Responding to sexual violence against minors:

What to consider, what to do?

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About half of all reported cases of sexual violence are for children (under 19 years)

- In Copperbelt, Zambia, of the 612 survivors reporting to the police, **49%** were under 14 and **85%** were under 19
- In Limpopo, South Africa, of 556 cases presenting at a trauma centre, **56%** were minors and **31%** pre-teens
- Of 284 survivors examined at a rural hospital in Limpopo, **44%** were children aged 17 years and younger
- In Malawi, a national study found that **50%** of child sexual assault cases were aged 2-13 yrs
- In South Africa, police records indicate that **41%** of all reported cases of rape are against children

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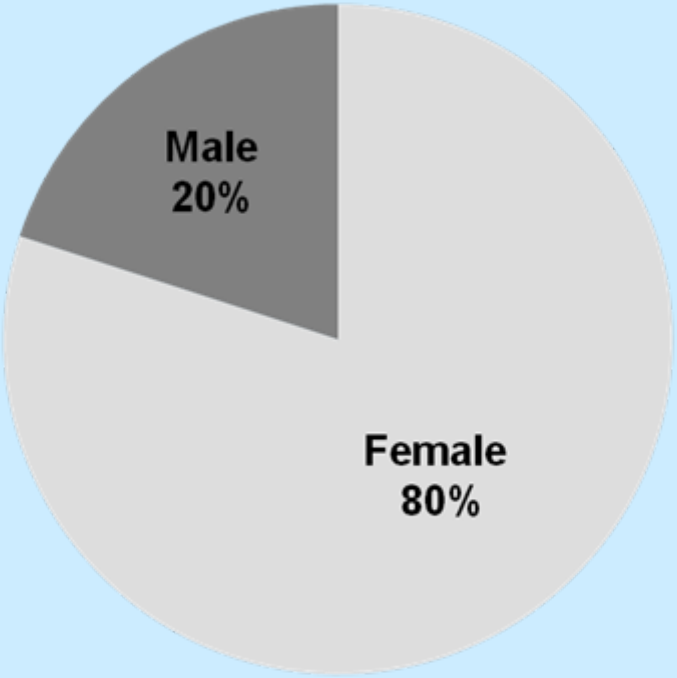
77 percent of male survivors were children in Mombasa, Kenya (980 over period Aug 2007- May 2009)



6% were less than 10 years

1% were aged 10 – 14 years

0% were aged 15 – 19 years

Source: International Center for Reproductive Health- Kenya

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Child survivors much more likely than adults to report *knowing the perpetrator*

- Kenya:
  - <18 years: 64%
  - Children are 4.8 times more likely than adults
- South Africa:
  - >18 years: 33%
  - <18 years: 76%
  - <14 years: 86%

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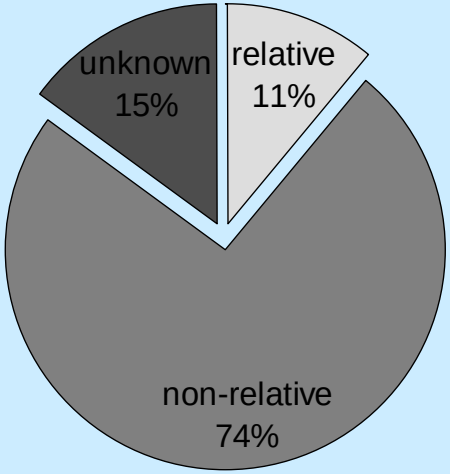
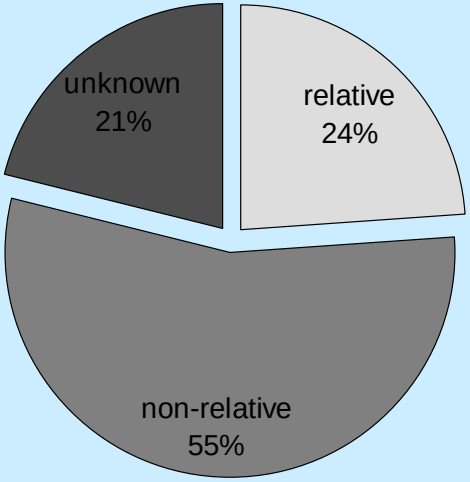
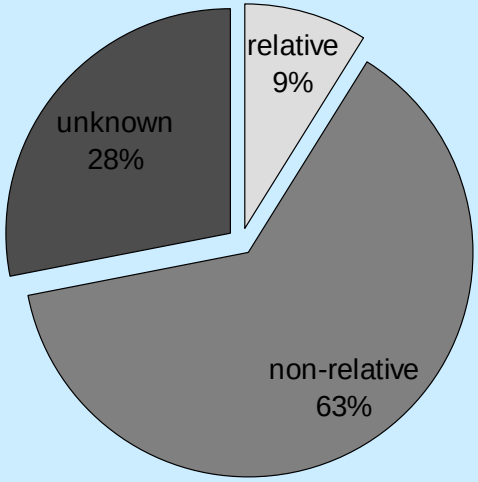
But although *known*, most were *not related*



Zambia police records (n=2203)



South Africa hospital records (n=294)



Malawi hospital records (n=64)

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After decision to report for services has been made…..

- Most report to police before health facility because:
  - Health or social services don't exist, are inaccessible, or are not known
  - Guardian sees incident as a legal rather than health issue
  - May not present with any medical symptoms
- Most do report to police / hospital within 72 hours
  - Kenya: 91%
  - South Africa: 54%, 84%
  - Zambia: 80%
- Delayed reporting may be due to:
  - Repeated occurrence
  - Family member
  - No symptoms
  - Inaccessibility

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Timeliness important because:

Medical treatment:

- Eligible for PEP
- Eligible for STI prophylaxis
- Eligible for EC

Evidence collection:

- More likely to be able to provide forensic evidence
- Perpetrator may still be present

PEP for child sexual assault (CSA)

Studies in Malawi, Kenya, South Africa

- Exclusion criteria for eligibility:
  - Time delay; previous assault; physical evidence(??)
- To test or not to test? Stat vs. full dose?
- One month compliance rates:
  - Malawi: 65%, n=17
  - Kenya: 45%, n=48
  - South Africa: 56%, n=120
- Pediatric dosage – dedicated vs. adapted
- Follow-up repeat testing variable

Guidelines are evolving with experience

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Evidence collection from minors: Some critical issues

- Consent to provide evidence
  - Consent and assent
  - If guardian is suspect
- Collecting verbal evidence
  - Language
  - Processes
- Medical exam: is an internal exam necessary?
- Medico-legal exam:
  - Collecting forensic evidence for police investigation
  - Interpreting evidence during prosecutions
- A ‘normal’ condition can **not** exclude sexual assault
  - The dynamic around childhood sexual abuse
  - The dynamics of disclosure
  - The dynamic ♀ genital tract

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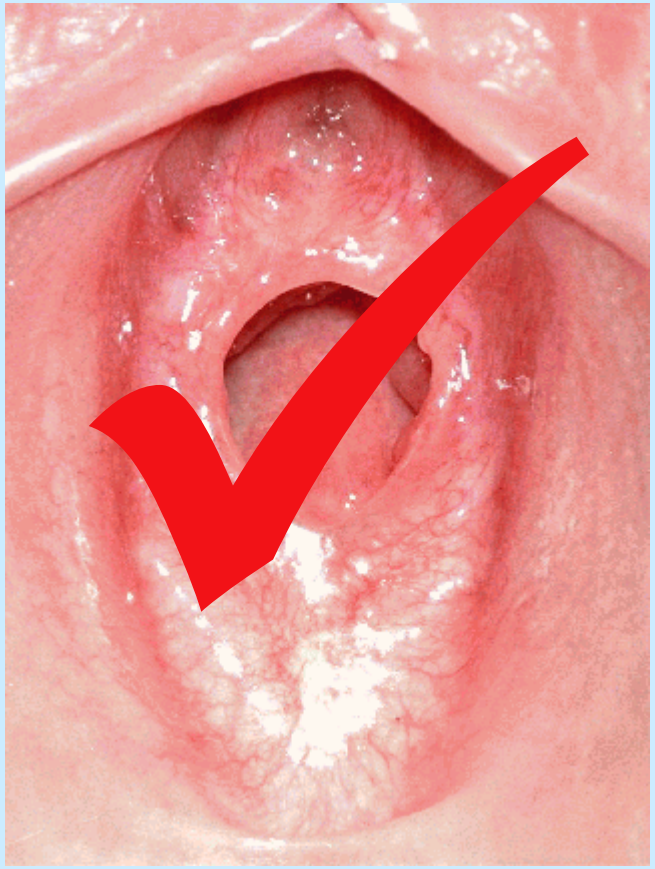
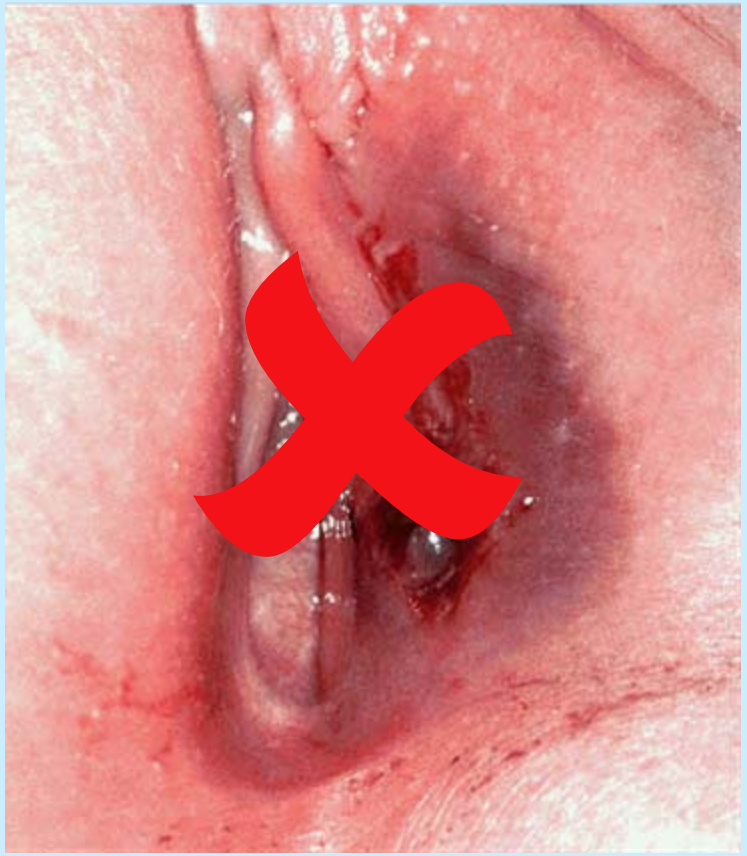
Distinguishing sexual abuse from other conditions





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What needs should a strengthened response address?

- Medical:
  - Physical damage
    - Perineal
    - Other body places
  - STI risk
  - HIV risk
  - (Pregnancy)
- Justice
  - Legal
  - Protection
- Trauma:
  - Traumatic sexualization
  - Stigmatization
  - Betrayal
  - Powerlessness
- Other psychological effects
  - PTSD
  - Depression
  - Substance abuse

What could constitute a services package for child sexual assault?

Immediate response:

1. Physical and genital exam
2. Treatment of physical injuries
3. Preventive medical management
    a. STI prophylaxis
    b. HIV testing and prophylaxis
    c. Tetanus, Hep B prevention
    d. (Pregnancy prevention)
4. Immediate psychological trauma counselling
5. Forensic evidence collection
6. Legal advice and opening police case

Longer-term response:

1. Access to and legal aid to support through justice process
2. Sustained protection of child's safety
3. Sustained post-traumatic psychological and sexuality development support
4. Family reconstruction

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Management guidelines being developed for health workers

Example:

KZN Province, SA

1. Suspect abuse
2. Investigate
3. Validate evidence
4. Manage the child
5. Ensure on-going safety of the child
6. Family reconstruction

http://www.kznhealth.gov.za/chrp/guidelines_kzn.htm

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What's happening in East and Southern Africa?

- ✓ Rapid increase development of medical management guidelines and policies that include managing CSA
- ✓ Sporadic services strengthening, with little strategic planning
  - Piloting primarily in tertiary hospitals
  - Some decentralization to district hospitals
  - One Stop Crisis Centre (OCSS) model popular
- ✓ Massive need for training in medical exams and treatment
- ✓ Confusion around using forensic evidence in prosecutions
- ✓ Lack of engagement with, and strengthening of, police
- ✓ Lack of attention to trauma and family support

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In summary, CSA is characterized by.....

- Usually a known perpetrator instigating a process of abuse culminating in single or repeated assault – different than adults
- Police often first point of contact, but most also present for medical management
- Children are the majority of those presenting for services, **BUT**.... protocols / policies oriented towards adult (female) survivors
- Poor understanding of which evidence to collect, how medical evidence can be interpreted, and what is legally convincing
- Medical management is relatively well understood
- Little response available beyond health and police
  - Legal aid?
  - Trauma counselling?
  - Social services support for family?
- Limited availability and lack of coordination for funding, planning and programming

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WHAT ACTIONS SHOULD BE SUPPORTED IMMEDIATELY?

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1. Develop, pilot and evaluate models that strengthen and link existing services

i. Identify existing services to strengthen that could serve as national / regional models
   - South Africa, Malawi, Kenya....?

ii. Focus on strengthening services at FPCs
   - Police: attitudes; evidence collection; referral
   - Health: attitudes; exam skills; services organization; forensic evidence collection
   - Trauma counselling – specialist vs. Generalist

iii. Develop referral linkages between services
   - Police to medical; medical to police
   - Police to legal aid
   - Medical to counselling

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2. Improve and synthesize understanding through research

i. Child survivors' service-seeking behaviours
   - Role of guardian
   - Grooming process vs. spontaneous act
   - Relationship with perpetrator and seeking justice
   - Awareness, desire and ability to access quality services

ii. Services availability
   - Mapping type, distribution and access
   - Clientele accessing services
   - Quality of services available
     - Provider competencies
     - System readiness
     - Service settings

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3. Advocate for national / international attention and support for strengthening CSA services

i. Review and strengthening of national laws, policies and service delivery protocols

ii. Support development of regional norms and standards

iii. Develop standardized training curricula and skills for health, police, counsellors, legal staff

iv. Strengthen and standardize national record-keeping and reporting

v. Support existing regional and national organizations and advocacy networks

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And over the longer-term?

- ✓ Longitudinal evaluation of services' effectiveness on survivors' well-being and behaviors
- ✓ Role of OSCCs in high density populations
- ✓ Establishing linkages between FPCs and SecondPCs
- ✓ Screening for CSA by health providers
- ✓ Strengthen government services for counselling and protection
- ✓ Integrate CSA with wider child abuse services
- ✓ Link response services with prevention efforts

Concluding messages

- Increased realization that CSA is highly prevalent in general populations
- Minimal services available
- Current and desired service responses poorly understood
- Limited funding sources and lack of coordination, by governments and donors
- Need for strategic and coherent programme of action to stimulate national and regional responses to CSA