needs, which include health aspects, education, rehabilitation, protection and prevention is something every member of IAP should be aware of so that he or she can take pride in their great organization but also get inspired to join this group. This group is providing opportunity to all those who wish to serve the society selflessly.

Through your Logo you convey the motto of your group, the right to education for every child, particularly the girl, right to joyous, healthy childhood, right to play and breaking the shackles of child abuse and neglect and child labor which unfortunately a number of children have still to undergo. Since IAP stands for welfare of the children, I applause your yeomen services for IAP and the society.

My Best Wishes for the growth and success of your mission.

Long Live IAP. Jai Hind

Message from the Chairperson ICANCL 2021-22

Dr. (Prof) Sandhya Khadse

National Chairperson ICANCL

Its indeed a great privilege and honour to present this News letter Of ICANCL 2023, I wish to extend my warm wishes for a very happy and prosperous new year to all.

Its almost 25 years of ICANCL group and the dedicated members of this group work in many different areas , as advocates of child rights and every body from this group have worked hard to make a difference in the lives of these children.

It's a matter of great concern that despite constitutional and legal provisions for the protection of child rights, Children continue to be deprived of basic rights and are vulnerable to different form of exploitation including child labour, trafficking, sexual exploitation, cyber crime etc.

There is a need to address all aspects of child health and safety by Pediatricians and not just the treatment of disease. Child protection and child safety is the responsibility of everyone and with all your insight , expertise, and support we look forward to take the ICANCL group marching ahead with brilliant ideas, innovations & implementation.

All stake holders of child health need to work with interaction and intersectoral coordination, with multidisciplinary professionals like police, lawyers, school teachers, social workers, media personel and NGO,s working for the cause.

On behalf of ICANCL group,we assure to exert every prospective and comprehensive effort in implementing the principles of child protection and taclkle the issues by spreading awareness, capacity building, and systematic training of medical and paramedical professionals including ASHA workers, and Aanganwadi workers for preventing, detecting and responding to cases of Child abuse and neglect Let us all make our children happy by providing protection and safety, and enable every child know its rights.

Message from the Secretary ICANCL 2021-22

Dr Uma Nayak

Professor and Head, Department of Pediatrics

I, as a secretary completing 2 terms ie 4 years of secretaryship, am extremely pleased to present before you this version of CANCL News. My tenure of 4 years had its ups and down with the Covid pandemic which apart from other hardships, created havoc in the lives of children who were mute spectators to upheavals in their lives. Work from home for their parents and online school with no friends to interact with led to increased violence on women and children and mental health issues cropped up. Need to protect children from violence, detect early evidence of violence from presenting complaints as a clinical practitioner and to prevent and respond to these unprecedented situations took centre stage for all of us as Pediatricians. Hence the theme of the CANCLCON held recently at Chandigarh and this issue of our CANCL news is **'Working together for child rights and protection'.**

Protecting the child from all forms of violence, abuse of all forms-physical, emotional sexual and neglect, protecting their right to education, safety, security, health care, and preventing and protecting all children from trafficking and child labour is the responsibility not only of Government and its partners but of civil society and of all stakeholders of child welfare including us as Pediatricians.

The need of medical health professionals to know about child rights and child protection systems and agencies available in the country and our role in child protection, has become imperative. We need to know, recognise and respond correctly and immediately whenever we come across a violation in child rights and their protection. We can no longer just turn away.

In ICANCL we regularly hold CME, webinars for creating awareness and to offer solutions in difficult situations our members face through our mentors. This issue is one way to create awareness of child rights and protection. I as secretary and national chairperson elect of ICANCL urge all Pediatricians and allied medical professionals to join hands with us in ICANCL group to show our strength as important stake holders of child health, child rights and child protection.

Wishing all a happy new year 2023…

Dr Uma Siddharth Nayak

Professor and Head, Department of Pediatrics,

PIMSR, Parul University, Baroda Gujarat Secretary

ICANCL 2021-2022 and National Chairperson 2023-2024.

Child Rights, Early Childhood Care, Protection and Prevention of Abuse : Role of Pediatricians

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Abstract. Pediatricians need to be knowledgeable about child rights, comprehensive child care, and prevention of child abuse. Adequate nurturing care in early childhood that provides nutrition, health care, stimulation and education, safe environment and protection from harm is essential for optimal development of the child and attainment as an adult. Such care is usually insufficient among the underprivileged and vulnerable population, chiefly because of poverty and illiteracy. Subsequently, quality education and prevention of abuse and exploitation are vital issues. Pediatricians need to address these issues and use every opportunity to inform the parents about taking proper care of the young child. They should interact with civil society and various agencies involved in child welfare, and advocate for child rights, care and protection.

Keywords : Child rights, early childhood care and development, Child protection and prevention of abuse

Both genetic and environmental factors are responsible for the growth and development of the child. Whereas the genetic endowment cannot be modified, adequate provision of maternal, perinatal and subsequent care is essential for ensuring optimal achievement.

Adequacy of care during the early years of life determines the holistic development of the child and subsequent and adulthood. The pre-school child, being totally dependent on caretakers, is especially vulnerable to neglect and deprivation. Provision of adequate nurturing care is primarily the responsibility of the parents and the family and the proximate community. Finally, the State is obligated for meeting the needs of children.

Socioeconomic influences

The affluent and educated proportion of India's population, mostly localised in cities, is vastly different from the majority who are illiterate and poor and live in villages and underprivileged urban areas. Of the total population of India, around 30% are children below the age of 14 years and of these 14% are less than 6 years. 74% of those between 0-6 years live in rural areas. About 26 million are born every year [1]. The privileged and educated can provide sufficient nurturing care to their children. Among those with low resources and lack of information, the parents may lack of capability to sufficiently nurture the young child and provide for necessary inputs for care and learning.

Prenatal factors

Maternal nutrition and supplements of iron and other micronutrients and adequate antenatal care influence fetal growth. Maternal height is a determinant of the birth weight. A significant proportion of low birth weight babies face problems of mental development. Institutional delivery or supervised home delivery, adequate neonatal care, breast feeding for the first six months and provision of adequate nutrition, immunizations are standard practices, which are well established. These have to be made available to all sections of the society.

Early childhood care

The first five years of life are crucial for mental development since maximum brain growth takes place during these years. Along with adequate nutrition and health care, stimulation and learning are vital needs for cognizant development [2]. Various measures required for health care that include immunizations, management of common diseases, identification and care of disabilities are well known. More recently, various issues in providing nurturing care for early childhood development under different socioeconomic conditions are being addressed in a global context [3]. Appropriate education and school preparedness are crucial for subsequent learning. Thereafter, a well functioning school health system can provide care and protection.

Child rights and nurturing care

Of various child rights, survival, health care, education and protection from harm are crucial and their denial must be regarded as the most serious manifestation of neglect. Failure of adequate parental nurturing care can be due to multiple causes that include poverty, parental illiteracy and large family size. Denial of shelter, safe environment and protection, although amounting to neglect, must be considered in the socioeconomic context and the resources available to the family [4]. Appropriate interventions should address these issues. Wherever required, parents should be helped by the family, proximate community and local health authorities and empowered by the State.

Constraints in providing nurturing care

Health care issues

India has a vast network of health care facilities through the ICDS programme, with 14 Lakhs Anganwadi centres, primary health centres and referral services [6]. These provide maternal and neonatal care, immunizations, nutritional supplements, treatment of illnesses and referrals. Anganwadi workers and ASHAs perform multiple functions, but need appropriate training to be able to participate in early child educational activities and advise the mother about nurturing care and the importance of stimulation and protection. They can be instructed for identification of disabilities and appropriate referrals. Anganwadi staff must be provided sufficient emoluments and benefits. The infrastructure should be improved to provide various services, particularly those required for pre school children.

Health care services are provided free of cost, but are often not fully utilised due to parental ignorance. Common ailments are regarded as a part of the growing child. The incidence of severe malnutrition has declined, but milder forms of energy deficiency and anemia, which eventually lead to stunting, continue to remain widely prevalent.

Maltreatment. Milder forms of physical punitive acts inflicted upon young children as corrective measures are common and seemingly innocuous, and culturally regarded as a way of life. Neglect of adult supervision may occasionally result in serious injury such as in the kitchen, ingestion of foreign bodies, and playing in unsafe areas and with hazardous objects. Intentional injuries that include head trauma and fractures and burns are occasionally observed and need to be identified and properly managed.

Early childhood education. There are about 155 million children between the ages of 0-6 years of age in India. The National Child Health Policy aims to give universal access to quality early childhood education and urges the States to provide ECCE to all children below 6 years [6]. Beyond that the Right to Education addresses primary school education. Implementation of various provisions for proper learning opportunities for the preschool child is a daunting undertaking. In underprivileged communities, often the child is a first generation learner when the parents are illiterate and both at work. There is a lack of stimulatory inputs, play material, safe environment and parental interaction. The child remains neglected and enters school with

little preparation. Privately managed, pre- school teaching shops have come up in rural and in semi urban areas in some states. Several NGOs are also involved in providing early childhood education.

Long term consequences of inadequate nurturing care

Inadequate provision of nutrition, health care and education lead to stunting and poor physical development as adult with suboptimal mental capabilities. Their employment and earning potential is reduced as they can mostly carry out semiskilled work [3].

Role and responsibilities of pediatricians

Pediatricians have the chief responsibility of taking care of sick children and carrying out preventive and promotive work. They have played crucial roles in the management of diarrheal disorder, newborn care, infant and child nutrition, immunizations, delivery of state of the art tertiary care and a host of other problems of children. Although the incidence of vaccine preventable diseases and several other infections has declined, there is considerable disease burden especially in rural and urban underprivileged population. It is not surprising that about forty thousand pediatricians in the country remain engaged with management of children with various diseases. However, in more recent years it has been felt that paediatricians need to expand their frontiers of care and address various problems of the underpriviledged and the marginalised child population in the country [4].

Awareness of child rights and children's problems

Pediartricians need to have knowledge of child rights, problems of child neglect, maltreatment and exploitation, child protection mechanisms and governmental policies and plans and laws that affect children [7,8]. In their clinical practice every opportunity should be taken to explain and educate the parents about upbringing care and preventive measures. Some of the paediatricians have prepared informative material regarding positive parenting, but that is more relevant to the educated families.

Safety and prevention of harm. In the office practice, pediatricians can inform the parents about nurturing care, and safety measures to protect toddlers and young children from harm. The common mishaps in this age group include putting foreign bodies or tablets in the mouth and nose, injury from sharp objects and scalds and burns in kitchen or at meal times and electrical appliances. Frequent falls and hitting against sharp objects are common in toddlers in young children. Simple, explanatory pamphlets, such as those prepared by the Indian Academy of Pediatrics, can be made available for the caretakers to take home.

Non- accidental injuries. It is important to recognise intentional injury inflicted upon the child. Pediatricians should be aware of various forms of abusive trauma [8[. Unusual patterns of injury that cannot be explained by the history given by the caretakers should raise the suspicion of intentional trauma. Bruises are the most common form of such injury. Their form and location helps differentiation from those sustained by falls. Thus, bruises on the face, ears, neck, upper arms, buttocks and thighs suggest the likelihood of wilful injury, while those due to falls are seen over bony prominences involving shins, knees, ankles, forehead and elbows. Unless identified and prevented, abusive acts tend to be repeated and may cause serious injury. Instances of child sexual abuse require mandatory reporting. Pediatricians can contact child protection services and Childline (telephone 1098) for help [7, 10].

Child rights and the civil society

Despite their heavy clinical work responsibilities, pediatricians can devote some of their time to help the underprivileged and vulnerable children in their proximity. They could undertake health supervision at a school and interact with teachers to explain and discuss safety, environmental issues, positive disciplinary methods and avoidance of harsh measures [11]. They can guide Anganwadi workers, and help the

management of children with disabilities. Collaboration should be sought locally with other groups working for child welfare.

Advocacy and speaking up for children

Although the governmental policy documents explicitly mention their commitment to provide health care, education and protection to children, these are very often not available to a large proportion of children. The policies and programmes are poorly implemented and require enhancement of allocation of funds, which must be earmarked for child welfare. The consequences of insufficient investment in these are already being observed. India has a young population, but majority of them are not well educated and lack skills for employment, which ultimately affects national productivity and progress. Pediatricians must regard themselves as custodian of children, speak up for them and demand child rights. They need to interact with other groups, professionals, NGOs, media, religious leaders and civil society. Corporate and industrial houses should be asked to support child welfare programmes. Social media platforms can be used for sensitisation and spreading public awareness. A concerted effort must be made to demand increased resources from the governments and adequate implementation of their existing plans and policies.

The rights- based approach needs to be explained to civil society and the community leaders. Thus, commitment to various welfare programmes and protective measures for children must not be regarded as acts of generosity : it is their right. Professional associations and NGOs need to act in concert to demand child rights and oversee implementation of various preventive and protective polices of the government [13].

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Civil Society & Child Rights - Expert Consultation Report

Dr. Rajeev Sheth
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Held as a part of the Silver Jubilee celebration ICANCL group (CANCLCON 2023) at the India International Centre, New Delhi, India on Thursday, November 10th, 2022, 9am-5pm.

Dr Rajeev Seth MD, FIAP, FAAP(USA) Vice President NZ, Indian Academy of Pediatrics & Past Chair of the Board ISPCAN and ICANCL group.

Background

Childhood is often believed to be the golden period of one's life; a stage that has absence of worries and tensions and should be enjoyed. However, the trials and tribulations that stem from various socio-economic challenges make childhood a very difficult experience and full of adversities. While it is readily accepted that every child has the right to optimal cognitive, social, physical and emotional development; the harsh reality of life is that a 'happy stress-free childhood' is a state of comfort and luxury that very few children get to enjoy.

The Constitution of India guarantees equality before the law to all citizens, and has pledged special protections for children. In 1992, India accepted the obligations of the **United Nations Conventions on the Rights of the Child (UNCRC). UNCRC** has implications both at the policy and the decision-making level and practice of healthcare provision level. The UN General Assembly formally adopted the **2030 Agenda for the Sustainable Development Goals (SDG)** in September 2015. The SDGs are for universal, integrated and –transformative vision for a better world. The SDGs are composed of 17

goals and 169 targets to wipe out poverty, fight inequality and tackle climate change over the next 15 years. All these three key challenges have an impact on children and their quality of life, particularly in the early years of their life.

Early Childhood is more than just a preparatory stage assisting the child's transition to formal schooling. It has been recognised as a critical period for comprehensive development taking into account the child's emotional, social, cognitive and physical needs, so as to establish a solid and broad foundation for lifelong learning and wellbeing. Therefore, if the child is not given adequate support and stimulation to aid this development, he or she is at risk of not being able to reach their full potential. Hence, it is absolutely imperative for the society and the nation at large, to invest in this crucial period of an individual's life. It is more so important for a country like India, where over 40% of the population is below the age of 20 years and over 13% is below the age of 6 .

Extensive research highlights the types and diversity of risks that children face- they could range from sexual, physical exploitation to bullying to peer pressure among other emotional, physical, sexual and mental challenges. In order to deal with the myriad of challenges that a child may face, it is crucial that adequate attention is paid to the overall health, nutrition as well as education of the child.

The **Early Childhood Care and Development (ECD)** refers to an integrated approach combining health, nutrition, and education for the holistic development of a child below the age of six/eight years. Although the government has undertaken various initiatives designed specifically to address the various issues related to children, there is still a long way to go in terms of caring for its children. This is because the risks that stem from poverty, malnutrition, neglect, social exclusion, discrimination that affect children who come from the lower socio-economic rungs of the society need to be paid special attention to since these problems can have adverse impact on their physiological, psychological, cognitive as well as affective development.

Keeping this in mind, the Government of India framed a **National Early Childhood Care and Education Policy (NECCEP) in 2013** to reiterate the commitment to promote inclusive, equitable opportunities for promoting optimal development and active learning capacity for all children below the age of 6 years. There are various other schemes and welfare policies designed specifically for children, and yet there exists a glaring gap between the intent and the deliverables. This is not to discard the efforts made by the government to address issues like malnutrition, education and health of children, but a significant impact will only be made when there is active participation from all stakeholders over a sustained period.

The Indian government's flagship early child development and welfare program, under the banner of the **Integrated Child Development Services (ICDS),** is meant to provide food, preschool education, and primary healthcare to children less than 6 years of age and for their mothers. **These services are provided through Anganwadi centres established mainly in rural areas and staffed with frontline anganwadi workers and helpers.** However, the ICDS programme has not been particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states and children have received the least coverage and funding.

In addition to this, **as per the National Crime Records Bureau 2021, the rate of crime against children is as high as 33.6%.** The number is a gross under-representation of the reality given that there is massive under-reporting of crime against children. Violence against young women, girls and children is either not known or is covered up in the case of rapes and molestations as these crimes are associated with the archaic concepts of tarnishing the 'honour' of the family. There is a **tendency to 'cover up' is to save the people in the family who perpetrated the violence against children; as around 70-80% of abuse is inflicted by parents, extended families, relatives and acquaintances known to the child.** In families

where both parents are working, they have to increasingly depend on their extended families, crèches, neighbours and friends, in the hopes that a known environment would be more conducive for the children. Seldom do parents know that their children are being exploited by the same people they trusted to care for their children. There is a need for other mechanisms to reduce violence, crimes and abuse through sensitisations, training and capacity building of various stakeholders. **The most important aim, however should be to educate children about what constitutes abuse and exploitation against them.**

With this background, the Indian Child Abuse, Neglect and Child Labour (ICANCL) Group partnered with Bal Umang Drishya Sanstha (BUDS) (www.budsngo.org), GAIL India, Anthropos India Foundation (AIF), and other distinguished allied non profit organisations decided to organise a one-day expert group consultation. This consultation was also planned as a pre-conference event before the Silver Jubilee National Conference of the ICANCL group at the Advanced Pediatric Centre, Post Graduate Institute of Medical Education and Research (PGIMER) at Chandigarh, India held on November 12-13, 2022. The aim was to bring together various stakeholders who are working in varying capacities in the field of child rights and the different dimensions of child protection. The participants multidisciplinary professionals from the civil society such as paediatricians, doctors across various specialisations, academicians, nurses, psychologist, police, legal professionals, religious leaders, social workers, representatives from governmental ministries and NGOs as well as students.

The major aims and objectives of this civil society consultation were to:

(i) Sensitise the civil society and create awareness about child rights

(ii) Initiate behavioural and attitudinal changes and empower them on how to speak on behalf of children

(iii) Understand how to demand crucial rights for education, health, development and protection from the senior government minsters, officials and policy makers

The report below is based on the excerpts of the key panel discussions that were held as a part of Civil Society and Community Engagement for Promoting Children's Rights to Early Childhood Care and Development, and also summarise the key note addressed by Ms Tripti Gurha, Joint Secretary Ministry of Women and Child Development, Government of India. Ms Gurha **spoke about CARA – Central Adoption Resource Authority, and provided details of the new adoption processes which entails 3 stages – pre-adoption, adoption and post-adoption process,** which would fast track adoption in the country. Adoption still remains one of the best systems of protecting children in difficult circumstances, who had been abandoned and became orphans for multiple reasons, including the recent COVID 19 pandemic.

Although it is difficult to summarise the rich ideas and discussions that were exchanged, the report makes an attempt to reproduce some of the key learning's and outputs from the discussions on Early Childhood care and development (ECD) and Government of India, New Adoption Policy changes were explained in a succinct manner. The entire detailed report is being prepared to be made available separately. The detailed agenda of the Civil Society expert group consultations on child rights at the India International Centre, New Delhi was the following:

08.00- 9.00 AM	Registration & welcome towards poster viewing/interacting with children and youth

PANEL DISCUSSION

AIM :To sensitize the civil society and create awareness about child rights

09.00-10.00 AM	**Session 1:**
	Community Engagement for promoting Children's Rights to Early Childhood Care & Development
	Moderator & Co-Chairs: Dr Prof RN Srivastava, Adviser ICANCL group and Past President IAP & Dr. Yogesh Sarin, Immediate Past President, Indian Association of Pediatric Surgeons (5min+10 min for panelist)
	National Health Mission (NHM); Rights based needs for newborns, early child care, breast feeding, weaning, malnutrition, anemia, vaccinations Dr. Prof. Uma Nayak, Chair Elect, ICANCL
	The Preschool child, ICDS (anganwadi centers) & the Right to Education
	Dr. Prof. Umesh Kapil, Professor, Epidemiology and Clinical Research, Institute of Liver & Biliary Sciences, New Delhi
	Children with disabilities: Rights based Approach: Early diagnosis and intervention: available resources through the Govt, Right to inclusive education
	Mr. SK Srivastava, Former Secretary Rehabilitation council of India and Commissioner Disabilities Lucknow
	CIVIL Society/Discussion (25 min)
10.00 - 10.30 AM	**Tea & Coffee**
	Networking & Poster viewing and interacting with children and youth Tea & Coffee
10.30 - 11.30 AM	**Session 2**
	INAUGURATION
	Ujjayinee (Compere) will invite BUDS Children and youth Welcome song, Lamp Lighting and anthem on child rights.
	Dr. Rajeev Seth, Managing Trustee BUDS, Chair of the Board, International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
	Dr. R. N. Srivastava, Adviser ICANCL group and Past President IAP
	Ms. Tripti Gurha, Joint Secretary, Ministry of Women and Chief Development, Government of India
	Mr. Santosh Chandra Ray, Chief General Manager (PC-CO), GAIL(India) Limited
	Dr. Uma Nayak, Chair Elect, ICANCL
11.30 - 12.30 AM	**Session 3**
	Safety for Children in the eco-systems (Schools, Neighborhood, Homes)
	Moderator:Dr.SunitaReddy,Associate Professor Centre of Social Medicine and Community Health , School of Social Sciences & Deputy Director (R&D)Jawaharlal Nehru University, &Ms Razia Ismail, Convener, India Alliance for Child Rights (IACR) (5 + 10minutes) Childhood Wellness- Social, Emotional, Mental Health Ms MeenakshiSahni Principal, Modern School, New Delhi Can we Ban Corporal Punishment in all settings? How to address bullying and cyber bullying?, Prevention of Suicides, When to seek support from a Mental Health Specialist? Positive Parenting Dr Rajesh Sagar, Professor of Psychiatry, AIIMS, New Delhi, India. Role of Residential Welfare Association(RWAs) in promotion of Right to Safe neighborhoods, road safety, use of seat-belts, pillion riding rules, safe driving within colonies, child safety in parks and public spaces Mr. K K. Kapila, Chair, ICT Pvt. Limited.

	Right to hygiene, garbage management, re-cycling to lessen plastic use, promotion of eco-friendly bags, walking tracks in parks, garbage-free parks, lighting in parks, security in colonies, sensitizing RWAs on child rights. Civic engagement -e.g. recycling drives, tree planting, donations of nutritious food books and toys for underprivileged children, clean drinking water, safe environment Mr. Heera Lal Wangloo, International SOS
	Civil Society Discussion (15min)
12.30 - 01.30 PM	**Session 4**
	Mainstreaming the marginalized children and youth: Models of Protecting Children
	Moderator & Co-Chairs :Mr. Amod K Kanth,General Secretary, Prayas JAC Society, Former DGP & Chairperson-DCPCR & DWSSC, Prayas Juvenile Aid Centre (JAC) Society&Dr Rajeev Seth, Managing Trustee BUDS, & Chair of the Board. International Society , for the Prevention of Child Abuse & Neglect (ISPCAN), USA(5+10
	Children in Street in Street Situations ; Child Abuse, Child trafficking and Institutional Care and Rehabilitation:
	Mr. Amod K Kanth,General Secretary, Prayas JAC SocietyFormer DGP & Chairperson-DCPCR & DWSSC, Prayas Juvenile Aid Centre (JAC) Society
	Child Labour, including domestic child laborers, Non formal Jobs, Rag pickers, working in families and hazardous illegal child labour Dr Rajender Dhar, Judge Member, District Consumer Court, Govt of NCT of Delhi, Former Add Labour Commissioner cum Addl Secretary Labour, Govt of Delhi
	Rehabilitation of children on the traffic lights
	#Ab_Biksha_Nahin_Shiksh
	Mr. K Narayan
	Prevention and Response to missing children, youths misusing drugs and substances
	Dr Rajesh, SYPM Civil Society Discussion
01.30 - 02.30 PM	**LUNCH**
02.30 - 03.30 PM	**Session 5**
	WORK SHOP: CIVIL SOCIETY & CHILD RIGHTS
	(Co-Moderators : Dr. Deepak Gautam, President IAP Delhi, Dr. Chandrakant Lahariya, Mr UNB Rao, IPS, Mr. Jagdish Dhingra, Swami Alokananda, Vijayluxmi Bose and Mr. Yawar Qaiyum
	Theme: To understand how the civil society should demand crucial rights for education, health, development and protection from the policy makers?
	Parents, Principals, Teachers (Dr Chandrakant Lahariya) Youth champions and Peer leaders(Dr. Sunita Reddy) RWA senior leaders (J Dhingra)
	Police, legal and Justice Professional (Mr. UNB Rao) Media (Prof. Vijay)
	Medical Professional (Doctors,,Nurse, Psychologist) (Dr Deepak Gautam)
	Religious leaders (Swami Alokananda)
	Supervisors of Frontline workers and Medical Social Workers (Yawar Qaiyum)
03:30 – 4:30 PM	**Session 6:**
	Presentation by Groups leaders from the entire 6 workshop (10 min each)
04:30- 05:00 PM	**Session 7:**
	Valedictory Session
	Closing Recommendation /Outcome document
	Tea & Coffee

TOPIC: TO SENSITIZE THE CIVIL SOCIETY AND CREATE AWARENESS ABOUT CHILD RIGHTS

Session 1: Community Engagement for Promoting Children's Rights to Early Childhood Care and Development

The consultation began with a panel discussion on the idea of the importance to sensitize civil society and create awareness about child rights. The main issues discussed in this session revolved around the need for comprehensive child care and development using a rights-based approach; under-five mortality, malnutrition, hidden hunger, inclusive education and development for disabled kids using a rights-based approach.

Early Childhood Development programs are being promoted for health, nutrition, early learning, and provision of a safe and secure childhood to ensure a holistic approach for proper care and development of a child and not just diseases prevention, control and management, thereby effectively moving away from a biomedical perspective alone towards a more bio-psycho-social approach. It is here that civil societies (NGOs, voluntary organisations and, CBDs), doctors, state and central government need to join hands.

Another area that requires a lot of focused efforts is 'disability and children' PWD Act 2016 and Inclusive education for those who are disabled is an important tool to ensure equal opportunities for development and welfare of such children. This would include initiatives taken to make educational institutions more accessible for those children who have disabilities like provision of ramps in schools and textbooks and instructions in braille.

Dr. Prof. R.N. Srivastava, Advisor ICANCL group and Past President of IAP moderated the session. Prof. Srivasatava along with Dr. Yogesh Sarin, Immediate Past president, Indian Association of Paediatric Surgeons co-chaired the panel. Some basic and foundational issues pertaining to children were identified wherein the key takeaways were that children cannot demand rights, its therefore the responsibility of the adults and professionals to give them their rights. The violation of child rights often goes unreported or under-reported because children are either not aware of what constitutes as a violation of the right or because their family does not want to take legal discourse in such situations. Either way, it is children who are left with an indelible mark on their minds about whatever was done to them and this has an impact on their overall development – physical as well as cognitive.

Dr. Uma Nayak, Chair Elect, ICANCL group spoke about the overall approach towards protection of children and child rights in the backdrop of the National Health Mission(NMM) . The NHM gave adequate attention to the issues of children and started taking steps to address the different challenges like under five mortality and neo-natal mortality. The efforts of the RMNCAH program have culminated in the reduction of the mortality rates – infant and maternal mortality rates. Presently, however, the challenges pertaining to children are taking a different nature. For instance, earlier,

malnutrition in children was physically visible, i.e. they were stunted, underweight, frail looking children. Presently, malnutrition has taken a different form – there is micronutrient deficiency. Dr.Nayak brought to the forefront how this kind of deficiency is found in children across income groups as against the earlier period where malnutrition was closely associated with poverty. Perfectly healthy looking children suffer from micronutrient deficiency and this is the impact of what can be termed as 'hidden hunger'. Most of this hidden hunger can be attributed to unhealthy eating habits where in children consume more packaged and processed food instead of balanced diets. This is where the role of paediatricians and social organisations is extremely crucial since they need to look at the entire gamut of issues pertaining to children and deliver holistic care giving instead of just symptomatic treatment. The entirety of developmental challenges, defects and disabilities have to be screened and treated in an effective manner instead of adopting a straight jacketed approach, keeping in mind the socio-economic circumstances of the child as well.

"Junk-food syndrome is the enemy of the century"

– Dr. Uma Nayak

Another area that requires immediate attention of policymakers and social organisations is the quality of education for children in India. This was highlighted by Prof.UmeshKapil, Professor Epidemiology and Clinical Research, Institute of Liver and Biliary Sciences. The Right to Education Act 2009, provides for free and compulsory education for children between the ages of 6-14 years. However, the age before 6 years is the most crucial period for the development of a child and is often called the formative period. This is the period that is not covered under the purview of the RTE. Therefore, the pre-school child is the most neglected child from an educational perspective. These are also children who come from the poorest household where education is not a need but one of the competing needs in a cash-strapped household.

The Anganwadi ICDS Centres have been able to provide respite in the form of basic care to such children. In addition to that, they also provide cereal supplements to make a dent in the food insecurity and malnutrition problems. Yet, the cereals are shared with other family members because of poverty. As a result, an initiative that was supposed to help with malnutrition for children, becomes a way to secure cereal from the government for a whole family, wherein the child is not the primary consumer but one of many consumers. Therefore, there is a requirement to address structural issues like poverty at large wherein an entire family can be brought out of poverty rather than targeting only children because it only leads to temporary fixes. Therefore, policymakers and advocates for child rights need to take issues of under-nutrition, poverty and hidden hunger at the highest levels of policymaking. Presently, there are disintegrated efforts made at improving the nutritional status of children, but no single person or organisation that is championing the cause of stunting and wasting like Dr Ramalingaswamy did for iron supplements for women.

Mr. S.K. Srivastava, Former Secretary Rehabilitation Council of India and Commissioner Disabilities Lucknow shed light on the importance to address the challenges of Children with Disabilities through a more nuanced and sensitive approach. Disability in children requires two very important steps - early diagnosis and intervention within the broader framework of a rights-based approach. For instance, no child should be excluded from an opportunity to access education because of some disability. It is because of this, that educational institutions are required to have ramps and special toilets for children with physical disabilities. But there are other steps that need to be taken to make the environment more inclusive and conducive for specially-abled children rather than just infrastructural arrangements, such as empathy, sensitivity and inclusive environment provided by teachers and peers.

The panel concluded with highlighting the importance of the role of civil society and how through the use of Public Interest Litigations, some of these issues can be brought to the notice of the society and the

nation at large. For instance, it was the on the directive issued by the Delhi High Court in 2015 which directed FSSAI to regulate the junk food being sold in school canteens that new guidelines were set up to provide healthy food in schools. As is well known, fast food is responsible for micronutrient deficiency, obesity and other health issues in children. The way out would be encouraging active life, eating healthy and educating parents against the perils of fast food consumption. These are areas where there is tremendous scope for the civil society organisations to take the leads by organising awareness camps, seminars, symposiums etc. Public platforms could be used to engage with people from different walks of life, including parents and educating children about safe touch, what would constitute abuse – physical, mental, verbal and sexual and what recourse they could take in case they feel that their rights have been violated. Needless to say, special attention has to be paid to children who come from underprivileged households and are more likely to get exploited and abused.

INAUGURAL SESSION 2 :

The Session began with a beautiful song sung by children from BUDS organisation followed by the lighting of the lamp by Dr. Rajeev Seth, Managing Trustee BUDs Chair of the Board, International Society for the Prevention of Child Abuse and Neglect (ISPCAN), Dr. R.N.Srivastava, Dr. Uma Nayak, Ms TriptiGurha, Joint Secretary Ministry of Women and Child Development and Mr.Santosh Chandra Ray – Chief General Manager Gail India Ltd.

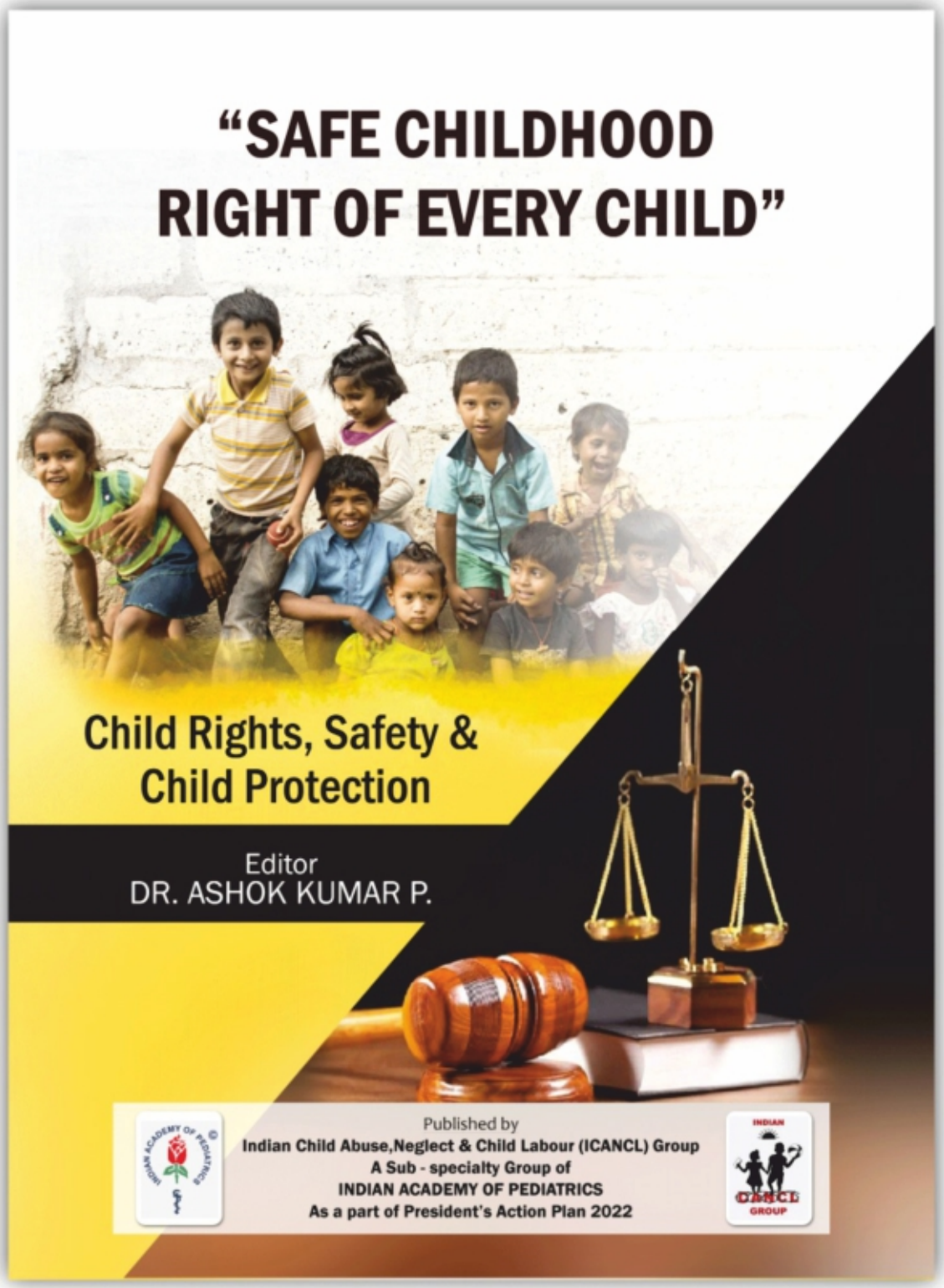
The second session had a more legislative undertone. It highlighted issues pertaining to crimes against children and how child sexual abuse is a huge challenge for the country. Children are vulnerable and may be threatened to not report on the abuser. As the NCRB reports have shown, around 60-70% of perpetrators are family members/ close acquaintances. In such situations, the responsibility of taking legal action against the abuser rests solely on the parents and the family. In case the victim is a girl, there is a tendency to brush the incidence under the carpet for it may bring shame to the family and as such are not taken to the authorities. This leaves the victim with lifelong trauma – physical as well as psychological and can impeded the overall personality development of a child. Issues like this can only be addressed if the civil society and the governmental institutions come together and provide a united front where a child feels safe to report about the crimes perpetrated against him/her without fearing the repercussions of it. In addition to this, it is important to realise that children are individuals and have to be treated with dignity too. The situation is worse for children who are on the streets and/or are orphans.

Ms. Tripti Gurha, Joint Secretary, Ministry of Women and Child Development, Government of India, spoke about CARA – Central Adoption Resource Authority wherein a detailed presentation was made about CARA being the governing body of all adoption processes in the country, what are the rights of the child

who will be adopted, and how the whole system of adoption has been designed keeping in mind the best interest of the child at the centre of it all. The fundamental principles about how the adoption process starts, what are the procedural requirements, what are the in-built security mechanisms in the system were also highlighted. A brief summary of the new adoption processes was discussed which entails 3 stages – pre-adoption, adoption and post-adoption process. She also educated the participants about the inter-country adoption process under HAMA (Hindu Adoption and Maintenance Act 1956) For instance, a rigorous screening process is undertaken to ensure that a child resembles the parents in physical appearance as much as possible and that a child is given to parents where in they can grow up in the same socio-cultural milieu. For instance, a child from North India in all likelihood will be given to parents from North India rather than South India to ensure that the child at any stage does not feel out-of-place. There are also strict procedures in place about inter-country adoption and Indian authorities are mindful of working only with authorised foreign adoption agencies that follow The Hague Convention.

Ms. Gurha also shed light on how CARA and HAMA – Hindu Adoption and Maintenance Act are different from one another and how one of the glaring lacunas in the adoption process is that there is no system of post-adoption follow up. She also asked the participants to work together to propose a solution to implement CARA for orphans and infants abandoned in the hospitals. Another problem area identified was how there is a low adoption of special needs children in India and how the government was struggling to find loving homes for children who required special care. The presentation ended with discussion about the recent government notifications on the rights of Overseas Citizens car holders of India and the amendments in the JJ act along with the regulations on HAMA.

Recent positive developments in the field of adoption were also discussed. For instance, how the CARA process is online and the system itself has been revamped and made better, more efficient with better architecture. The state-level system has been strengthened and the pre-adoption process has been streamlined. The present gaps and challenges were also highlighted – for instance, how there are delays in the procedure while trying to keep the best interests of the child at heart. There was avid participation and queries from the participants that further led to improved understanding of adoption as a process in the country.



"Child Rights, Safety & Child Protection" Module

Indian Academy of Pediatrics President's Action Plan 2022, module on "Child Rights, Safety & Child Protection" was released on 27th February, 2022 on dIAP Platform by IAP President 2022, Dr. R. Remeshkumar. The module is getting printed and will be available to IAP / ICANCL members, shortly.

IPA PRECONFERENCE WORKSHOP run by ISSOP & ICANCL

19 February 2023

A Rights Based Approach to Street and Working Children

Venue: Indian Institute of Public Health, Gandhinagar

8.00-8.30	**Registration for all workshops**	
8.30 – 9.00	**Inaugural ceremony for all workshops**	
9:00 – 9:45	**Street and Working Children: Where are we now?** Keynote Speaker: **Mr Amod Kanth (Prayas Juvenile Aid Centre):** Street and working children in India, South Asia / Low middle income countries: Addressing problems with Innovative Solutions	**Moderators: Prof RN Srivastava**
9.45 - 10.30	**Health issues of Street and Working children** Keynote Speakers: **Dr Rajeev Seth:** Access to health and developmental services for marginalised children and youth in India **Prof Sandhya Khadse:** The role of government hospitals in responding to the needs of street children in India	**Moderator: Dr Uma Siddhartha Nayak**
10:30 – 11:00	**Coffee & Tea break**	
11:00 – 12:00	**Change Makers: Voices of Hope and Resilience** Dr Anita Shet (John's Hopkins University)- Setting the scene Youth representative, BUDS: lived experience Youth representatives, CINI: lived experience **Q & A session with young people asking questions and challenging us about our collective responses**	**Moderator: Prof Karen Zwi**
12.00-13.00	**Response and contribution to Health and Rights of Street and Working Children - Panel** IAP (Upendra Kinjawadekar) IPA (Naveen Thacker) Chair of SCPCR, Uttarakhand(Geeta Khanna) UNICEF (Narayan Gaonkar) ICANCL (Uma Nayak) IIPH (Dileep Mawalankar)	**Moderators: Dr Ashok Kumar& Anita Shet**

13:00 – 14:00	**Lunch**	
14:00 – 15:00	**Plenary Session: Elimination of child labour in the 21st century** Keynote Speakers: **AK Shiva Kumar (Senior Advisor, UNICEF Innocenti):** What we need to do to get back on track to reach the goal of eliminating child labour **Insaf Nizam (ILO, India):** Occupational Health and Safety as core labour rights, and implications for child labour	**Moderator: A/Prof Shanti Raman**
15:00 – 16:00	**Street and Working Children-Regional perspectives** • **Africa** Prof Jónína Einarsdóttir • **Turkey and Middle East** Prof Gonca Yilmaz • **North America** Prof Colleen Kraft • **Japan** Prof Hajime Takeuchi	**Moderator: Prof Geir Gunnlaugsson**
16-00-16.30	**Coffee & Tea break**	
16:30 – 17:30	**Round Table: Child rights response for child health professionals Prevention, Comprehensive Care and Rehabilitation for Street and Working Children** ISSOP: Jeff Goldhagen; ISPCAN: Rajeev Seth; IPA: Dr Errol Arden; ICANCL: Uma Nayak; RACP: Dr Jacqueline Small; Consortium for Street Children: Pia MacRae	**Moderator:Dr Barbara Rubio**
17:30 – 18.00	**Release of ISSOP/BMJ Paediatrics Open Special Collection on Young Voices in the Time of COVID-19 and launch of new collection on the Health and Wellbeing of Street and Working Children**	**Prof Jeff Goldhagen, A/Prof Shanti Raman**

CHILD RIGHTS

Dr. Ashok Kumar
Senior Consultant in Child & Adolescent Health,
Karothukuzhi Hospital Pvt. Ltd., Aluva, Kerala

Human rights belong to all people, regardless of their age, including children. However, because of their special status - whereby children need extra protection and guidance from adults - children also have some special rights of their own. These are called children's rights and they are laid out in the UN Convention on the Rights of the Child (CRC). This applies equally to both girls and boys up to the age of 18, even if they are married or already have children of their own. The convention is guided by the principles of 'Best Interest of the Child' and 'Non-discrimination' and 'Respect for views of the child.' It emphasises the importance of the family and the need to create an environment that is conducive to the healthy growth and development of children. It obligates the state to respect and ensure that children get a fair and equitable deal in society. It draws attention to four sets of civil, political, social, economic and cultural rights: Survival, Protection, Development and Participation Right to Survival includes : Right to life, the highest attainable standard of health, Nutrition,Adequate standard of living, A name and a nationality. Right to Development includes: Right to education, Support for early childhood care and development, Social security, Right to leisure, recreation and cultural activities. Right to Protection includes freedom from all forms of Exploitation, Abuse, Inhuman or degrading treatment, Neglect, Special protection in special circumstances such as situations of emergency and armed conflicts, in case of disability etc. Right to Participation includes: Respect for the views of the child, Freedom of expression, Access to appropriate information, Freedom of thought, conscience and religion.

The Indian constitution accords rights to children as citizens of the country, and in keeping with their special status the State has even enacted special laws. The Constitution, promulgated in 1950, encompasses most rights included in the UN Convention on the Rights of the Child as Fundamental Rights and Directive Principles of State Policy. Constitutional Guarantees that are meant specifically for children include:

- Right to free and compulsory elementary education for all children in the 6-14 year age group (Article 21 A)
- Right to be protected from any hazardous employment till the age of 14 years (Article 24)
- Right to be protected from being abused and forced by economic necessity to enter occupations unsuited to their age or strength (Article 39(e))
- Right to equal opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and guaranteed protection of childhood and youth against exploitation and against moral and material abandonment (Article 39 (f))
- Right to early childhood care and education to all children until they complete the age of six years (Article 45)

Besides, Children also have rights as equal citizens of India, just as any other adult male or female:

- Right to equality (Article 14)
- Right against discrimination (Article 15)
- Right to personal liberty and due process of law (Article 21)
- Right to being protected from being trafficked and forced into bonded labour (Article 23)
- Right of minorities for protection of their interests (Article 29)
- Right of weaker sections of the people to be protected from social injustice and all forms of exploitation (Article 46)
- Right to nutrition and standard of living and improved public health (Article 47)

These four core principles are: the best interests of the child; nondiscrimination; child participation; and survival and development. This requires avoiding the infringement of children's rights and addressing any adverse impact on children's rights with which the business is involved.

1. The Right to Education : Visionaries of the world understood that peace meant guaranteeing every person certain rights that are conditional for humanity—education being one of the most important. he parliament of India enacted the Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE) on August 2009. The same got enforced on April 1st 2010. As per the act, education is a fundamental right of every child who is between 6 and 14 years old. The act also states that until the completion of elementary education, no child shall be held back, expelled or required to pass a board examination. There is also a provision for special training of school drop-outs to bring them up to par with students of the same age.

2. The Right to an Identity

Children are entitled to a name, legally registered with the government, and a nationality (to belong to a country). Further, they must have the right to an identity, in the form of a public record. This ensures national support, as well as access to social services.

3. The Right to Health

Medical care, nutrition, protection from harmful habits (including drugs) and safe working environments are covered under the right to health, and articles 23 and 24 enumerate access to special care and support for children with special needs, as well as quality health care (including drinking water, nutrition, and a safe environment) respectively.

4. The Right to a Family Life

If not family members, then children have the right to be looked after by caretakers. Children must live with their parents until it is harmful to them. However, 'family reunification', i.e. permission for family members living in different countries to travel to renew contact between family members is critical. Under the ward of a caretaker or family, they must be provided privacy against attacks on their way of life and personal history. Children who do not have access to a family life, have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language. Refugee children have a right to special protection and help. In the case of misdemeanors, children have the right to seek legal counsel under a juvenile justice mechanism, with the fair and speedy resolution of proceedings.

5. The Right to be Protected from Violence

Protection from violence extends even to family members, and children must not suffer ill-treatment or sexual or physical violence. This includes use of violence as a means of discipline. All forms of sexual exploitation and abuse are unacceptable, and this Article takes into view the sale of children, child prostitution and child pornography.

6. The Right to An Opinion

All children deserve the right to voice their opinions, free of criticism or contempt. In situations where adults are actively deciding upon choices on behalf of children, the latter are entitled to have their opinions taken into consideration. While children's opinion may not be based on facts, it is nonetheless an important source of insight for parents, and should be considered. However, this depends on the child's level of maturity and age. Children have the freedom of expression, as long as they are not harming others with their opinions and knowledge.

7. The Right to be Protected from Armed Conflict

Armed conflict converts innocent children into refugees, prisoner, or participants in armed conflicts, and these are all circumstances which contravene with the spirit of War or any armed struggle can severely damage a child's morale as well as perceptions of ethics, and this must be corrected in a nurturing safe environment. While seeking to rehabilitate children affected by war, the government must also ensure that children are not forced to participate in any armed struggle.

8. The Right to be Protected From Exploitation

As exploitation is usually achieved through violent means, protection from violence is critical for freeing children from exploitation. This extends to abuse, negligence and violence by parents, even if it is justified as an instrument of achieving discipline at home. Further, children cannot be made to work in difficult or dangerous conditions. Children can only volunteer to work doing safe chores that do not compromise their health, or access to education or play. Sexual exploitation, another dimension of exploitation, is also prohibited, as an activity that takes advantage of them. Survivors of neglect, abuse and exploitation must receive special help to enable recovery and reintegration into society. Children also cannot be punished cruelly, even if it is under the ambit of the justice system. Death or life sentences, as well as sentences with adult prisoners, are not permitted.

Child rights Violations in India

1. Trafficking of children, particularly for sexual exploitation with instances where children just "disappear" overnight in some parts of India, as many as 1 every 8 minutes (according to National Crime Records Bureau data), the sordid horror of child trafficking is very apparent. Children are today traded like objects, but the nature of this crime makes it hard to track in India. This is why India is not only a hub but simultaneously a transit point for child trafficking, via Nepal and Bangladesh. At last count, 200,000 Nepalese girls under the age of 16 were found to be actively involved in prostitution in India. There are 3 reasons behind India's child trafficking problem

I. Rampant poverty and lack of opportunities: parents sell their children for merely a handful of rupees

ii. Child trafficking as a highly profitable, albeit illegal business which has buyers from across the world. It is the third most profitable organised crime business, generating billion dollar revenues annually.

iii. Vulnerability of the child, and lack of enforcement of child rights Save the Children, a pioneer in the field

of child rights, fights the menace of child trafficking through a 3Ps strategy of Prevention, Protection, and Prosecution. The NGO uses a community-based approach to empowering children with education, job skills, and grassroots activism that frees children from labour and other forms of exploitation. India's most oppressed demographic, marginalized children, therefore, receive a new lease of life. Violence against children, including sexual violence One of the biggest reasons for unreported and therefore largely unaddressed incidence of violence against children, especially sexual violence, is a social stigma. 2012 saw 9500 child and adolescent murders, making India the third largest contributor to child homicide (WHO 2014, Global Health Estimates), while 1 in 3 adolescent girls between 15 to 19 years experience violence (physical, sexual or emotional), from their significant others. Child abuse is often unreported when it involves family members or by people in institutions such as schools or government homes, due to the classic family structure practiced in rural India.

According to the 'UN Special Rapporteur On Violence Against Women', there has been a 336% increase of child rape cases from 2001 to 2011. Neglect is an important component of emotional violence, and it occurs when children are not given enough attention, food, or recreation time. Child labour, including working in hazardous conditions According to a 2015 report by the U.S. Department of Labour, a list of goods produced by child labour or forced labour featured India among 74 countries with "significant incidence of critical working conditions". Recent legislation regarding child labour has been unfavourable, with permission to children below 14 years of age to work in family enterprises or entertainment industry.

This still includes scope for abuse, especially considering that India is home to the largest child labour population in the world. It is not rare to find thousands of children toiling in the fields for 14-16 hours a day, in labour intensive professions like farming, stone cutting sector, mining industry, and zari and embroidery. This is being worsened by the entry of multinational companies into India, to exploit the lack of accountability in labour law and cheap labour. Child labour is reportedly highest among scheduled tribes, Muslims, schedule castes and OBC children, despite aggressive reservation policies favouring this demographic. Forced displacement, caused by 'development' projects (including Special Economic Zones) migration to urban areas, farmer suicides, and armed conflict is also another cause of child labour. This often results in children being exploited into bonded child labour, a form of slavery. These children become psychologically and mentally disturbed, they thus become dependent on their 'owners'.

Discrimination against girls in education and in access to food There is a saying in Andhra Pradesh "Bringing up a daughter is like watering a plant in another's courtyard." While there is extensive research about the socio-economic impact of gender discrimination, the biggest effect is on the mind of tomorrow's women, Indian girls, who are deeply influenced by the myth of female inferiority. This translates to a generation of women unaware of their rights and capabilities. Even at birth, India's masses prefer a boy over a girl. Girls in India are given less food (including access to breastfeeding), fewer healthcare consultations, making anaemia and mineral deficiency common. Despite high female literacy, Delhi, Gujarat and Rajasthan still show discrimination against girls. This is seen in the high dropout rate of girls, who are expected to help with household work and taking care of younger siblings. This worsens the rural gender gap in female and male equality, as girls underperform in school. Depriving a child of their basic rights, just because they are a girl, is a gross violation of child rights. Discrimination against children on the basis of caste, tribe or indigenous background People belonging to scheduled castes (SCs) and scheduled tribes (Sts) have faced discrimination throughout generations, and this trend is prevalent even to this day. According to Parliamentary findings, violence against the SC/ST community has increased over the years. An upward graph emerges when seeing the number of cases lodged under the SCs/STs Prevention of Atrocities Act in 1999 (34,799), and 2001 (39,157 cases) a large number of cases of violence against SC/ST are reported in Rajasthan and Madhya Pradesh has the

largest number of atrocities against Scheduled Tribes. Many of these cases are unregistered. Child abuse is prevalent in Dalit and other tribal communities, and anecdotes of violence, rape, and torture are common.

These acts are executed not only by high caste Hindus but also separatists and insurgents. This has resulted in systematic oppression of the community; Literacy among SC/ST population is incredibly low, and states like Rajasthan, Uttar Pradesh, and West Bengal have the lowest SC enrolment and attendance figures. Child rights violation isn't a phenomenon triggered by a single factor but in fact interplay of multiple catalysts. These factors are interlinked, which means that a substantial defence of child rights will require not only comprehensive policy reforms but unprecedented attempts at changing people's psyche towards the right of the child.

With the span of child rights violation in India, it is clear that this is an issue which needs to be addressed at many levels, via a comprehensive programme. The role of both NGOs and Government bodies is imperative. A policy reform can 'give teeth' to police action on those who participate in this heinous crime, only if corruption doesn't enable cover-ups, and hence erasure of these experiences Laws related to Child in India In India we have enacted many laws & Acts related to Children in order to protect them & to give them a better & sound development.

Constitutional Provisions:

Preamble Commitment: Justice, liberty, equality, & fraternity for all the citizens including children are the main purpose of the Constitution. Article 14: Equality before law & equal protection of laws. It is available to every person including children.

Article 15 (3): empowers the State to make special legal provision for children. It makes mandate to the government to ensure children's welfare constitutionally.

Article 21: it mandates free & compulsory education for all the children in the age group of 6- 14 yrs.

Article 23: puts total ban on forced labour & is punishable under the Act.

Article 24: prohibits employment of children in hazardous factories below the age of 14yrs.; e.g.: mine, match industries, etc.

Article 39: declares the duty of the State to provide the children a free and facilities to develop in a healthy manner and in conditions of freedom & dignity.

Article 51 A clause (k) & (j): the parent or the guardian to provide opportunities for education to his child or as case may be ward between the age 6 and 14yrs.

Directive principles in Constitution of India also provide protection for the children such as, Article 39 (e), Article 39 (f), Article 41, Article 42, Article 45, & Article 47

There are many Acts enacted in India for the protection children rights:

1. The Factories Act, 1948.
2. The Probation of Offenders Act, 1959.
3. The Child Labour Act, 1986.
4. The Child Marriage Restraint Act, 1986.
5. The Juvenile Justice (Care & Protection of Children) Act 2015.
6. The Pre- Conception & Pre- Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2002

7. The Factories Act, 1948
8. The Mines Act, 1952
9. The Bonded Labour System Abolition Act
10. The Prohibition of Child Marriage Act 2006.
11. Commissions for Protection of Child Rights (Amendment) Act 2006
12. Right of Children to Free and Compulsory Education Act 2009
13. Guardians and Wards act 1890
14. Immoral Traffic (Prevention) Act, 1956
15. Medical Termination of Pregnancy Act, 1971
16. National Food Security Act, 2013
17. Young Persons (Harmful Publication) Act, 1956

The increased crime rate against the children, even after enacting so many laws & implementing them, has raised an alarming concern all over the world as children are being misused for fulfilling some people's illegal purposes. So along with various laws, it is also our social responsibility to take care of the children & to protect their rights.

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The Protection of Children From Sexual Offences Act, [Pocso 2012] and Role of Health Experts

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The Health of our children in India have not only been a great challenge but has seen a great change in the recent trends as number of infectious diseases have come down, chronic disabling ailments such as polio has been eradicated and many diseases tackled well through good immunization coverage. However, some areas of physical and mental health concerned with children such as Child Abuse and Child Protection largely remain untouched. Child Abuse is something which should be recognized as a Public Health Problem and not tackled as individual cases only. Countries in South-East Asia have expressed their concern for abuse and violence against children. We as Health Care Providers need to devote more time to the understanding of the extent of the problem, the risk factors and the mechanism for protection from abuse as well as providing appropriate first aid, safe environment and care for recovering from the trauma.

Many instances of Child Sexual Abuse have trended across the cultures and the country but in closed groups, not letting it become a daily discussion due to the Social Stigma attached. Whenever there is a case of Child Sexual Abuse, the discussion is full of assumptions which influence the discourse of the Abuse. Especially in Indian context, it is believed that child sexual abuse only happens in poor communities, that boys cannot be abused, that girls must have done something to attract the trouble and that sexual abuse is done only by strangers and not by family members. The society also fails to understand that Sexual Abuse has long lasting adverse impact on the psycho social development of children. It hampers the normal development of sense of trust in others and development of sense of identity in society which is an essential part for preparation for future personality development of the child. Fortunately, in India we have had many people working for the cause of Child Sexual Abuse in the communities and many small scale qualitative studies were carried out in various parts of India revealing the extent of the problem.

- In 1993-94, the Bangalore-based NGO Samvada undertook one of the first specific studies on CSA through a series of workshops for 348 girls aged between 15 and 21 years, who were from 11 schools and colleges in Karnataka. The study reported that 47 per cent of the girls had been molested or had experienced sexual overtures, and 15 per cent had been subjected to serious sexual abuse, including rape. One out of three children was under 10 years old when the abuse started.
- In 1997, the Sakshi Violation Intervention Centre, a Delhi-based group, undertook a study of 350 schoolgirls. Of these 63 per cent had been sexually abused by someone in the family; 25 per cent had been raped, made to masturbate the perpetrator or perform oral sex. Over 30 per cent of the girls had been sexually abused by their fathers, grandfathers or male friends of the family.
- In 1998, the Delhi-based NGO Recovering and Healing from Incest (RAHI) carried out a study in

selected States on 'Women's Experience of Incest and Childhood Sexual Abuse'. The study had found that 76 per cent of middle and upper class women in Chennai, Mumbai, Kolkata and Goa had been sexually abused as children, and 71 per cent of them had been abused by relatives or someone they knew and trusted. The study revealed that some women only realized that they had been abused when they were responding to the questionnaire (RAHI 1998 cited by WCD 2007b).

- In 1999, the Tata Institute of Social Sciences, Mumbai, interviewed 150 girls and found that 58 of them, more than one in three had been raped before the age of 10 (Krishnakumar 2003).

- In 2006, the Chennai-based NGO Tulir – Centre for Prevention and Healing of Child Sexual Abuse, with the support of the international organisation 'Save the Children' undertook a study of CSA in Chennai. It included 2211 class XI students, girls and boys, who had different socio-economic backgrounds and attended mainstream schools. The results of the study show that out of a total of 2211 child participants, 939 had faced at least one form of sexual abuse at some point in time. The study results show that 39 per cent of the girls faced sexual abuse, compared to 48 per cent of the boys; taken together this is 42 per cent of the children.

- The National Study on Child Abuse (2007) was one of the biggest eye opener in the last decade. This study, the largest of its kind, covered 13 states with a sample size of 12447 children, 2324 young adults and 2449 stakeholders. The National Study reported the following:

  - 53.18 % children in the family environment not going to school reported facing sexual abuse
  - 49.92% children in schools reported facing sexual abuse
  - 61.61% children at work (Shop, factory or other places) reported facing sexual abuse
  - 54.51% children on the streets reported facing sexual abuse
  - 47.08 % children in institutional care reported facing sexual abuse
  - 20.90% of all children were subjected to severe forms of sexual abuse that included sexual assault, making the child fondle private parts, making the child exhibit private body parts and being photographed in the nude
  - 50% abusers are persons known to the child or in a position of trust and responsibility

From these studies, it can be concluded that Child Sexual Abuse (CSA) does occur and it is a reality that touches at least 40%-50% of children's life in India. Hence the greater need to make professionals and general public aware about this malaise in society and bring the issue out in the open and talk about it.

The Protection of Children from Sexual Offences Act (POCSO Act) 2012 was formulated in order to effectively address sexual abuse and sexual exploitation of children. The Protection of Children from Sexual Offences Act, 2012 received the President's assent on 19th June 2012 and was notified in the Gazette of India on 20th June, 2012.

The Act defines a child as any person below eighteen years of age. It defines different forms of sexual abuse, including penetrative and non-penetrative assault, as well as sexual harassment and pornography. It deems a sexual assault to be "aggravated" under certain circumstances, such as when the abused child is mentally ill or when the abuse is committed by a person in a position of trust or authority like a family member, police officer, teacher, or doctor.

The Act also states that the law operates in a manner that the best interest and well being of the child are regarded as being of paramount importance at every stage, to ensure the healthy physical, emotional, intellectual and social development of the child.

For the first time, in Inida, in any Legal Document or Act, it has been mentioned that Child Development Experts be called in to help children who have been sexually assaulted and who may have been physically and emotionally traumatized too. The Guidelines of the POCSO Act describe a Child Development Expert as a person who is trained to work with children with physical or mental disabilities, to evaluate such a child's mental and physical development in the context of that child's experience, and to accordingly facilitate communication with the child.

The Act directs the State parties to undertake all appropriate national, bilateral and multilateral measures to prevent the inducement or coercion of a child to engage in any unlawful sexual activity, the exploitative use of children in prostitution, and the exploitative use of children in pornographic performances. The Act defines sexual exploitation and sexual abuse of children as heinous crimes and that these need to be effectively and urgently addressed.

The Act recognizes almost every known form of sexual abuse against children as punishable offences, and makes the different agencies of the State, such as the police, judiciary and child protection machinery, collaborators in securing justice for a sexually abused child. Further, by providing for a child-friendly judicial process, the Act encourages children who have been victims of sexual abuse to report the offence and seek redress for their suffering, as well as to obtain assistance in overcoming their trauma. In time, the Act will provide a means not only to report and punish those who abuse and exploit the innocence of children, but also prove an effective deterrent in curbing the occurrence of these offences.

The Act defines the following offences and their terminologies :

1. Penetrative Sexual Act
2. Aggravated Penetrative Sexual Assault
3. Sexual Assault
4. Aggravated Sexual Assault
5. Sexual Harassment
6. Use of Children for Pornographic Purpose

Definitions & Punishment for each type of assault :

A. Penetrative sexual assault : A person is said to commit "penetrative sexual assault" if he penetrates his penis, any object or part of his body to any extent, into the vagina, mouth, urethra or anus of a child or makes the child to do so with him or any other person or if he applies his mouth to the penis, vagina, anus, urethra of the child or makes the child to do so to such person or any other person.

B. Aggravated Penetrative Sexual Assault : The act of penetrative sexual assault committed by below mentioned personnel and/ or under following circumstances is considered as aggravated form of penetrative sexual assault:

1. Police personnel
2. Armed forces personnel / Security Forces personnel

3. Public Servant
4. Staff of any Jail, Remand Home, Protection Home, Observation Home or any place of Custody or Care
5. Staff or any management personnel of any Government or Private Hospital
6. Staff or any management personnel of any Educational Institution or Religious Institution.
7. Each person Involved in gang penetrative sexual assault.
8. Any person using deadly weapons, fire, heated substance or corrosive substance to commit the act
9. Any person causing grievous hurt or causing bodily harm and injury or injury to the sexual organs of the child while committing the act
10. Any person who physically incapacitates the child or causes the child to become mentally ill or physically incapacitates while committing the act
11. (ii) Any person who makes the child pregnant as a consequence of sexual assault
12. (iii) Any person who inflicts the child with Human Immunodeficiency Virus or any other life threatening disease or Infection while committing the act
13. (k) Any person taking advantage of a child's mental or physical disability to commit penetrative sexual assault
14. (l) Any person who commits the act on the child more than once or repeatedly
15. (m) Any person who commits penetrative sexual assault in a child below twelve years of age
16. (n) Any person committing the act on a child who is related to the child through blood, adoption, guardianship, in foster care or having domestic relationship with parent of the child living in same household,
17. (o) Any person being the owner, management staff of any institution providing services to the child committing the act
18. (p) Any person being in a position of trust or authority of a child committing the act,
19. (q) Any person committing the act knowing the child is pregnant
20. (r) Any person committing the act and attempting to murder the child
21. (s) Any person committing the penetrative sexual assault on a child in the course of communal or sectarian violence
22. (t) Any person committing the act while he has been previously convicted of having committed any offence under this Act or any sexual offence punishable under any other law
23. (u) Any person who commits the act and makes the child to strip or parade naked in public, Punishment for Penetrative Sexual Assault on children - The above mentioned, who commit aggravated penetrative sexual assault, shall be punished with rigorous imprisonment for a term which shall not be less than ten years but which may extend to imprisonment for life and shall also be liable to fine.

C. Sexual assault : Whoever, with sexual intent touches the vagina, penis, anus or breast of the child

or makes the child touch the vagina, penis, anus or breast of such person or any other person, or does any other act with sexual intent which involves physical contact without penetration is said to commit sexual assault. Punishment for sexual assault - Imprisonment of either description for a term which shall not be less than three years but which may extend to five years, and shall also be liable to fine.

D. Aggravated Sexual Assault : The act of sexual assault committed by below mentioned personnel and/ or under following circumstances is considered as aggravated form of penetrative sexual assault:

a) Police personnel

b) Armed forces personnel / Security Forces personnel

c) Public Servant

d) Staff of any Jail, Remand Home, Protection Home, Observation Home or any place of Custody or Care

e) Staff or any management personnel of any Government or Private Hospital f) Staff or any management personnel of any Educational Institution or Religious Institution.

g) Each person Involved in gang penetrative sexual assault.

h) Any person using deadly weapons, fire, heated substance or corrosive substance to commit the act

i) Any person causing grievous hurt or causing bodily harm and injury or injury to the sexual organs of the child while committing the act

j) Any person who physically incapacitates the child or causes the child to become mentally ill or physically incapacitates while committing the act

k) Any person who makes the child pregnant as a consequence of sexual assault

l) Any person who inflicts the child with Human Immunodeficiency Virus or any other life threatening disease or Infection while committing the act

m) Any person taking advantage of a child's mental or physical disability to commit penetrative sexual assault

n) Any person who commits the act on the child more than once or repeatedly

o) Any person who commits penetrative sexual assault in a child below twelve years of age

p) Any person committing the act on a child who is related to the child through blood, adoption, guardianship, in foster care or having domestic relationship with parent of the child living in same household,

q) Any person being the owner, management staff of any institution providing services to the child committing the act

r) Any person being in a position of trust or authority of a child committing the act,

s) Any person committing the act knowing the child is pregnant

t) Any person committing the act and attempting to murder the child

u) Any person committing the penetrative sexual assault on a child in the course of communal or sectarian violence

v) Any person committing the act while he has been previously convicted of having committed any offence under this Act or any sexual offence punishable under any other law

w) Any person who commits the act and makes the child to strip or parade naked in public.

E. Sexual Harassment : A person is said to commit sexual harassment upon a child when such person with sexual intent, utters any word or makes any sound, or gesture or exhibits any object or part of body with the intention that such word or sound shall be heard, or such gesture or object or part of body shall be seen by the child; or makes a child exhibit any part of his/ her body so as it is seen by such person or any other person; or shows any object to a child in any form or media for pornographic purposes; or repeatedly follows or watches or contacts a child either directly or through electronic, digital or any other means or threatens to use, in any form of media, a real or fabricated depiction through electronic film or any other mode of any part of the body of the child or the involvement of the child in a sexual act or entices a child for pornographic purposes or gives gratification therefor.

Punishment for aggravated sexual harassment: Whoever, commits sexual harassment upon a child shall be punished with imprisonment of either description for a term which may extend to three years and shall also be liable to fine.

F. Use of child for pornographic purposes : Whoever, uses a child in any form of media (including program or advertisement telecast by television channels or internet or any other electronic form or printed form, whether or not such program or advertisement is intended for personal use or for distribution), for the purposes of sexual gratification, which includes— representation of the sexual organs of a child; usage of a child engaged in real or simulated sexual acts (with or without penetration); the indecent or obscene representation of a child, shall be guilty of the offence of using a child for pornographic purposes.

Punishment for using child for pornographic purposes: Whoever, uses a child or children for pornographic purposes shall be punished with imprisonment of either description which may extend to five years and shall also be liable to fine and in the event of second or subsequent conviction with imprisonment of either description for a term which may extend to seven years to ten years and also be liable to fine.

There is punishment for even Abetment of, and attempt to commit all such sexual offences which may include imprisonment up to three years to half of the life imprisonment and also liable to fine.

The POCSO ACT and the Guidelines clearly give an outline for Reporting of sexual offences on children.

The POCSO Act has defined the methodology of reporting an offence. Any person or a child, who has apprehension that a sexual offence is likely to be committed or has knowledge that such an offence has been committed, can provide the information to: 1. The Special Juvenile Police Unit

2. LOCAL POLICE

The police personnel receiving a report of sexual abuse of a child are given the responsibility of making urgent arrangements for the care and protection of the child, such as obtaining

emergency medical treatment for the child and placing the child in a shelter home, and bringing the matter in front of the Child Welfare Committee and Special court within 24 hours. The Act says that no person shall incur any liability, whether civil or criminal for giving the information in good faith.

It is the obligation of media, studios, hotel, photographic facilities, hospital, clubs etc to immediately provide information about use of any material which is sexually exploitative of the child, to the Special Juvenile Police Units or Local police

Recording of the statement of the child - The statement of the child shall be recorded by a woman police officer not below the rank of a sub inspector, at a place where the child is comfortable – residence usually. The police officer should not be in uniform, should not allow contact of the child with the accused, and identity of the child should be protected from public and media. Statement can also be recorded with the District Magistrate.

Medical Examination of a Child and Emergency Medical Care– If the victim is a girl, the medical examination shall be conducted by a woman doctor, in presence of parents or a person of trust for the child or any woman nominated by the medical institution. Children who have been sexually abused are not only traumatized as a result of their experience, but are also more vulnerable to further and repeated abuse and at risk of secondary victimization at the hands of the justice delivery process.

When a child is in need of urgent medical care and protection, as a result of the sexual offence, the SJPU/ Local Police shall, as soon as possible, but not later than 24 hours of receiving such information, arrange to take such child to the nearest hospital or medical care facility centre for emergency medical care. In such cases, the rules under the POCSO Act, 2012 prescribe that the child is to be taken to the nearest hospital or medical care facility. This may be a government facility or a private one. The Act says that all hospitals are required to provide first-aid or medical treatment, free of cost, to the victims of a sexual offence. Emergency medical care shall be rendered in such a manner as to protect the privacy of the child, and in the presence of the parent or guardian or any other person in whom the child has trust and confidence.

SPECIAL COURTS

There are incidences of handling of cases of child victims by unspecialized police, prosecutors and judges who are not trained in justice for children, child rights or how to deal and communicate with victim children and their families. Keeping this in mind the Central Government appointed Special Courts to carry out the responsibilities under the Act.

The State Government designates in each district, a special court, a court of session. The State Government shall by notification, appoint Special Public Prosecutor (should have been in practice for not less than 7 years) for every Special Court for conducting cases only under the provisions of this Act. If a child has a mental or physical disability, the Special Court may take the assistance of a special educator or an expert in the field having such qualification and experience and or any other professional who is familiar with the manner of communicating with the child.

Guidelines for Medical and Health Professionals (under section 27)

No medical practitioner, hospital or other medical facility centre rendering emergency medical care to a child shall demand any legal document or magisterial requisition or other documentation as a pre-requisite to rendering such care. 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; and, wherever necessary, a referral or consultation for mental or psychological health or other counselling should be made. Any forensic evidence collected in the course of rendering emergency medical care must be collected in accordance with section 27 of the 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.

Role of Medical Professionals in the context of the POCSO Act, 2012 Doctors have a dual role to play in terms of the POCSO Act 2012. They are in a position to detect that a child has been or is being abused (for example, if they come across a child with an STD); they are also often the first point of reference in confirming that a child has indeed been the victim of sexual abuse.

The role of the doctor includes:

a) Having an in-depth understanding of sexual victimization

b) Obtaining a medical history of the child's experience in a facilitating, non-judgmental and empathetic manner

c) Meticulously documenting historical details

d) Conducting a detailed examination to diagnose acute and chronic residual trauma and STDs, and to collect forensic evidence

e) Considering a differential diagnosis of behavioural complaints and physical signs that may mimic sexual abuse

f) Obtaining photographic/video documentation of all diagnostic findings that appear to be residual to abuse

g) Formulating a complete and thorough medical report with diagnosis and recommendations for treatment

h) Testifying in court when required

Regarding children with special needs - The Act reminds the Professionals needs to recognize that the child may have also some degree of cognitive disability: mental retardation, mental illness, developmental disabilities, traumatic brain injury, etc. Note however that not all developmental disabilities affect cognitive ability (e.g., cerebral palsy may result in physical rather than mental impairment).

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

Protecting the Child from Further Harm- The Act further makes provisions for avoiding the re-victimization of the child at the hands of the judicial system. It provides for special courts that conduct the trial in-camera and without revealing the identity of the child, in a manner that is as child-friendly as possible. Hence, the child may have a parent or other trusted person present at the time of testifying and can call for assistance from an interpreter, special educator, or other professional while giving evidence.

More than strangers, care providers themselves and ideal figures of children are involved in child abuse. Indeed, about 40 million children are estimated to be abused every year resulting in physical, psychological, emotional and social sufferings. Child abuse exists in all sections of society and in all countries. Only the extent of the problem, the nature of abuse and consequences, and child protection and recovery modalities differ in different socio-economic strata. The major barrier in the prevention of child abuse is to acknowledge that it exists in society. It took several decades of effort in the countries that now have a substantial reduction in child abuse, in acknowledging the fact that child abuse and neglect can be prevented. Therefore, understanding the extent of the problem is the first step towards efforts at prevention.

The National Commission for Protection of Child Rights and the State Commission for Protection of Child Rights shall monitor the functioning, implementation, and provisions of the Act. The responsibility of supporting children who have been sexually abused should be embraced by the whole community, but it is the professionals that work in this field who play an important role in enabling the healing process. These guidelines are therefore aimed at various professionals involved in providing services to the child and other affected persons including his/her family. Their objective is to foster better response mechanisms involving coordination amongst these professionals, so as to result in the evolution of a multi-sectoral, multi-disciplinary approach that will go a long way in achieving the objectives of the POCSO Act, 2012. The political will and professional commitment, particularly from the health sector, is the most vital in reducing the suffering from abuse and violence.

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Privileging the Voice of the Child in Clinical Practice and Research

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The United Nations Convention on the Rights of the Child (CRC) mandates that children have the right to share freely what they think and feel. Around the world, upholding the voice of the child (VOC) is recognized as important, particularly in the case of vulnerable children. However, despite almost universal support for the principles of the CRC, evidence from serious case review reports demonstratesthat practitioners are failing to adequately listen to and uphold the voice of the child/young person (CYP) in the child protection process.

There is a paucity globally, of clinical protocols, which incorporate CYP's voices. Drawing on case studies from the United Kingdom and Australia, we describe the steps taken to capture the VOC in clinical assessments for CYP in need, including standardized protocols that were developed for use in clinical assessments. In both study sites, following the trial of the VOC protocol, there was an overall improvement in practice, particularly in recording the voice of the child and including the voice of the child in recommendations. Clinicians reported that the active inclusion of CYP voices in their assessments and reports was valuable.

In terms of research practice, given the explosion of research studies undertaken during the COVID-19 pandemic, we took the opportunity to review the published research involving CYP's views and experiences of COVID-19, using an ethical and child rights lens.

We aimed to bridge the gap between formal ethical guidelines and practices while also promoting participatory ethics. Of the 27 studies included in the final review, most studies were from high-income countries, and most involved online platforms, favoring convenience sampling without actively involving children and young people. Very few studies documented CYP involvement in the research process and only two documented a rights-based framework. We concluded that there were significant equity gaps in accessing the experiences of children and young people from disadvantaged settings.

Conclusions: At every health professional encounter, it is best practice to evaluate and document CYP's voices. Simple training and writing prompts can help ensure that VOC is placed at the center of clinical assessments for children in need. In terms of research involving CYP, we argue for a move away from merely fulfilling institutional review board requirements, towards an ethics of fairness, ethics of inclusion, and an ethics of producing potential new worlds where children and young people are valued and respected.

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Never Ending Street: Problems & Issues of Street Children

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Introduction

Fortunate are those who are blessed with a family, and home to care. many children are deprived of this fortune. A street child in India is the one for whom the street has become its habitual abode and who is inadequately protected, supervised, or directed by responsible adults. Many of them have to work to earn their livelihood and they are often exploited by employers and police. Well-structured data or figure on the exact number is though not available. India has the largest number of street children in the world, and there are more than 400,000 street children, in India, and they are in large numbers in metro cities. Mumbai has the largest number of street children, due to its economic capital status. Children usually land up in the streets owing to unemployment, poverty, the attraction of city life, family disputes and domestic violence, and physical abuse.

In Columbia, the term Gamines is used to label street children of either sex they are totally, deprived of their basic rights and suffer from exploitation and violent conditions. The causes of these children being in street are often related to, domestic, economic, and social disruption, because of poverty, acculturation, sexual, physical, and emotional abuse, domestic violence, internet predators, begging syndicate, mental health issues, substance abuse, and child trafficking. In all, there are three categories of street children: Street Living children, Street working children, and Children at risk of coming to the streets.

A study from Mumbai has reported most of them to come from female-headed households, because of the alcoholism of the father, strained relationship of parents, parent separation, or orphaned due to mass calamity or disaster.

THE PROBLEMS AND ISSUES:

Lack of adequate Nutrition: most of them do not get a balanced nutritious diet, and suffer from, malnutrition, multiple deficiencies, anemia, worm infestation, scabies, and skin conditions due to bad hygiene and sanitation. As such, there is a scarcity of washrooms and toilets, in big cities and these children are not allowed to use toilets, in slum areas, by those receding there.

Exposure to harsh environmental conditions due to lack of shelter. they have to bear the burning heat of summer, rainy storms, and chilly winter nights. thus, they suffer not only physical homelessness but also psychological homelessness, as they belong nowhere. Some charitable trusts, NGOs, and good Samaritans do come forward by providing umbrellas and blankets, but most of the time it is for, the purpose of taking photos. The quality of these items is so poor and hardly they help in protection. Substance abuse is an attempt to escape from day to-day problems, they are lured by drug peddlers, and slowly they get addicted. Deprivation of basic needs and lack of educational opportunities. They do not get admission to local schools, though it is a right to education by law. Most of their time is for earning, so they avoid school, for

them hardly there are any special schools. They do not have any access to health, and now even govt hospitals require an Aadhar card for registration, so their Opd paper is not taken. None of the hospitals run a special Opd dedicated to them, and nobody is ready to take the responsibility, so their admission into an indoor hospital is not possible, only when it is a life threatening condition, they are brought by police, and many times they shunted by one hospital to other, as if death occurs, unclaimed body, post mortem, and so many issues of keeping the body in the mortuary, no one treats them with humanity, because of pertinent issues, there is no death audit being done for these children., so you cannot get right figures. The basic simple immunization, the record of children immunized from the street, no figures available.

EXPLOITATION;

They have to work for survival, and since they do not have any skills, with which they can fight for their rights, they are very vulnerable and easily exploited by people who look to make a profit by using them, There is a need to relate child labor and the presence of street children as a phenomenon of social attitudes, exploitation, compulsion and sensibilities rather than poverty.

CONCLUSION:

To conclude though the problems are large still they can be solved if there is a strong political and administrative will of authorities from local governing bodies. There can always be a special education program for them by NGOs, Thane municipal corporation run a special school for them, after considering my proposal, which is conducted particularly in the evening after 6 pm to accommodate the children after their morning earning period., special skill training to be provided for these children and they should be given job opportunities, in all govt, office canteens and as office peons, as ground staff. so that they can get a decent living. Provision of income tax benefits to those ready to adopt these children and educate them, many people will come forward, some special income generating activities, for these children, where they will not be exploited, stringent laws for punishment to exploiters. Every child requires education and protection and street children also have equal rights, like all others with a home and family.

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Protecting Child Rights
An Un-ending Task Ever

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India has more than one-sixth of the global population; the size of its children's population -- as out of almost 1.4 billion people in India nearly 40% are under the age of 18. Child rights are a disconcerting issue across the globe. Due to its large population, India plays a major role in the achievement/non achievement of global targets as described under the Sustainable Development Goals (SDGs) and the United Nations Convention on the Rights of the Child (UNCRC). India has progressed well on a number of child-related indicators, including introducing many progressive legislations to protect the rights of children. Under-five mortality has come down significantly and marriages of girls have come down by half in the past ten years contributing to the global reduction of child marriages. However, even today, violations of child rights are an area of great concern. As per reports, 2 out of every 5 children are stunted, the sex ratio is declining, many are deprived of access to higher or even primary education especially females and the vast majority of children still face some or the other form of violence (physical, mental, sexual, verbal) in their everyday lives. In today's Urban busy lives, children from well-to-do families too, are being raised by baby-care/babysitting centers and Nannies, not realizing that negligence is also an important form of child abuse.

The protective and preventive action at an individual level should be aimed at the Parents, elder sibs, School staff peers, social workers, NGOs, and Health personnel. At the community level, the judicial systems and law of the land should be stricter, and the media should raise awareness amongst the public, and children in particular to act promptly if they experience or witness child abuse. These can have an impact on reformation strategies as it affects a huge population.

Children-related problems are similar in various cultures, castes races, and regions. These children and youth often have similar backgrounds, face similar challenges, and require similar services and support.

It makes sense, therefore, that working across systems, cities, states and even across countries can lead to higher levels of effectiveness and greater efficiencies in the delivery of such services.

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Protection of Rights in Children with Special Needs

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The only reason why child abuse is alive today is that we as adults fail our children when we fail to listen to them. Listen to a child today! Heather Mc Clane

19% of the world's children live in India. One out of every two children under three years of age is malnourished; nearly 1.8 million infants die each year, most from preventable causes; discrimination against the girl child continues, and is perhaps most visible in the child sex ratio. Children, who suffer from neglect, abuse, developmental delays, and language disorders in the first years of life, suffer psychological and emotional damage from which they may never fully recover. This may prevent them from reaching their full potential as older children, adolescents, and eventually as adults. Those subjected to violence, abuse, or exploitation may endure psychosocial trauma that can affect them throughout their lives. And children with developmental disorders may never be able to even speak about the abuse they may have undergone. We are well aware that society struggles to develop if its children are challenged physically or intellectually while growing up. Also, children who grow up malnourished, poorly educated and ravaged by diseases, burdened by psychological suffering of abuse create an emotional encumber on society. Traditional practices, lack of opportunities, poverty, illiteracy, and ignorance are the barriers to protecting children of our society, and within a such group, the most vulnerable section is always the children with developmental disorders and disabilities.

The problem of maltreatment in children in our country is gigantic. Children are vulnerable in every sphere and stratum of our country. Children living on the streets, children in Orphanages, Juvenile Homes, Brothels, and children working at construction sites, factories, and mines, engaged in child labour form an immeasurable population.

According to WHO, one in every four girls and one in every seven boys in the world are sexually abused. And estimated that 4.0 million children between 0-14 years of age suffer from abuse or neglect and require health and/or social care. Considering the overall poverty deprivation scenario, and the number of children with disabilities, such estimates are bound to be higher in India.

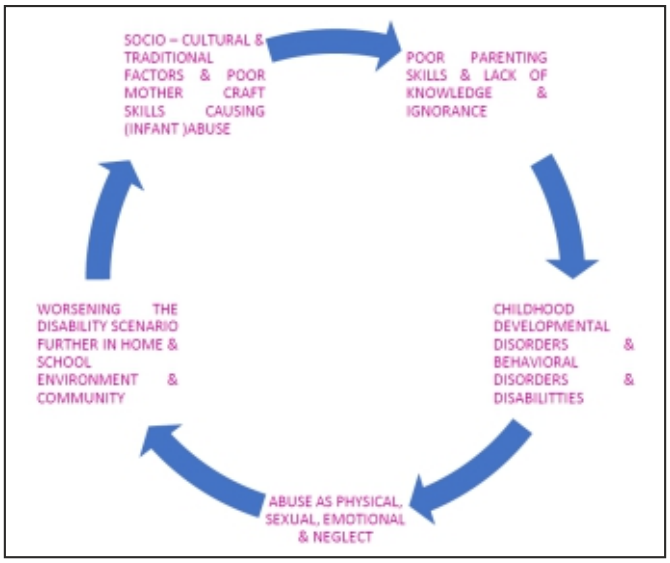
Nearly 26 million people are suffering from various types of disabilities and more than one million suffer from intellectual disabilities [Disability Data NSSO Punarbhava 2011]. The data also suggests that nearly 2 million children below the age of 6 years are suffering from disabilities including intellectual disability.

Children with Developmental Disorders and Disabilities are children who require extra support for their Physical, Intellectual, Emotional, Communicative, Behavioural, and Social Development. But due to ignorance, lack of knowledge, and societal support, the families of children with special needs experience

great stress and find themselves unable in dealing with day-to-day challenges. Unpreparedness to handle the care of a child with a disability, including acceptance of that child as being "different," creates more hurdles in communicating empathetically with the child. Families may face financial limitations and/or non-availability of time for the medical/educational activities of these children. A child with 'difficulty handling behavior patterns or communication difficulties, may become a target for physical abuse.

Children who are unable to communicate their needs may experience greater instances of neglect. All of these can result in increased vulnerability to abuse. At the same time, a child with a disability may develop more extensive relationships of trust with greater numbers of people visiting their home and be unable to distinguish when boundaries are being crossed, resulting in potential sexual abuse.

There is a vicious cycle that forms: **Abuse predisposing to Disability in Children; Disability predisposing to Abuse in Children**



- **Stigma & Social Exclusion**

Children who are physically and/or intellectually challenged are usually deterred from attending social gatherings to avoid embarrassment to parents and family. This kind of Social Exclusion may lead to an increase in behavioral problems. Families do not anticipate that segregating the child from social gatherings will not allow social skills to develop normally and when these children do behave inappropriately, they end up getting negative responses from parents and family in the form of thrashing, shouting, and further exclusion. Large numbers of children with disabilities remain out of school. Teachers may refuse to allow such a child to continue in their class due to various reasons such as inability to follow instructions, inability to communicate, hyperactivity, disturbance of the class atmosphere, etc. When they do not attend school, they are more vulnerable/prone to abuse in any form. Even though the Sarva Shiksha Abhiyan (SSA) has made a concerted effort to promote the inclusion of children with special needs, the system faces challenges in identifying these children and responding to their needs. There is still a big dearth of special educators in schools who can adequately identify and respond to the needs of these children, but the challenge is huge. The peers in a mainstream school do not have enough awareness and capacity to empathize with a child with special needs and find it difficult to accept them.

- **Disciplinary Methods used for children with Special Needs**

Disciplinary methods used for children with disabilities may be more Punitive and are usually

accompanied by a lack of respect. Family members may feel that a child who is mentally and physically challenged may not have the capacity to feel a sense of loss of dignity and hence higher frequency of corporal punishment may occur. Many parents start to believe that their special child only listens to them when they hit, or shout, or a certain uncle in the family intervenes to discipline them. It is hard for parents to believe that adequate training in ADL's and Behavior Modification Therapy may help in curbing social behavioral concerns.

Role of A Paediatrician

- Recognizing Abuse in children with Disabilities is a difficult and tricky task. Pediatricians, especially Developmental Pediatricians at Child Development Centers should incorporate in their routine assessment, methods to identify any signs of abuse in children with disabilities. Recognition can be done by considering the presenting symptoms, taking a detailed medical, behavioral, and social history, physical examination of the child, asking for feedback from the school, and keeping a High Index of Suspicion.
- **Signs of Physical Abuse: –**
  a) History of repeated falls/fracture/injury (including head injury)
  b) Unexplained bruises/redness over multiple sites of the body
  c) Bruises in these sites suggest abuse – Head/face/neck; Genitalia; Inner multiple thighs/limbs; Back; Buttocks; Chest
  d) Burns suggesting abuse - Circular marks from cigarette butt; "Glove and stocking" distribution burn marks; Friction burns; Scalds; Chemical burns –
  e) Sites of Burn suggesting Abuse – dorsum of hands/feet / buttocks/face / sites f) Family showing a delay in seeking medical help
  g) Inconsistency in history provided by family members/caregivers.
  h) Poor corroboration of history with physical findings / Poor justification with developmental status.
- **Pointers in Behavioral History**
  a) Fear or Aversion of certain people or places that were not present earlier. Children with disabilities may exhibit these, because of Sensory Processing Disorders, but it is less likely that the child suddenly develops symptoms that have never been noticed before. b) Loss of appetite, sudden changes in eating habits.
  c) Sudden changes in Sleep Patterns.
  d) Certain Behaviour manifested during play, writing, drawings, or dreams including sexual or frightening images.
  e) Sudden mood swings: rage, fear, anger, insecurity, or withdrawal.
  f) Recurrent abdominal pain without identifiable etiology.
  g) Sudden appearance of bed-wetting, thumb-sucking / other age-inappropriate behavior which was not present earlier.
  h) The child exhibiting Adult-like sexual activities with toys or other children i) The child using new words for private body parts.
  j) Showing resistance to bathing, toileting, or removing clothes even at appropriate situations.

- **Signs of Emotional Abuse and Neglect: -**

  a) Child appearing fearful of the family member or caregiver present; exhibiting severe feeding problems (it could be a sensory issue), poor growth and stunting, severe behavioral problems, performing poorly at school (could be due to intellectual challenge), substance abuse in older adolescents and adults, signs of social maladjustment.

  b) Signs of Neglect in an otherwise Healthy Child with Special Needs – Severe Behavioral problems; History of recurrent illnesses but poor medical care; on observation there may be poor parental interaction; lack of empathy towards the child; poorly dressed in shabby clothing, may appear unhygienic. Many parents are busy working, and the child may be left at home with a maid or caretaker who may not have enough knowledge about Caregivers Skills. Such caregivers can inflict severe physical and emotional injuries on the child in an effort to make them sit quietly.

How can you know for sure whether a child with a disability has been undergoing Abuse?

ASK!!! Most adults who have disabilities state that although they have been abused many times in their life, NO ONE ever asked about this aspect of their lives. Also, please be sure that you have something to offer if you decide to ask this question, such as Time to listen to their story, suggestions for help such as a referral to a Clinical Rehabilitation Therapist, Groups, Videos, etc. Don't just ASK then leave them in the memory of the tragedies they have already survived.

A doctor's / specialist's response to a case of child sexual abuse in outpatient and inpatient settings should be based on the following cardinal principles.

1. **Child-Centered and Child Friendly:** It keeps the best interest of the child in mind. The safety of the child should be of utmost importance.
2. **Family Supportive:** Response should provide adequate support to the family as the family forms the backbone of the child protection system. Keeping the child permanently in an institution should be the last option in child protection.
3. **Provision of Legal Safety to the Doctor / Paediatrician managing the case:** Recordkeeping, documentation, and writing down each detail identified should be impeccable to avoid professional litigation later.

Comprehensive Medical Assessment

The Short-term goals of a doctor's / specialist's response should include:

1. To ensure safety and provide emergency care if needed.
2. Provision of immediate emotional (counseling) and social support to the child and family and treating physical problems like injuries, providing immunization, STD prophylaxis, and emergency contraception.
3. Comprehensive medical assessment including history taking, examination, and investigations and ensuring proper documentation.

Long-term goals

should include the physical and psychosocial well-being of the child as well as ensuring reintegration into the family and social system.

History taking

When a child is brought with a history of unexplained injury or genital infection, a high index of

suspicion should be kept in mind. A detailed medical and social history, including presenting symptoms is mandatory. Any history of fall, fracture, or injury (including head injury), unexplained bruises, redness, poor growth and stunting, recurrent UTIs or abdominal/ perineal/ anal pain, and mouth and genital sores or discharge should be noted. The presence of a chaperone, preferably a nurse is a must during the assessment. The assessment should be recorded in a special pre-formatted Performa. A case of CSA should be managed with the same urgency as any other medical emergency.

History taken from the parent or caretaker should be documented separately from that of the child. History should be taken with a sensitive, empathic, and nonjudgmental attitude and recorded verbatim. Repeated interviews are avoided. The child and the parents are to be treated with respect and dignity without making accusations.

Points to be covered in history include place, time, witness, present and past history, noticeable behavior change, and developmental and immunization history. Family history, pedigree chart, and social history are extremely important. A psychosocial history known by the acronym HEEADDSS can be taken directly from an adolescent patient. This includes details regarding the home, education, eating behavior, activities and peers, drugs, depression, suicide, sexual history, and sleep pattern.

Certain Pointers in Behavioral History may include:

- Fear of certain people or places, nightmares, trouble sleeping, or other extreme fears without an obvious explanation.
- Loss of appetite, trouble eating or swallowing or sudden changes in eating habits.
- Sudden mood swings: rage, fear, anger, insecurity or withdrawal, unexplained abdominal pain.
- Bed-wetting or thumb-sucking, adult-like sexual activities with toys or other children, new words for private body parts, resistance to bathing, toileting, or removing clothes.
- Inconsistency in history, complaints not correlating with physical findings, previous or repeated similar injuries/complaints of illness but delay in seeking medical help.
- Circumstantial evidence should be noted.

What makes abuse different in this population?

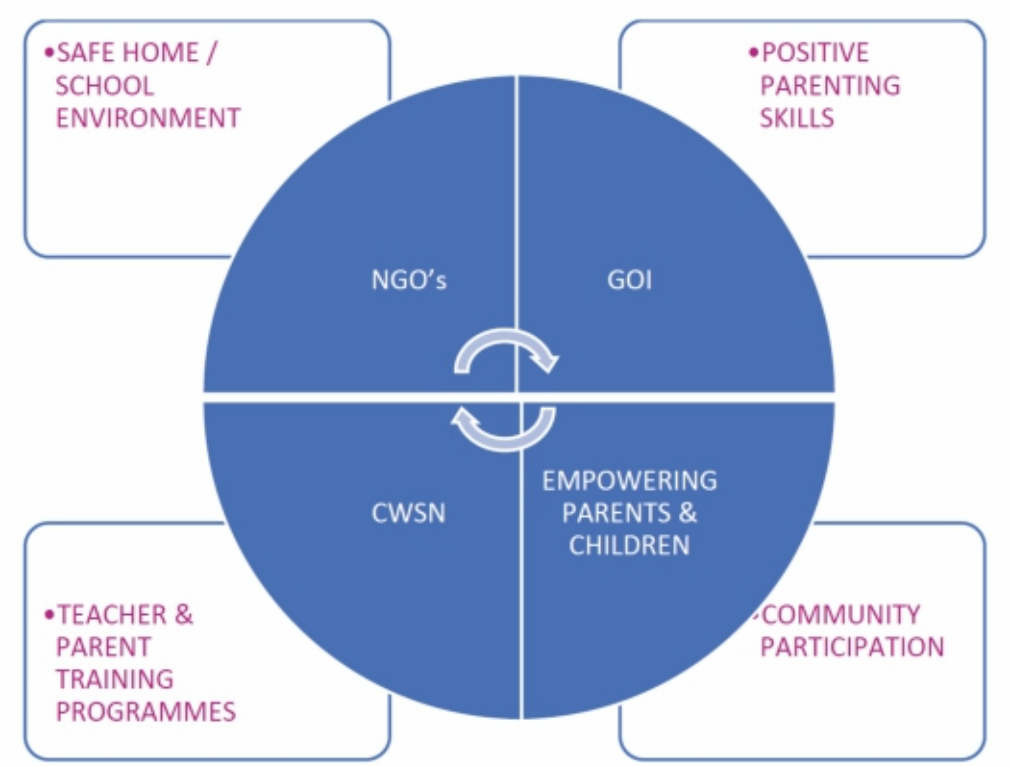
It is a bigger “secret”. It is more extensive. Disability services agencies are not yet fully “on board” in conducting outreach, information & referral, or direct services and require more “Hands on Training”.

Key Points: -

Paediatrician’s commitment to Child Protection is the cornerstone of ‘Effective Response’. Pediatricians should assess / suspect Abuse with the same thoroughness & attention as they would do with a life-threatening condition; Poor management after disclosure can increase psychological damage; Doctors / Professionals should believe, support, reassure, treat and ensure rehabilitation of victims of child abuse – [Child Protection Companion RCPCH 2006]

Record keeping and documentation of every case should occur. The follow-up to assess the outcome is essential. The entire staff at hospitals/child development centers should be TRAINED to provide effective and sensitive services to children with disabilities.

There is a need for existing child protection policies and services to become child friendly. People with disabilities should be included in the planning of service delivery procedures, protocols, and policies. Showcasing success stories of people with disabilities can challenge these deep-rooted negative perceptions.



- The early years of a child's life are crucial for cognitive, social and emotional development. Therefore, it is important that we take every step necessary to ensure that a child grows up in a safe environment where his/her social, emotional and educational needs are met. Children, who grow up in an environment where their developmental needs are not met, are at an increased risk for compromised health and safety, developmental delays and learning problems.
- Children who are Differently Abled need us, need our support. They can excel beyond imagination if given the right opportunity and training. Shrouding cases of abuse in these children would amount to Bigger Crime.....Bring them to Light!

ASHA, Centre For Autism & Intellectual Developmental Disorders

"MISSION – To Help Bring Out The Best Potential In Each Child!"

"VISION – To Empower Inclusion Of Children With Different Abilities".

- Every Child Is Unique and Every Child Has Different Strengths and Weaknesses!!
- Every Child Learns Differently!!
- Let Us Devote an Extra Minute to Every Child Who Learns Differently!
- Let Us Respect Each Child for Who He/ She Is!!
- Let Us Do the Best We Can in The Best Interest of Every Child's Mental Well-Being!!
- Help Each Child to Get His/ Her Rights for Inclusion in Schools & in Society!!

Dr Chhaya Sambharya Prasad

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  Ex-Nodal Officer, Aashreya, Home for Orphan Mentally Challenged Girls and Women, Chandigarh (U.T)
- Trained in Bayley Scales of Infant and Toddler Development, 3rd Edition
- Trained in DASII & F/U of High-Risk Newborns and Neurodevelopment Assessment Tests
- Trained in Evidence-Based Practices and Special Curriculum for Autism - Centre for Development & Disabilities, University of New Mexico, USA 2013
- National Coordinator IAP Fellowship in Developmental & Behavioral Pediatrics, IAP NDP, 2015-2020
- National Secretary, IAP Chapter of Neuro-Developmental Pediatrics 2015-17
- Joint Secretary IAP Childhood Disability Group 2009-2013
- Chairperson, IAP Women Wing 2020 (Launched the IAPWW Parenting Module 2020)
- Contributed as an Expert in the "National Meeting of Stakeholders (IAP-WHO Collaboration on Early Child Development (ECD)" 2021.
- Co-Author IAP Consensus Guidelines on diagnosis and management of Global Development Delay 2021
- Co-Author - IAP Guidelines on School Reopening, Remote Learning, And Curriculum In And After The Covid-19 Pandemic 2020
- Co-Author – IAP Early Childhood Development: Way Forward for Pediatricians (Consensus Advisory on Early Childhood Development by Indian Academy of Pediatrics) 2019
- Contributed as an Expert towards the IAP National Consultative Meet for the formulation of IAP National Consensus Guidelines for Autism, ADHD, SLD, and Newborn Hearing Screening – 2015.
- Co-Author – IAP Recommendations on Recognition and Response to Child Abuse and Neglect in the Indian Setting 2009 – For the Child Rights & Protection Program
- Recipient of U.T State Commendation Award 2013, Chandigarh for social services for children with disabilities

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Trauma-Informed Healthcare Response to Child Trafficking and Exploitation

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Objective :

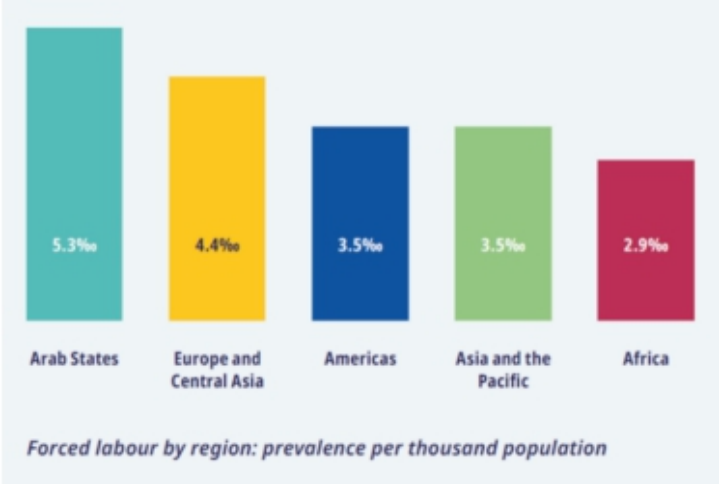
- Be familiar with dynamics of child labor/sex trafficking and exploitation.
- Apply trauma-informed, rights-based strategies when encountering challenging situations.
- Work with individuals to determine future safety and health needs.

Trafficking in Persons:

- Action: Recruits Transports, Transfers, Harbors, or Receives.
- Means: Threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person
- Purpose: Exploitation,at a minimum, includes:prostitution of others or other forms of sexual exploitation, forced laborорservices,slaveryor practices similar to slavery, servitude, or the removalof organs

Prevalence of Child Trafficking?

- Estimates problematic as per ILO, 2022; US Dept State, 2022
- ILO:>3.3 million children in forced labor: 2021 (nearly 2 million in CSE)
- TIP: At least 8 million adults/children in India



Forced labour by region: prevalence per thousand population

What are the Risk factors:

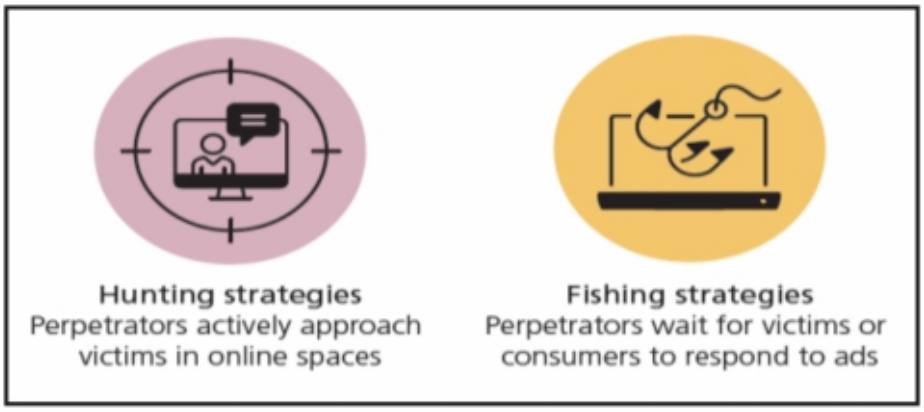
- **INDIVIDUAL:** Hx sexual abuse, Hx other maltreatment, Street-based living, Disability, Marginalized group, Unaccompanied minor
- **RELATIONSHIP:** Family violence, Family poverty, Family dysfunction, Parental history of child sexual abuse, Forced migration, Intolerance of LGBTQ+ status
- **COMMUNITY:** Tolerance of sexual exploitation and violence, High crime rate, Lack of community resources/support, Transient male, populations
- **SOCIETAL:** Gender-based violence & discrimination, Cultural attitudes/beliefs (e.g. homophobia, transphobia, etc.), Systemic and historical, racism/discrimination, Natural disasters, Political/social upheaval

Case Studies-1 &2

9-year-old Umar comes from a large, poor family in UP, India. He has a mild intellectual disability. His father died in a street accident. What are his vulnerability factors?	Prisha is a 16-year-old Dalit female who was sexually abused by her grandfather at the age of 12. The family did not report to the police but sent her to Mumbai to work. An uncle promised he would get her a job working in a hotel. He brought her to a brothel, where she stayed for 4 years. What are her vulnerability factors?

How are people recruited?

People are recruited in many ways like smuggling, Job offers, false promises/fraud, familiar trafficking, romance (intimate partner), Pose as benefactors, coercion or abduction.



Control Tactics:

Control tactics include Economic Exploitation, Debt bondage, Control victim's money, Confiscate ID papers, Threats, misinformation, Violence, Psychological manipulation, Stigma from public.

Health Consequences of Labour Trafficking :

Health consequences of Labour trafficking include

- Untreated chronic medical conditions
- Work-related injuries
- Chronic pain
- Exhaustion or Exposure to chemicals, dust, toxins
- Significant weight loss
- Infection
- Consequences of sexual assault
- Physical violence

Sex Trafficking

Sex Trafficking routes include,

- Untreated Chronic Conditions
- Chronic Pain
- Extreme fatigue

Mental Health Impact:

The mental health impact, includes the following,

- High levels of depression, suicidality
- Anger/hostility, Anxiety
- Memory loss, Substance misuse
- Guilt/shame, Behavioral problems

Possible Indicators of Trafficking : First Impressions:

- Companion knows little about the child
- Companion domineering, child fearful
- Inconsistent information

Consider the adverse health effects of Trafficking

Work-related injuries, Malnutrition, Delayed presentation of serious illness/injury, Multiple STI's, Pregnancies, abortions, or miscarriages, Substance abuse, Current or history of Sexual or physical assault or Visible signs of physical abuse

Health Needs:

- **Prompt physical examination, testing, and treatment:** Like Injuries, Infections, Pregnancy, Untreated chronic conditions, Emergency medical needs, Forensic evidence collection
- **Ongoing medical care:** like Immunizations, Chronic disease management, Sexual & Reproductive health, and Mental health needs

The Trauma-Informed Approach :

- Sensitive to the impact of trauma
- Patient-centered
- Rights-based
- Culturally sensitive

Best Interests of the Child:

It's All About Safety

Separate from a companion, Quiet, warm environment, address basic needs, Build rapport How can you empower the child?

Offer	Offers choices and control
Encourage	Encourage them to ask questions
Recognize	Recognize their role as experts on themselves
Focus	Focus on their strengths as a survivor

Let's talk more about identification of at-risk patients…

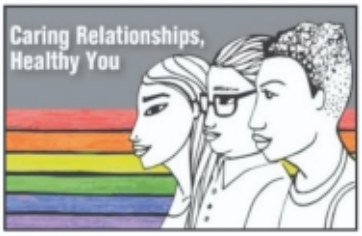
Shorter Screening Tools

- Short Screen for Child Sex Trafficking (SSCST) include,
- 6 questions; adolescents 11-17 years
- Sex trafficking only
- Quick Youth Indicators of Trafficking (QYIT)
- 4 questions; homeless youth/young adults, 18-22 years
- Labor and sex trafficking

Universal Education and Resources:

Talk about

- Healthy relationships
- Harm reduction techniques
- HT risk, & recruitment techniques



Community resources, national resources: as indicated above

Exam and Diagnostic Evaluation: Can be undertaken, where the patient's consent is critical,

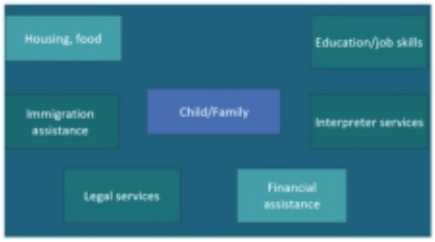
- Assess overall health, nutrition
- Assess and treat acute/chronic conditions
- Assess development (+/-)
- Obtain sexual assault evidence kit (+/-)
- Document injuries, genital/extra-genital
- Offer STI and pregnancy testing/prophylaxis
- Consider testing for endemic diseases of the home country
- Offer drug testing.

Reporting and Referrals:

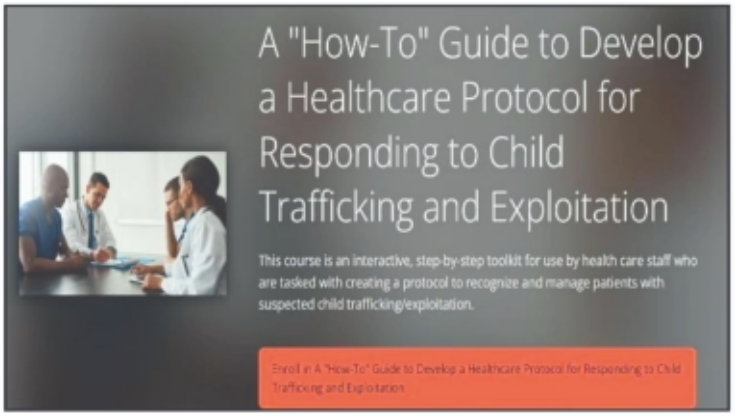
- We are mandatory reporters (POCSO)
- Be transparent; engage a child in the treatment plan
- Use the information you gathered to identify possible resources/referral • Respect right to confidentiality; obtain consent as necessary

Make Health-Related Referrals For Ongoing Care

- Behavioral health Primary care, Gender-affirming care
- Substance use assessment/treat Prenatal care and Other specialty care



Two Tools: Much Opportunity:



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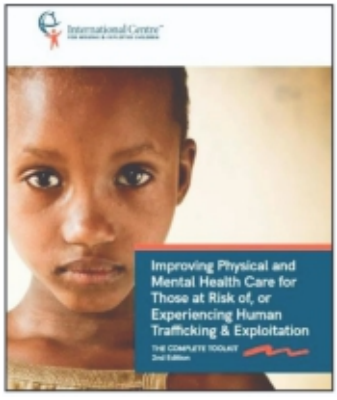

https://www.icmec.org/healthportal resources/

Conclusions

- Children and youth who have experienced trafficking have adapted to very difficult conditions • Their behavior may seem unusual or maladaptive in your environment
- Use a trauma-informed lens to assess the situation and respond

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Dr. Jordan Greenbaum, MD

Sahabzada Academy of Pediatrics Mohali under the Aegis of

Indian Child Abuse Neglect and Child Labour Group (ICANCL GROUP)

Indian Academy of Pediatrics

Secretary Report of ICANCL for the year 2022

Dr. Uma Nayak
Secretary, ICANCL 2021-22
icancleditor@gmail.com

The activity report is being presented for the period starting 1st January 2022. Inspite of the challenges we faced due to the pandemic and post-pandemic, the year has offerred us a lot to learn be it academics, becoming digital savvy, handling illness to self and family or learning new skills.

The Indian Child Abuse, Neglect & Child Labour (ICANCL) Group is subspecialty working group of Indian Academy of Paediatrics. Started in the year 1996 as a small working group, when we complete 25 years and celebrating our Silver Jubilee, we have membership strength of more than 700 and presence all over the country. Over the years the group was able to train thousands of Medical Professionals, teachers, legal professional, police officers and have been able to create a community awareness in many areas of Child Abuse and Neglect.

Nearly 30% of India's population is under the age of 15 and close to 40% is under 18. Four out of ten Indians are under the age of 18. According to 2011 Census report, there are nearly 444 million children in India (233 million males; 211 million females). It also has to be considered that almost 30 million children are on the streets, without proper food and shelter.

AND THEY NEED PROTECTION AND THEIR RIGHTS.

Child Protection is the prevention of, and response to, exploitation, abuse, neglect, harmful practices and violence against children. Mission Vatsalya has been rolled out by DWCD recently for CP

The ICANCL with a collaboration with ICMEC, an international centre for missing and exploited children has created a network of medical professionals who are trained for responding to child sexual abuse (CSA), ICPMPN (Indian child protection medical professional network). This network consists of more than 1000 trained professionals who not only respond immediately to CSA but prevent the child from being traumatised during examination, evidence collection, and during the process of justice being sought. Each one of the network continues to work as a champion in his/her area in the country.

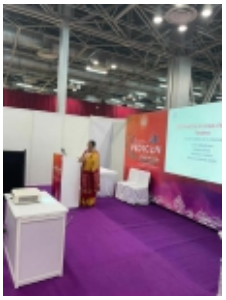
Here are some of the activities carried out in different areas of the country as a network, ICANCL member / zonal co-ordinator, or at individual level. Activities range from webinars to trainings to conferences to academics to public awareness.

Secretary Report Final

ICANCL symposium PEDICON 2022 NOIDA

Theme: Covid 19 and child protection

Symposium



Release of CANCL News 2020-2021

- Editors: Dr Uma Nayak and Dr Samir Shah

ICANCL publication for Pediatricians

32 www.apjpch.com

Short Communication

Child Protection in Context of COVID-19 Pandemic: Practice Guidelines for Pediatricians

Rajeev Seth [1], Preeti Gulagati [1], Jordan Goreshnam [2], Riti Chandurkhekhar [1], Sandhya Khadse [1], Uma Nayak [1], Shekhar Seshadri [3]

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1- Indian Child Abuse Neglect & Child Labour (ICANCL) Group, New Delhi, India.
2- International Centre for Missing & Exploited Children(ICMEC), Virginia, USA.
3- National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India.

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Received on: 01-Oct-2021 Accepted for Publication: 11-Dec-2021

ABSTRACT

"Child Rights, Safety & Child Protection" Module

- Module released as Indian Academy of Pediatrics President's Action Plan 2022,
- module on "Child Rights, Safety & Child Protection"
- was released on 27th February, 2022 on dIAP Platform.
- Dr Ashok kumar and his team from ICANCL will continue training under the IAP action plan. Funds?

Kerala, annual state conference ICANCL

17 July 2022

dIAP webinars

Dr Shanti Raman from Australia spoke on 'addressing ACE in the clinical setting.

Dr Jeffory Goldhagen from Florida USA spoke on 'Expanding the taxonomy of violence against children

FemPedicon

Fempedicon: CP and OSC were covered

A CME on child sexual abuse and POCSO act was jointly organised by ICANCL, IAP Trichy chapter, TRIOGS and IMA Trichy on 9.10.2022 at Hotel Le Temp Fort, Trichy.

By SZ co-Ordinator Dr. Sudharsana


'Awareness needed to address child sexual abuse'

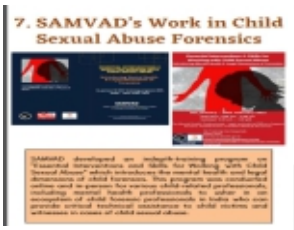
Girl child rights

Multidisciplinary trainings…Dr Ashok kumar

East zone work

Charity work
Dr Rajeev Seth

Working with samvad



Dr Minaxi bhonsale Public awareness

Dr Chandrika Rao, Bangalore ICANCL: Training of all pediatric pgs and 6 Obg pgs and 2 forensic pgs by faculty of Pediatric, Obg, forensic and psychiatry, in management of sexual abuse-18 hour training program

Dr Preeti Galagali conducted 6 interactive sessions on Sexuality Education at Vidyanjali School, RT Nagar, Bangalore for 215 enthusiastic students of 6th to 10th std from 2nd to 12th August 2022

a parenting session at Vidyanjali Public School on 29 oct 2022 for 100 parents of high school students - Demystifying Adolescence- with focus on sexuality related issues

Child rights week
November 2021

Dr Dampuri, CZ, school program

Street children : Amod Kant ji

Helpline for students during board exams at Baroda every year

On 19-1-22 Talked on management of Board Exam Time Gujarati News TV Channel on FB

SANTVANA HELPLINE – TELEPHONE HELPLINE

Civil society and child rights: 10-11-22

Dr Rajeev Seth and
Dr R N Srivastava attended
by civil society

Report - CANCLCON 2022

- 25 Years Completion of Indian ICANCL Group of Indian Academy of Pediatrics

Dr. Chhaya Sambharya Prasad

Organizing Secretary, CANCLCON 2022

Secretary AOP Chandigarh 2022

As a Team we got to witness an amazing weekend, just a day before the *Children's Day*. A true tribute to our children of the nation.

The occasion was National Conference of the Indian Child Abuse Neglect and Child Labour – ICANCL's completion of 25 years of serving the IAP and the Nation for the cause of child abuse in India.

The National Conference was hosted by Association of Pediatricians, City Beautiful, Chandigarh and Co-Hosted by the Chandigarh Commission for protection of Child Rights and held at Post Graduate Institute for Medical and Educational Research PGIMER, Chandigarh.

The other Organizations which were the Knowledge Partners are Child Welfare Committee Chandigarh, State Legal Authority Services Chandigarh, UNICEF, ISPCAN [International Society for Prevention of Child Rights}, ISSOP [International Society for Social Pediatrics and Child Health], and Sukoon One Stop Centre General Hospital, Panchkula, The Theme - Working Together for Child Rights and Child Protection- Stood True in all aspects and a True Ode to 25 years completion of ICANCL Indian Academy of Pediatrics

The Office bearers of the ICANCL Group of Indian Academy of Pediatrics provided all the required support and guidance needed for conducting the conference at such an important occasion. Prof Sandhya Khadse, Chairperson ICANCL/ Dr Uma Nayak, Secretary ICANCL / Dr Ashok Kumar, Joint Secretary and Treasurer ICANCL/ Dr Yogesh Sarin Co-Opt Member Pediatric Surgeon / Dr Rajeev Seth Advisor ICANCL, Past Chairperson ICANCL and current President ISPCAN 2022 along with Senior Advisor and Stalwart of IAP Dr RN Srivastava provided the much-needed direction and headship to steer the conference.

Organizing Chairpersons – Vice President North Zone CIAP Dr Harinder Singh, Chairperson ICANCL Prof Sandhya Khadse and President AOP Chandigarh Dr Kanya Mukhopadhyay stood by providing their immense leadership guidance for conducting the national conference. Dr Arun Prasad, the Scientific Convener and Dr Suresh Kumar Angurana, the Financial Secretary supported the conference at every edge and inch with their great experience and expertise. The scientific committee members helped a lot to frame the scientific agenda with Scientific Chairpersons Dr Ashok Kumar and Dr Uma Nayak, Scientific Co Chairperson Dr Gunjan Bajaj, Scientific Convener Dr Arun Prasad and other members Dr. Anjali Saxena Dr. Shivani Randev, Dr. Sunny Narula, Dr. Savita Rathi, Dr. Paweena Zora, Dr. Renu Suthar, Dr. Parul Chauhan and Dr Arushi Gehlot.

A Walkathon was organized on the early hours of 12th November at the Sukhna Lake Chandigarh with the Theme – 'Say No To Violence, Say No To Drugs'- school children, teachers, NGO's and Pediatricians from Chandigarh, Panchkula and Mohali participated. It was an honour to have the ICANCL Office bearers and stalwarts participating too. Volunteers from the NGO Aashreya that works for the supporting education of street children participated actively.

As a stage performance, a Skit was performed by Girl Students from various Govt School, selected and prepared by the CCPCR Chandigarh. The script for the skit was well written and performed gracefully by the students which conveyed the message of Rights of children to be taken care of by the Society as well as by the students themselves.

Day one of the National Conference was packed with the IAP Child Safety Module workshop – conducted under IAP Action Plan 2022– with the National Convener Dr Ashok Kumar sir, whose sincere efforts culminated in conducting of this National TOT.

The inaugural program of the National TOT IAP Child Safety Module had a very active, motivated audience with presence of Chief Guest Mrs Gurpreet Deo, IPS Office, Additional DGP Community and Women Affairs, Punjab Police. The Collaboration and participation of Mrs Gurpreet Deo, IPS inspired one and all when she challenged her own unit of Police officers to save children from Begging at traffic lights and encourage and guide them to attend schools. She also encouraged the 101 District Child Protection Officers DCPO's to carry forward the knowledge on recognition and response to cases of child abuse and implement appropriately in their areas.

The inaugural program of the National TOT IAP Child Safety Module also enjoyed the presence of the Guest of Honour Mrs. Harjinder Kaur, Chairperson Chandigarh Commission for Protection of Child Rights, who made the teachers, doctors and Police units pledge to keep children in schools instead of labour places and protect their rights. Mrs. Harjinder Kaur and her team actively helped in organising the National conference as Co-Hosts and brought many stakeholders together for exchange of knowledge and experience.

The Chairperson, Child Welfare Committee, Mrs. Satinder Kaur also participated actively and contributed to the conference with her expertise. Special Guest Honourable Assembly Speaker State of Punjab, Mr Kultar Singh, motivated the Police officers and teachers and made them promise that they will bring a change in the life of at least 10 children on street to ensure education, nutrition and good hygiene practices for good health. The Workshop included topics such as personal safety for children, online exploitation and cyber security, child protection laws and role of one stop centres. The other half of the day saw deliberations on important topics such as Abuse in children with disabilities, Child Adoption, Educational opportunities for Street Children, Right to health – Immunization for every child and Indicators of child sexual abuse. In the evening the ICANCL OB EB Meeting took place which was followed by the GBM. Meeting was presided by Chairperson Dr Sandhya Khadse and conducted by Secretary Dr Uma Nayak in presence of other esteemed members.

On the main conference day, 13th November, just one day prior to Children's Day, the morning sessions started with Dr Rajeev Seth, Chairperson ISCPAN, Past Chairperson ICANCL, who spoke on the 25 years of Indian ICANCL Group- Historical aspects, its evolution, activities and achievements.

At the inauguration of the main conference, the Presence and Participation of CIAP National President Dr Remesh Kumar and Vice President Dr Harinder Singh Sir, was very encouraging and inspirational. They congratulated the organisers for bringing together different stake holders on the occasion which would help the strengthening of the networking for the cause of Child Safety.

They also upraised all audience with the various activities of IAP and the background of Social Networking that IAP does for the cause of children. Chairperson ICANCL Madam Sandhya Khadse requested and urged that Police Stations should be made Child Friendly. Prof Emeritus Dr BNS Walia, Dr ON Bhakoo, were present as well. Dr Narayan Gaonkar, Health and Nutrition Expert ECD Expert UNICEF and Dr Nirmala Pandey, Child Protection Specialist UNICEF, India Country Office were present and participated actively deliberating on the topic – Nurturing Care & Protection for Every Child: UNICEF Perspectives. Very senior and active supporters of

the ICANCL Group Dr Jagadeesh Narayan, Dr Bela Sachdeva, Dr Yogesh Sarin, were seen on dais along with Dr RN Srivastava, Dr Rajeev Seth, Dr Sandhya Khadse, Dr Uma Nayak, Dr Arun prasad, Dr Kanya Mukhopadhyay, Dr Suresh Kumar Angurana, Dr Shivani Randev and others. A Conference Souvenir was released as well with messages from National and International Faculty.

The day saw brilliant deliberations and presentations by the International Speakers who connected through the Webnet PGIMER Studio -

➢ Dr Jordan Greenbaum, Medical Director, International Centre for Missing and Trafficked Children, USA- Topic – 'Trauma Informed Healthcare Response to Child Trafficking & Exploitation'

➢ Dr Shanti Raman, Director, Community Pediatrics, South Western Sydney Local Health District Conjoint Associate Professor- UNSW Australia. Australia – Topic – Privileging the voice of the Child: In Clinical Practice & Research'

➢ Dr Jeffrey Goldhagen, President ISSOP, USA and Dr Barbara Rubio, General Secretary, ISSOP, Geneva – Topic - Global warming and Impact of climate change in Protecting Our children.

The conference had participation from various stakeholders from different health departments and organizations such as Department of Forensic Medicine, PGIMER/ Department of Community Medicine, PGIMER / Department of Psychiatry PGIMER / IAP Mohali / CMO and Officer In Charge from General Hospital Panchkula / State Legal Services Authority / Members CCPCR/ CWC/ Special Educators, Vocational Trainers and Team from GRIID Govt Rehabilitation Institute for Intellectual Disorders Chandigarh / NGO Aashreya / Punjab Police / Chandigarh Commission for Protection of Child Rights / Child Welfare Committee etc.

The audience had participation of more than 100 Police officers including ranks of Joint Commissioners to ASI and Juvenile Police Officers and Child Protection Officers, more than 100 school teachers deputed by the CBSE office from Haryana and Chandigarh, Doctors, Pediatricians, Psychiatrists, Forensic Medicine Experts, Gynaecologists, Life Coaches, Social Workers, Public Health Nurses, Special Educators, Psychologists etc.

Immense gratitude to Dr Rajeev Seth, Dr RN Srivastava, Dr Sandhya Khadse, Dr Uma Nayak and Dr Ashok Kumar sir for giving us the opportunity. Much thanks to the Central IAP Office Bearers for their participation and support and for giving us the opportunity and platform to serve back the society. No words to thank each and every person to make this event a truly memorable one. Much gratefulness to our North Zone Vice President Dr Harinder Singh Sir and President AOP Dr Kanya Mukhopadhyay for giving us the strength and guidance, Dr Arun Prasad CIAP EB Chandigarh and Dr Suresh Kumar Angurana, Treasurer for their continued support and active involvement and each and every member of the organizing committee and the advisors for helping to make this grand event successful.

Dr Chhaya Sambharya Prasad

Organizing Secretary, CANCLCON 2022

[On behalf of the TEAM CANCLCON 2022]

Secretary AOP Chandigarh 2022

Director, Centre for Autism and Intellectual Developmental Disorders, Chandigarh

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NATIONAL CONFERENCE OF ICANCL - INDIAN CHILD
ABUSE NEGLECT AND CHILD LABOR GROUP OF IAP
2022

INDIAN CHILD ABUSE NEGLECT AND CHILD LABOUR GROUP (ICANCL GROUP)

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