

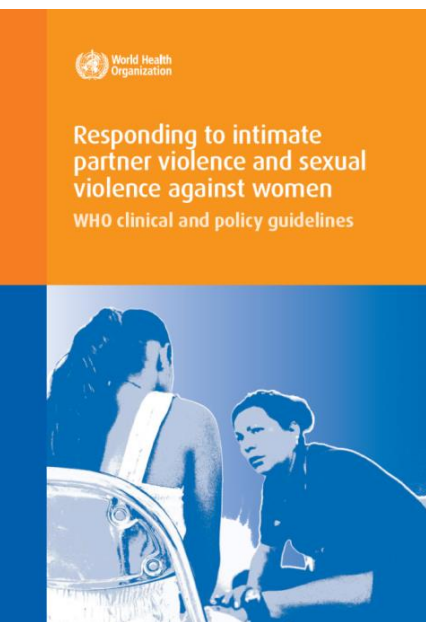
13 February 2018

Responding to children and adolescents who have been sexually abused: WHO Clinical Guidelines

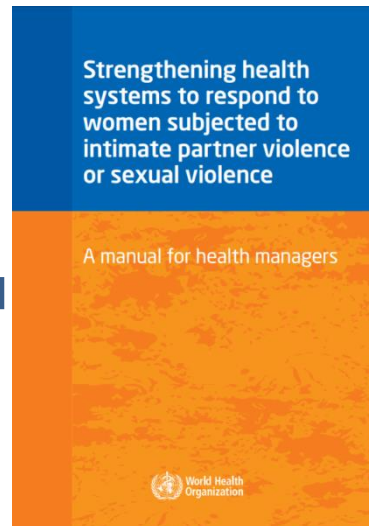
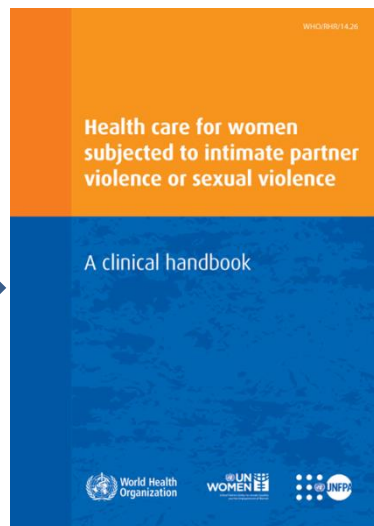
Dr Claudia García-Moreno



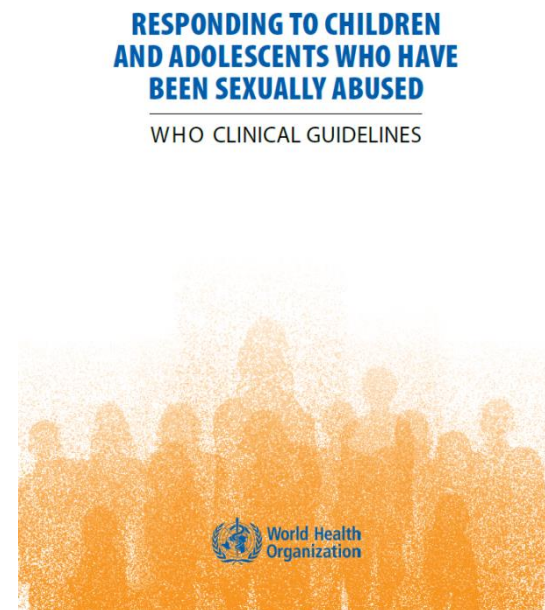
Guidelines & tools



"What"



"How"



Responding to intimate partner violence and sexual violence against women

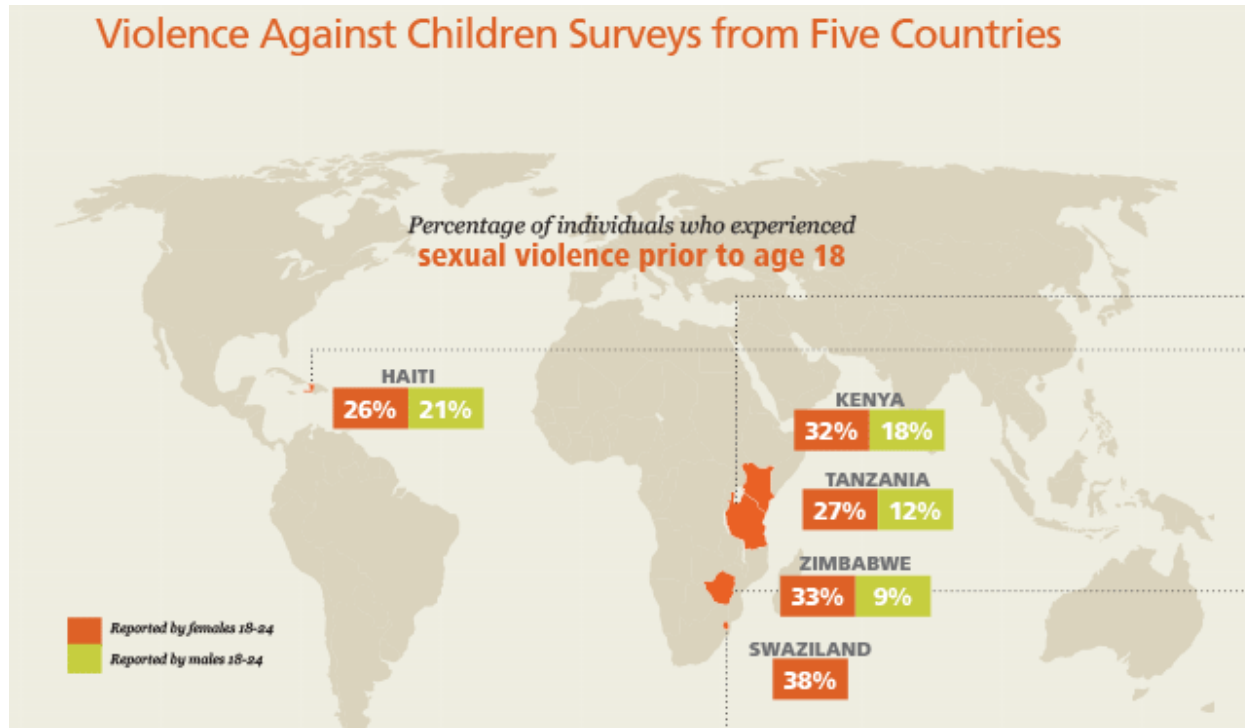
Responding to *children and adolescents* who have been sexually abused

Involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.

A silhouette of a child sitting on the floor, looking down, with a window in the background. The child is positioned in the lower right quadrant of the image. The window is a simple four-pane grid pattern, located in the upper right quadrant. The overall background is a dark, muted grey.

**Child sexual
abuse**

Sexual abuse of children and adolescents is highly prevalent in some settings



Global estimates:

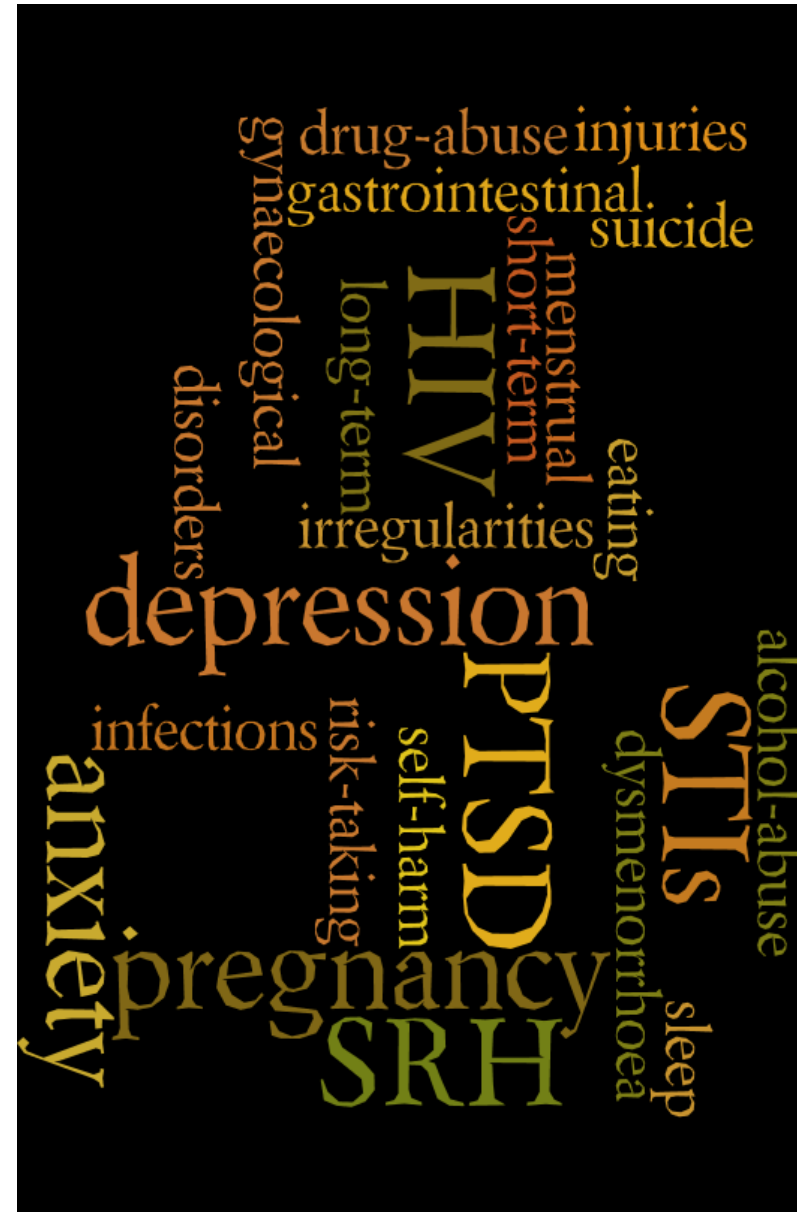
- 18% girls
- 8% boys

> 1 in 4 girls in these 5 countries have experienced sexual abuse

120 million girls worldwide have experienced sexual abuse

Sexual abuse affects the health of children and adolescents

- Physical health
 - Injuries
 - Gastrointestinal disorders
- Sexual and reproductive health
 - Pregnancy
 - Gynaecological disorders
 - STIs including HIV
- Behaviour (later in life)
 - Sexual risk-taking
 - Drugs and Alcohol abuse
- Mental Health effects
 - Depression
 - PTSD
 - Anxiety



Few survivors seek or receive services

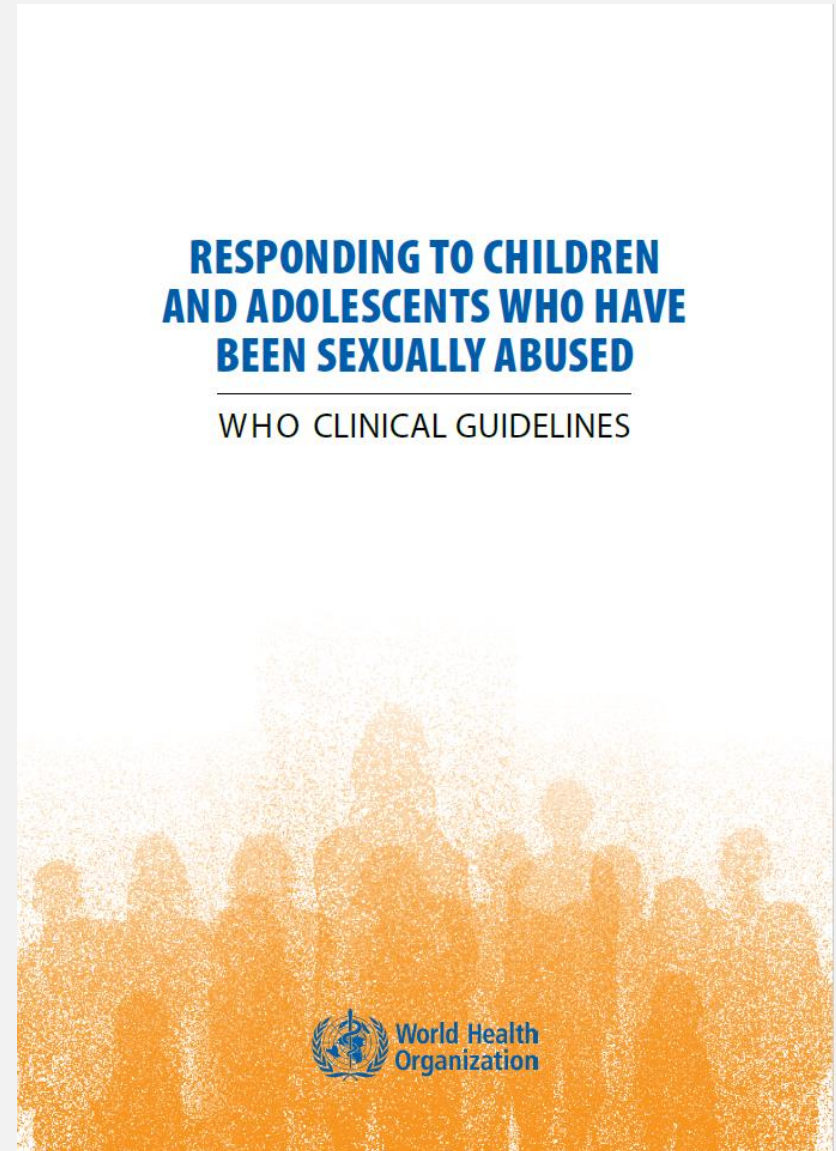
Disclosure and service usage by individuals who experienced childhood sexual violence, as reported by 18 to 24 year olds*



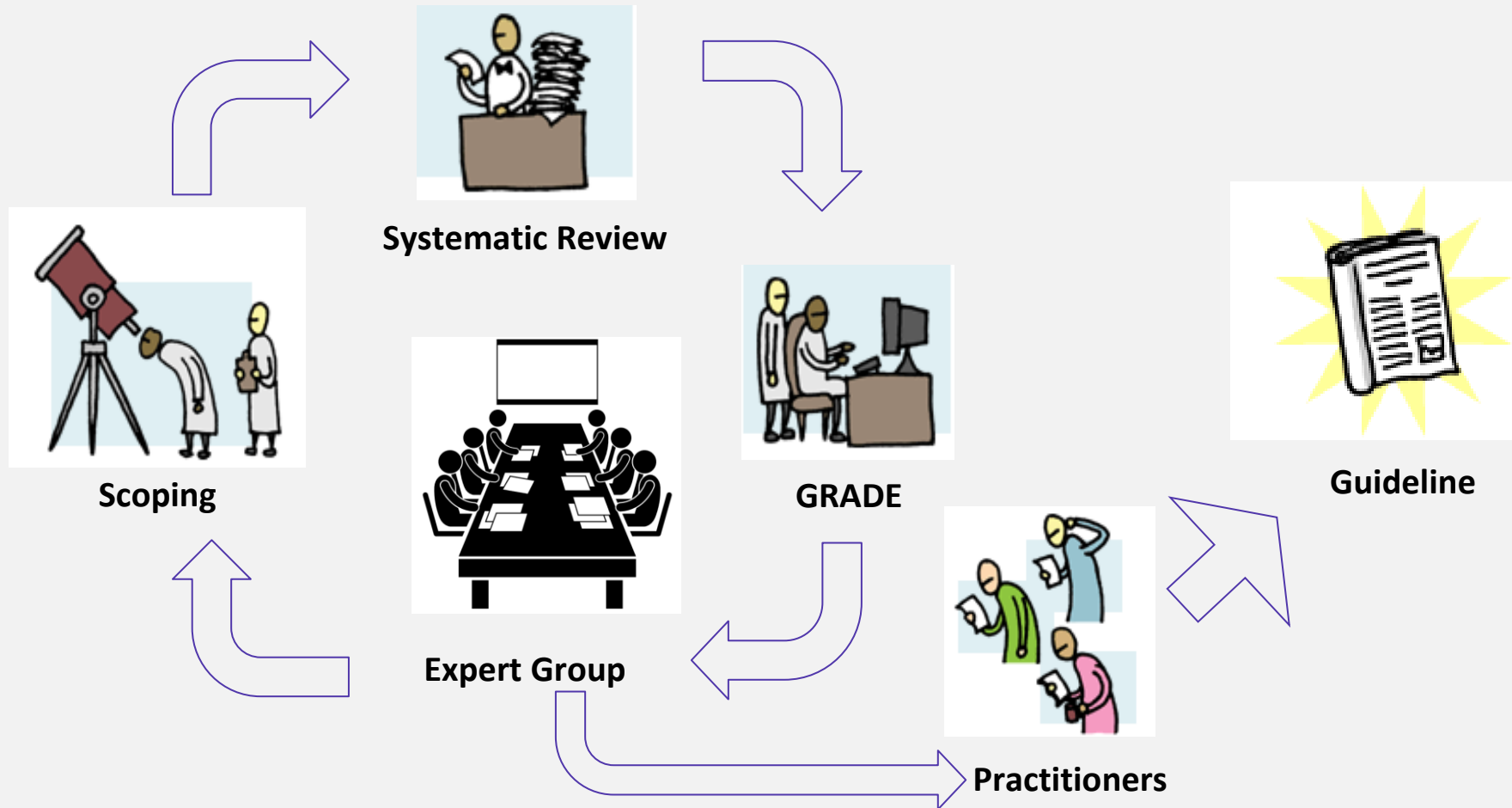
* Reported by 13-24 year olds in Tanzania

Objectives

- ❖ Provide evidence-based recommendations :
 - for frontline health care providers
 - to provide immediate and long-term quality clinical care
 - for low and middle-income country settings
- ❖ Apply ethical, human rights-based, trauma informed good practices



How was the guideline created?



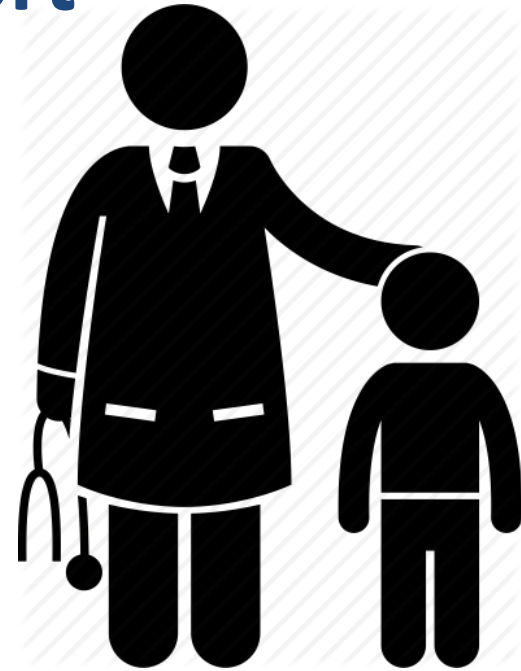
Guiding Principles

- ❖ Best interest of the child or adolescent
 - ❖ Protect safety, confidentiality and privacy
- ❖ Address evolving capacities
 - ❖ Provide age-appropriate information
 - ❖ Seek informed consent
 - ❖ Respect autonomy and wishes
 - ❖ Offer choices
- ❖ Observe non-discrimination (due to sex, race, ethnicity, disabilities, sexual orientation, gender identity and socio-economic status)
- ❖ Ensure participation in decision-making and involve them in design of services

non-discrimination
autonomy
privacy
consent
wishes
choices
confidentiality
age-appropriate
safety
decision-making
participation

Child or adolescent centered & gender-sensitive first line support

- ❖ Listen empathetically and respectfully
- ❖ Inquire about needs or worries and concerns
- ❖ Offer a non-judgmental and validating response
- ❖ Enhance safety and minimize harms of disclosure
- ❖ Provide emotional and practical support
- ❖ Provide age appropriate information, manner and environment of care
- ❖ Timely care in accordance with wishes
- ❖ Prioritize immediate medical needs and first line support
- ❖ Empower non-offending caregivers with information



Minimize additional harms, distress & trauma in medical history taking



- ❖ Minimize need to tell the history repeatedly
- ❖ Interview survivor separately from caregiver
- ❖ Conduct comprehensive assessment of physical and emotional health
- ❖ Ask clear open-ended questions
- ❖ Use language that is appropriate to age and non-stigmatizing
- ❖ Allow child or adolescent to respond in manner of their choice

Minimize additional harms, distress & trauma in examination



- ❖ Maximize effort to do only *one* examination
- ❖ Explain what will be done prior to each step
- ❖ Use instruments and positions to minimize discomfort and distress
- ❖ Ensure collection of forensic evidence is based on account of abuse
- ❖ Do not conduct virginity testing

Minimize additional harms, distress & trauma in documentation

- ❖ Use structured format to record findings
- ❖ Record statements verbatim
- ❖ Make detailed description of injuries and symptoms
- ❖ Note discrepancies between child's and caregivers account, without interpretation
- ❖ Note that absence of physical evidence does not indicate that abuse did not occur
- ❖ Informed consent for photos and confidentiality of documented information is critical



Post-rape care



72

- ❖ **Within 72 hours** offer:

- ❖ HIV PEP

- ❖ 28 day drug regimen

- ❖ two or three drugs regimen

- ❖ adherence counselling support

120

- ❖ **Within 120 hours**, provide

- ❖ Emergency contraception

- ❖ If pregnant, safe abortion to the full extent of the law

Post-rape care



- ❖ Where STI testing not feasible, consider
 - ❖ STI presumptive treatment *or*
 - ❖ syndromic management for those with symptoms

- ❖ Offer as per national guidance
 - ❖ Hepatitis B vaccination
 - ❖ HPV vaccination for girls 9-14

Mental Health



- ❖ Continue to offer first-line support
- ❖ Provide information about post-traumatic stress symptoms and coping strategies
- ❖ Cognitive behavioural therapy (CBT) with trauma focus for those with PTSD symptoms or diagnosis.
 - ❖ Where safe and appropriate involve at least 1 non-offending caregiver.

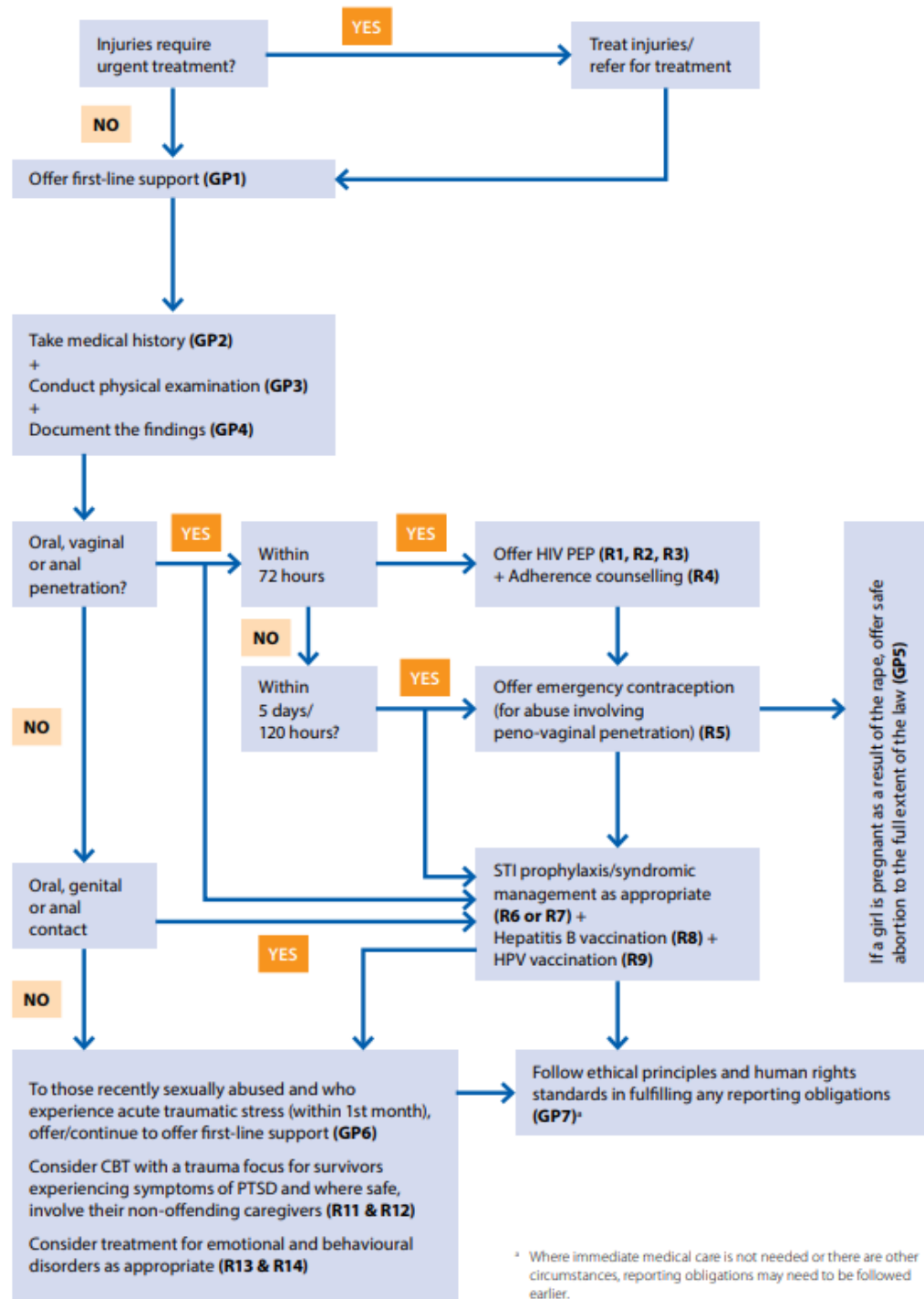
Ethical reporting practices



- ❖ If legal, policy or ethical obligation to report:
 - ❖ Health, safety and well-being implications of reporting
 - ❖ Immediate medical needs and first-line support
 - ❖ Obligation to report and limits of confidentiality prior to interviewing

- ❖ Actions not in line with human rights standards unless safety is at risk
 - ❖ Reporting consensual sex between adolescents
 - ❖ Informing parents/caregivers where adolescents have expressed preference not to involve them.

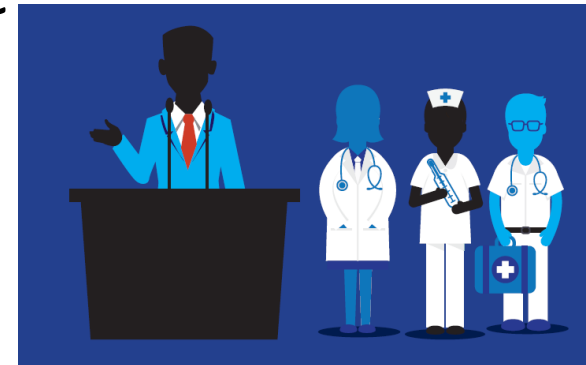
Pathways of care for child or adolescent survivors of sexual abuse



Supportive environment for service delivery is key

Facilitate uptake of services:

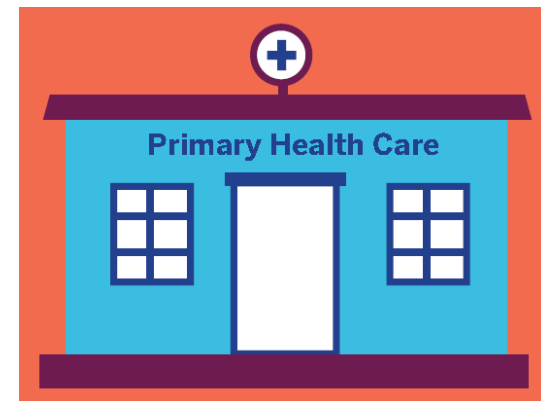
- ❖ Raise public awareness
- ❖ Make comprehensive care available
- ❖ Publicize availability of services
- ❖ Reduce stigma
- ❖ Improve acceptability of services
- ❖ Advocate to reduce policy barriers to accessing care



Supportive environment for service delivery is key

Managers and policy makers need to support health care providers:

- ❖ On-going training, mentoring and supervision
- ❖ Address needs for staffing, infrastructure, supplies and resources
- ❖ Address vicarious trauma and burnout
- ❖ Strengthen referrals and linkages with other support services
- ❖ Make available job aids and protocols to guide systematic provision of care
- ❖ Support with court appearances
- ❖ Monitor and evaluate care provision



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<http://www.who.int/reproductivehealth/publications/violence/clinical-response-csa/>