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

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Guidelines & tools

**“What”**
Responding to intimate partner violence and sexual violence against women

**“How”**
Health care for women subjected to intimate partner violence or sexual violence

A clinical handbook

Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence

A manual for health managers

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

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

Global estimates:
- 18% girls
- 8% boys

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
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?

Scoping → Systematic Review → Expert Group → GRADE → Guideline

Practitioners
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
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

- **Within 72 hours** offer:
  - HIV PEP
  - 28 day drug regimen
  - two or three drugs regimen
  - adherence counselling support

- **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

Injuries require urgent treatment?

NO

Offer first-line support (GP1)

Take medical history (GP2) + Conduct physical examination (GP3) + Document the findings (GP4)

Oral, vaginal or anal penetration?

YES

Within 72 hours

Offer HIV PEP (R1, R2, R3) + Adherence counselling (R4)

NO

Within 5 days/120 hours?

NO

Oral, genital or anal contact

NO

To those recently sexually abused and who experience acute traumatic stress (within 1st month), offer/continue to offer first-line support (GP6)

Consider CBT with a trauma focus for survivors experiencing symptoms of PTSD and where safe, involve their non-offending caregivers (R11 & R12)

Consider treatment for emotional and behavioural disorders as appropriate (R13 & R14)

YES

Offer emergency contraception (for abuse involving peri-vaginal penetration) (R5)

STI prophylaxis/syndromic management as appropriate (R6 or R7) + Hepatitis B vaccination (R8) + HPV vaccination (R9)

If a girl is pregnant as a result of the rape, offer safe abortion to the full extent of the law (GP5)

Follow ethical principles and human rights standards in fulfilling any reporting obligations (GP7)*

* Where immediate medical care is not needed or there are other circumstances, reporting obligations may need to be followed earlier.
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/