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CHILD SEXUAL ABUSE: A SILENT HEALTH EMERGENCY

Report of the Regional Director

EXECUTIVE SUMMARY

1. Child abuse and neglect is a global public health concern. It is a prevailing problem in all generations, socioeconomic strata and societies. The magnitude of the problem in the African Region is not known, and information from authoritative studies is scarce. WHO estimates that globally some 40 million children aged 0–14 years suffer some form of abuse and neglect requiring health and social care. The most devastating is child sexual abuse.

2. Child sexual abuse (CSA) is "the 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".[1] It is a most cruel and tragic occurrence and a serious infringement of a child's rights to health and protection.

3. There are many contributing factors to child sexual abuse. In the African Region, economic poverty and affluence, armed conflicts and the breakdown of family and social systems are the main risk factors for CSA, opening the doors for child labour, child trafficking, child prostitution and child pornography. In such circumstances, human life has little value and children become the main victims.

4. Member States and families have the responsibility to prevent child sexual abuse and provide a nurturing environment to protect the future of the African child.

5. The aim of this document is to provide strategic direction for the prevention and management of the health consequences of child sexual abuse in Member States.

6. The priority interventions in the agenda include advocacy; law enforcement; development of standardized protocol, clinical care and management; multidisciplinary and coordinated responses; rehabilitation of CSA survivors; and community-based surveillance, support and reporting. These actions will bring CSA to greater visibility as a public health issue and child rights concern.

7. The Regional Committee is invited to adopt the proposed agenda for action and provide orientation for implementation in Member States.

[1] WHO, Report of the consultation on child abuse prevention, Geneva, World Health Organization, 1999, p. 15.

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INTRODUCTION

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2. Child sexual abuse (CSA) is defined as "the 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".[2] It is a most cruel and tragic occurrence and a serious infringement of a child's rights to health and protection.

3. CSA is about genital penetration, inappropriate touching and fondling, but most reported cases are those involving penetration and defilement. Generally, it is discovered when the genitals are injured or infected, or there are bloodstains on clothing. Rarely do very young children have the vocabulary to speak about such incidents; therefore they cannot disclose sexual offences. Perpetrators use cheating, coercion or force to commit these crimes.

4. CSA is a silent health emergency. It goes unnoticed, is grossly under-reported and poorly managed. It is surrounded by a culture of silence and stigma, especially when it occurs within the sanctuary of the home by someone the child knows and trusts. The main responsibility for protecting the child lies with the family. However, the perpetrator may be a family member, close family friend or an adult in a position of authority over the child. An extremely serious concern is the increased incidence of rape involving very young children and babies due to the misconception that sex with a virgin is a cure for HIV/AIDS.[3]

5. There are many contributing factors to child sexual abuse. In the African Region, economic poverty, and in some cases, affluence, armed conflicts and the breakdown of family and social systems are among the main risk factors for CSA, opening the doors for child labour, child trafficking, child prostitution and child pornography.[4] In such circumstances, human life has little value and children become the main victims.

6. A major problem is that the legal system does not adequately protect children from further harm by the perpetrator who is usually released while the reported case is awaiting prosecution. This is particularly serious when the child has to identify the perpetrator.[5]

7. This agenda for action aims at giving greater visibility to CSA as a public health issue and violation of child rights. It proposes interventions that will enable countries to develop, implement, monitor and evaluate policies, programmes and services aimed at preventing, managing and eliminating child sexual abuse.

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[1] WHO, Report of the consultation on child abuse prevention, Geneva, World Health Organization, 1999.
[2] WHO, Report of the consultation on child abuse prevention, Geneva, World Health Organization, 1999, p. 15.
[3] See: Agossou T, ed., Regards d'Afrique sur la maltraitance, Paris, Karthala, 2000, pp. 215–218.
[4] See: Agossou T, ed., Regards d'Afrique sur la maltraitance, Paris, Karthala, 2000, pp. 147–151.
[5] See: Agossou T, ed., Regards d'Afrique sur la maltraitance, Paris, Karthala, 2000, pp. 169–180.

SITUATION ANALYSIS

8. In many parts of Africa, child sexual abuse is a major unrecognized problem with devastating consequences and long-lasting effects that negatively impact on the health and social development of children. The magnitude of CSA is not known mainly due to under-reporting.

9. However, child sexual abuse is increasingly being recognized as a crime. Media, police and clinical records are possible sources of routine information and data. Most of the available information from countries is collected from special surveys. Data from limited studies show that CSA is a problem and is more common among girls than boys. The misconception that sex with a virgin, including babies, is a cure for HIV/AIDS has dramatically increased CSA.

10. At the 1999 Regional Office consultative meeting, entitled "Prevention and Management of Child Sexual Abuse," participants from 28 countries representing all the African subregions reported that CSA is a serious concern in their countries.[6] There is an enormous burden of sexual violence and harassment in secondary schools, with both boys and girls experiencing some form of sexual abuse.[7]

11. In many countries, the absence of mandatory reporting laws, shortage of child protection agencies and negative attitudes of law enforcement officers make reporting of CSA difficult. Some countries in the African Region (Mauritius, Rwanda, South Africa, Zimbabwe) have taken significant steps to address CSA and sexual exploitation of children. These steps include regulations to prevent CSA, penalties against perpetrators and child help telephone lines to assist victims.

12. No child is safe anywhere. CSA often occurs in places normally considered safe: homes, schools, places for leisure activities. Children lack maturity to understand and vocabulary to report sexual abuse. They are coerced, sworn to secrecy or threatened by the perpetrator. The habitual perpetrator is usually someone who is known and trusted by the child, is within or close to the family or who has authority over the child. They include fathers, stepfathers, grandfathers, uncles, brothers, cousins, domestic servants, teachers, peers, family friends and religious leaders.

13. Sexual violence has numerous and serious immediate and long-term consequences. These include physical injury, sexually transmitted infections (including HIV/AIDS), emotional trauma and even death. In the older child, it may result in unwanted pregnancy and unsafe abortion with its attendant complications. Other social outcomes include poor school performance, rejection by family and society, family disharmony, poor parenting and abusive behaviour in later life.[8]

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[6] WHO, Report of consultative meeting: Violence against women and children, Harare, World Health Organization, Regional Office for Africa, 1999.

[7] Khan N, Nyanungo KL, Child sexual abuse in Zimbabwe: a preliminary study, First Mental Health Conference, Harare, 1999. Unpublished paper.

[8] See: Agossou T, ed., Regards d'Afrique sur la maltraitance, Paris, Karthala, 2000, pp. 187–198.

14. Sexual violence is perpetuated from one generation to another; that is, individuals who are abused are likely to abuse others. Most sex offenders have histories of unreported childhood abuse, violence and isolation, making it impossible for the child to heal. Reported perpetrators are aged 9 years to 70 years. Paedophilia, an abnormal sexual attraction of an adult person towards children, is a form of child sexual abuse which occurs in the African Region and globally.

CHALLENGES

15. Child sexual abuse is a problem that can no longer be disputed or denied in the African Region. The dynamics and indicators exist in all countries, and there are no comprehensive evidence-based interventions. The problem persists because of various social and cultural beliefs, weak law enforcement and inadequate health systems.

16. Child sexual abuse is surrounded by a culture of secrecy, stigma and silence. A child is perceived as an insignificant minor with fewer rights than the adult perpetrator. When the perpetrator is a prominent member of the community, there are major challenges for effective prevention, reporting, care and management.

17. There is usually a strong element of denial and guilt if the suspected perpetrator is a family member. If a girl is sexually abused, she loses her worth for marriage. The child lives with the trauma but without professional and social counselling and support. The mother's low status in the family and certain social taboos prevent reporting of such incidents. The superstitious belief that sex with a virgin is a cure for HIV/AIDS is accentuating the problem.

18. Timely management of a child sexual abuse case is hindered by weak law enforcement. This includes the absence of laws and procedures for mandatory reporting; heavy reliance for prosecution on medical examination and reporting within a stipulated post-incidence time limit; and late recognition and reporting of the crime, particularly in rural areas.

19. The process of reporting a case of CSA is long and tedious. Shortage of child protection agencies, negative attitudes of law enforcement officers and lack of child witness protection mechanisms make reporting very difficult. If the case reaches a criminal court, the child may be intimidated, ridiculed and threatened by the perpetrator.

20. Inadequate legal systems have failed to criminalize child sexual abuse. Lack of legal protection exposes children to inappropriate media sex as innocent consumers, participants or victims. Other major constraints are lack of victim-friendly courts and lenient penalties for offenders.

21. Inadequate health systems provide poor quality clinical care, services and support for child sexual abuse victims. There are no clinical protocols or evidence-based interventions for the management of CSA. Health staff lack the capacity to manage CSA cases and may inadvertently cause more psychological trauma to the child during history taking and medical examination. Ongoing support and counselling for victims and their families is inadequate. The referral and reporting systems and linkages between the various professionals working to assist sexually abused children are usually not well established.

OPPORTUNITIES

22. Several small-scale activities have been initiated by countries, and these constitute opportunities for scaling up interventions and improving coordination. Opportunities exist on both international and national levels.

23. International treaties and legal instruments have been ratified by Member States and include the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. Article 19 of the CRC on protection from abuse and neglect emphasizes the government obligation to protect the child from all forms of maltreatment perpetrated by parents or others responsible for their care and to undertake prevention programmes. International concern and commitment have increased due to partnerships with Human Rights Watch and the Committee on the Convention on the Rights of the Child.

24. The majority of countries in the African Region are aware of child sexual abuse. Some countries have laws that can be revised to address the issue, while others are undergoing law reform to update systems and provide justice for those who are in most need. Nongovernmental organizations have been established within countries to address CSA; various multisectoral, multidisciplinary and participatory structures involve key stakeholders, communities, adolescents, children and schools to effectively address this issue.

OBJECTIVES

25. The aim of this agenda for action is to provide strategic direction for the prevention and management of health aspects of child sexual abuse in Member States. The specific objectives are to:

(a) Create awareness on CSA as a public health problem by breaking the silence surrounding it
(b) Develop appropriate advocacy and communication strategies for prevention
(c) Build capacity for implementing multidisciplinary interventions for prevention and management
(d) Contribute to the establishment of mechanisms for enforcing laws and treaties relevant to CSA
(e) Mobilize resources needed for the implementation of comprehensive interventions for the prevention and management of CSA
(f) Integrate prevention, care and management of child sexual abuse, including psychosocial support, in national child and adolescent health agenda.

GUIDING PRINCIPLES

26. The implementation of this agenda for action will be guided by the following principles:

(a) Equity and human rights such as the right of the child to be protected from abuse and neglect, and to confidentiality
(b) Commitment of Member States to ratified international conventions: the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women and the African Charters

(c) Empowerment of households, communities and families through information on prevention and management of child sexual abuse
(d) Multidisciplinary, multisectoral and participatory approaches to ensure comprehensive care and support for victims of child sexual abuse
(e) Formation of partnerships to ensure coordination and collaboration at all levels, including the community level, to maximize resources.

PRIORITY INTERVENTIONS

27. **Advocacy and communication strategies:** Advocacy and communication strategies will be developed and implemented for the prevention and management of child sexual abuse at individual, family and community levels in the context of promotion of human rights and to address cultural and religious misconceptions. Appropriate education of children and adolescents on the recognition and reporting of sexual abuse is an empowerment strategy. Documentation and data collection should be promoted to provide information on the magnitude of the problem.

28. **Law enforcement and criminalization of CSA:** Improvements in legal frameworks, reporting laws and processes, establishment of child protection agencies, and improved attitude of law enforcement officers towards victims are important for enforcing national laws and regulations. The legal penalties for offenders should be commensurate with the offence. The protection of child witnesses should be guaranteed by the law and law enforcement agencies.

29. **Development of standardized protocol for clinical care and management:** Prevention and management of child sexual abuse will be integrated into existing child and adolescent health services, especially at the primary health care level**.** Health workers will be trained to use standardized protocol in managing physical and psychological trauma to the child, and in counselling and on-going support to victims and families. The individual's confidentiality should be assured.

30. **Multisectoral, multidisciplinary and coordinated responses:** All stakeholders must be made aware of the short-term and long-term consequences of CSA and be empowered to provide quick and appropriate response and support. Health professionals should work closely with law enforcement officers, lawyers and social workers in a coordinated manner for short and long-term care of CSA victims. National emergency and hotline numbers will be established with well-trained personnel for timely response and care. This will facilitate reporting and counselling, and assure confidentiality.

31. **Rehabilitation of CSA survivors:** Establishment of drop-in centres for adequate, long-term care and support will enable CSA survivors to regain their self-esteem and overcome the negative consequences of the experience. Article 39 of the Convention on the Rights of the Child underscores the State's obligation to ensure that child victims of armed conflict, torture, neglect, maltreatment or exploitation receive appropriate treatment for their recovery and social reintegration.

32. **Community-based support, surveillance and reporting:** Commitment and collaboration from public and private sectors, nongovernmental organizations, communities and trained professionals are required for prevention and management of CSA. Community

centres, health facilities, police stations and special childcare and telephone help-line centres should constitute surveillance points. Member States will establish or improve on the disaggregation of vital health statistics (such as age, sex, urban/rural population and poverty quintile). Information will also be collected through surveys and operational research. This will provide data on the magnitude and characteristics of the problem as well as qualitative research on the profiles of perpetrators. Indicators will be developed and used for monitoring and evaluation in countries. Evaluation results will be used for strengthening national action plans.

ROLES AND RESPONSIBILITIES

33. This agenda will be implemented in the context of the commitment of Member States to international treaties and conventions on human rights with a focus on child rights and protection. Member States will develop or strengthen national legal frameworks for implementing the prevention and management of child sexual abuse in an integrated manner, in partnership with families, religious leaders, youth organizations, leaders, community-based organizations, NGOs, relevant government ministries, and public and private institutions.

34. Ministries of health in collaboration with ministries of justice, education and social welfare as well as specialized institutions such as those that deal with the protection of women and children will ensure a comprehensive approach to the problem. Ministries of health should lead advocacy at political forums to raise awareness on the magnitude of the problem and especially its linkage to HIV/AIDS. Training of relevant personnel on provision of care, rehabilitation and support to survivors will be a major national responsibility. National bureaux of statistics and health information systems will assume responsibility for monitoring trends in child sexual abuse.

35. The World Health Organization will provide technical assistance to countries for the development and implementation of tools and guidelines for advocacy, training, and monitoring and evaluation. Partnerships will involve interested and relevant United Nations and bilateral agencies, especially the United Nations Children's Fund, as well as international and national NGOs, private organizations, women's groups and communities. Support will be provided to countries for reporting on the ratified conventions and treaties related to CSA and the protection of the child as well as for monitoring trends.

CONCLUSION

36. Child sexual abuse is a public health and human rights problem that can no longer be ignored. The risk and consequences of HIV infection, unwanted pregnancies, and physical and psychological trauma should draw international attention to this silent emergency. The silence must be broken through advocacy and education addressing the cultural and traditional beliefs that encourage this crime. Respect for the right of the child to adequate protection and care within and outside the home must be the basis for international, national, community and family action against child sexual abuse.

37. Member States have responsibility for preventing this crime and for punishing perpetrators in order to stop child sexual abuse and protect the future of the African child. Partnerships at all levels will ensure coordinated action for this complex health emergency.

Families must be supported and empowered to play their primary role in preventing and reporting CSA.

38. The WHO Regional Committee for Africa is hereby invited to review and adopt this agenda for action.