

WHO releases guidelines on responding to child sex abuse

Doctors in the country feel there is more than just guidelines required to tackle the issue. | Photo Credit: [NAGARA GOPAL](#)

In a first, the World Health Organisation has formulated clinical guidelines on responding to children and adolescents who have been sexually abused. The guidelines put forward recommendations for the frontline health care providers — general practitioners, gynaecologists, paediatricians, nurses and others — who may directly receive a victim of sexual abuse or may identify sexual abuse during the course of diagnosis and treatment.

While Indian doctors have welcomed the new guidelines, they feel that there is more than just guidelines required in the country.

“We welcome the WHO guidelines. These should be followed with ground training of all first line respondents,” said Dr. Samir Dalwai, president of Indian Academy of Pediatrics (IAP), Mumbai chapter.

However, Dr. Dalwai says guidelines and training is not the end of the issue. “The victims and their families face the worse in terms of investigation and its outcome. It is not adequate to pass on the burden on the healthcare sector. The government needs to adopt a policy that will streamline all the other aspects as well,” he said, adding that in 2010, the IAP released similar guidelines on ‘recommendations on recognition and response to child abuse and neglect in the Indian setting.

Disclosure by child

Like the IAP guidelines, the new WHO guidelines too focus on the recommendations and good practice suggestions in terms of disclosure made by the child, obtaining medical history, conducting physical examinations and forensic investigations, documenting findings, offering preventive treatment for HIV post exposure, pregnancy prevention, and other sexually transmitted diseases, psychological and mental health interventions among others.

The guidelines highlight that child sexual abuse has a short-term as well as long-term mental health impact like lifetime diagnosis of post-traumatic stress, anxiety, depression, externalising symptoms, eating disorders, problems with relationships, sleep disorders and suicidal and self-harm ideation and behaviours. Health consequences of the abuse include the risk of pregnancy, gynaecological disorders such as chronic non-cyclical pelvic pain, menstrual irregularities, painful periods, genital infections and sexually transmitted infections, including HIV.

Re-traumatisation

Forensic expert Dr. Shailesh Mohite, who heads the Multi-disciplinary Child Protection Centre (MCPC) in Nair Hospital, Mumbai Central, says the presence of guidelines and following them is extremely essential.

“One of the most commonly seen mistakes in handling child sexual abuse cases is re-traumatising the child as well as his parents with questions. Such mistakes can be avoided if those dealing with such cases are well trained,” Dr. Mohite said, adding that the staff at his centre undergoes regular trainings.

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The Cardiff University professor, who reported on the enzyme called New Delhi metallo beta lactamase, says China and Pakistan are more serious about anti-microbial resistance genes than India.

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