



# ADDRESSING CHILD SEXUAL ABUSE IN SUB-SAHARAN AFRICA

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# Rationale for Focus on CSA

- Development and human rights issue with serious public health consequences
- Perpetuates the cycle of violence
  - Twin pandemics of HIV & GBV
- Lack of information about CSA and fragmented:
  - information limited to few countries
  - lack of information on all types including, CSA on boys
  - low reporting and stigma around CSA
  - largely anecdotal

# Background

- WHO Regional Committee for Africa adopted resolution on CSA (2004)
- ECSCA Health Ministers have passed three resolutions on GBV/CSA (2006, 2009, 2010)
- ECSCA sub-regional GBV Implementation Framework (2008-2009)
- ECSCA GBV/CSA Prototype Policy (2010)

# 4-step CSA Strategy



- Literature review
- Clinical management guidelines
- Expert consultation (Dar es Salaam, August 2010)
- Advocacy strategy

# Technical Working Group

Put together at the onset of activity to guide the development of the documents

- Africa's Health, 2010, ECSCA-HC Secretariat, ECSCA-HC Member states, Population Council, WHO-AFRO, SVRI, UNICEF-ESARO, UNICEF Tanzania, UNFPA, USAID Tanzania

# Definitions

- **Child sexual abuse:** “The involvement of a child in sexual activity that he/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.”
  - (WHO, Report of the Consultation on CSA Prevention, Geneva 1999)
  
- **Child:** Person below the age of 18 years
  - UNCRC, African Charter

# Literature Review

- To understand the magnitude and nature of CSA experienced in SSA
- To raise awareness of CSA in SSA
- To inform sector policy and program responses for its prevention and management

# Review Questions

- How is CSA defined? In which contexts does it occur?
- How prevalent is CSA in SSA, and which factors and consequences are associated with it?
- What is being done to respond to CSA in SSA?
- What is needed for an appropriate prevention and response environment?

# Methodology

- Review of published and unpublished (grey) literature in English and French from 2000-2010
- Systematic searched of electronic databases (Pubmed/Medline, EMBASE, DHS, ScienceDirect, Social Sciences Citation Index, Médecine Tropicale)
- Solicitation of documents via various listservs (SVRI, CRIN, ISPCAN)

# Data sources

- ▣ Peer reviewed articles
- ▣ National reports
- ▣ International agency reports
- ▣ Ministry surveys and country reports
- ▣ Statistical reports – e.g. police, health, etc.
- ▣ The reports and surveys of NGOs (Save the Children, Human Rights Watch, Amnesty International, ECPAT International, World Vision, Plan International)
- ▣ Reports of child rights observatories (e.g. Indian Ocean region)

# Limitations

- Scarcity of rigorous statistical information
- Difficulties of comparison because of:
  - ▣ varying definitions
  - ▣ methodological differences
- Lack of monitoring and evaluation of good practice and lack of documentation of practice

# Findings

- African children are in danger of experiencing CSA across multiple settings in their lives including within the home, community, and the broader society
- The home, immediate neighbourhood and school were found to be the most frequent settings where CSA was perpetrated.
- Situations of conflict and displacement were shown to exacerbate vulnerability.
- Street children and children in conflict with the law were also found to be in increased danger.

# Recommendations

- Increase awareness & dialogue at all levels about CSA and its negative consequences.
- Advocate for action at the national level to go beyond the ratification of international rights treaties to domestication by enacting & enforcing legislation on all forms of violence; & harmonizing laws & procedures to pass legislation that promotes & protects children's rights.
- Increase regional, national, & local resources (financial, human, material) to implement the laws, policies & programs that are needed for an integrated CSA prevention & response

# Recommendations

- Provide comprehensive prevention, care and support services
  - Strengthen capacity of response systems (health, law enforcement, social work, judiciary, households).
  - Improve CSA data collection, documentation, information, and utilization to promote evidence-based CSA-related legislation, policy formulation and programming

# Health Sector Response

- Health sector is at the nexus of prevention, treatment and rehabilitation of sexual abuse
- Dynamics of CSA very different from those of adult sexual abuse e.g., children tend to disclose as part of a process rather than a single event
- Evaluation of children requires special skills and techniques in history taking, forensic interviewing and examination
- Current focus on adult medical management of sexual abuse to be balanced with protocols relating specifically to child survivors.

# Role of Health Care Providers

- Need to identify & recognize sexual abuse in children; provide comprehensive care to address their physical and mental needs; should also be capable of handling their medico-legal needs
- Aware of their obligations with respect to national laws requiring mandatory reporting of cases of child abuse to the local authorities or police

# Clinical Management Guidelines for CSA

**Purpose:** To standardize the care of sexually abused children

Specific objectives:

- Provide standards for medical care; psychosocial care; and collection of forensic evidence for child survivors of sexual abuse
- Equip health providers with guidelines on the examination, treatment, and management of child survivors of sexual abuse

# Methodology

- Review and adaptation of World Health Organization's (WHO) *Guidelines for Medico-legal Care for Victims of Sexual Violence* & national guidelines for the management of rape & sexual assault in the ECSA region (Kenya, Malawi, South Africa, Namibia & Zambia)
- Additions & adaptations were made for addressing the needs of children in African settings.
- Draft guidelines were reviewed during expert technical consultation in August 2010 on addressing child sexual abuse in sub-Saharan Africa

# Outline of Guidelines

- Medical Management of CSA
  - History-taking, physical examination, STI diagnosis & treatment, pregnancy testing & management
  - Forensic Examination & Evidence Collection
- Psychological, Social, and Community Interventions
- Follow-up Care and Management

# Conclusion

- CSA must be prioritized in global, regional, and local SGBV response and must be multi-sectoral
- Critical need to disseminate and adapt new guidelines to local contexts with adequate enforcement and evaluation
- Prevention should focus on fostering safe and healthy environments for children to reduce vulnerability to violence

# Next Steps

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- Advocacy Phase
  - Develop advocacy materials (regional & country briefs, advocacy guide for addressing CSA in SSA)
- Dissemination and roll out of CSA clinical management guidelines, GBV/CSA prototype policy and GBV implementation framework

THANK YOU!

