Specific Comments from ISPCAN Councillors on Draft Zero

Response 1

“1) There should be a greater emphasis on sexual victimization of males.

2) Medicine has an important role beyond prevention. It has an important role in the medical evaluation of children alleged to have been sexually abused both in addressing health consequences but also the substantiation of concerns to assure child protection, intervention and then access to treatment.

3) RE referring to sexual abuse as sexual violence. Most sexually abused children experience their abuse in a context that does not use physical force and restraint and thus is not physically violent. When professionals hear the word violence they anticipate that the child will have signs of violence when in fact most sexually abused children do not show physical signs of injury. Truly sexually violent experiences for children are the easiest to recognize but less than 3% will present this way. If clinicians don’t understand this differentiation too many children who present with histories of sexual abuse may not be substantiated because of the absence of signs of violence.

4) Although sexual victimization may not be physically violent it is psychological intrusive and as we all know has the potential for serious psychological sequelae without physical violence.”

Response 2

“I would emphasize what you said [see above] about the medical examination being the 1st therapy. Handled well, it makes a lot of difference.”

Response 3

“My take on this report is that the health sector doesn't see violence as a health problem. In the United States in 2001 there was a national report on violence and the health professions ("Confronting Chronic Neglect: Institute of Medicine, September 2001) which noted the lack of training and preparation of health professionals to deal with family violence. In my own training, I certainly heard that violence was a social problem, not a health problem and public health has been slow to embrace this. Few medical schools have faculty with expertise to teach in this area and I suspect that nursing and midwifery schools have a similar dearth of expertise. This report needs to call up universities and health professions schools to train in this area. This also means that there needs to be research support as faculty in
these schools don't stay around long without publishing and without research support, they will find other areas to develop expertise.

In sum, the report needs to make a stronger call on health professions schools to train in this area.”

Response 4

“What concerns me is the focus on women and girls (with the inclusion of “children” in many paragraphs and one section) – when statistics quoted in the report clearly indicate that men and boys are more at risk of interpersonal violence generally. (2012) 82% of homicides were men and 18% women – figures quoted in the document itself, p6.

Research also indicates that when victimised, trauma is more likely to be externalised by boys and men. (Bentovim¹ and others.) This is acknowledged in a single statement in the document – but not expanded on – or picked up in the objectives or strategies/actions as it should be.

I think that by not acknowledging issues of violence against and perpetrated

¹ Development of sexually abusive behaviour in sexually victimised males: a longitudinal study.
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by men, and to a limited extent, boys, the document misses critical prevention and response objectives and strategies.

I realise this is not a politically popular view.”

Response 5

1 “an Action Plan that wants to acknowledge the gender base of interpersonal violence should strive to effectively acknowledge strategies towards & with girls, women AND boys and men.
2 Gender awareness in health & care systems as well as in the legal & punitive systems (at professional and governance levels) might increase the impact. “

Response 6

“I hope that the call to consider more the men and boys will be heard and integrated by WHO.
I hope also that the violence will be more considered by all health workers.”

Response 7

“1. There is a need for a gendered approach to violence, but this has to acknowledge the different vulnerabilities of boys and girls to different forms of violence
2. There are now numerous programs based on studies of masculinity and health which offer valuable opportunities for violence prevention against women girls as well as addressing the vulnerability of men and boys (interesting recent study by Zimbardo and Coulombe arguing that modern society is failing boys and the impact on their interpersonal relationships. See: http://www.theguardian.com/lifeandstyle/2015/may/09/philip-zimbardo-boys-are-a-mess)
3. The document is entitled interpersonal violence but there is only a cursory mention of other vulnerable groups such as the elderly
4. Emphasis/special consideration/needs to be given to health care involvement in protecting vulnerable populations such as institutionalized children and the learning disabled
5. would be important to emphasise that intervention and prevention efforts are not only inter-sectorial, but also targeted towards different populations at different levels. A commitment to undertake effective training that deals with the needs of professionals so they are appropriately skilled according to the level of intervention delivered and the population targeted (universal, targeted and indicated)
6. The "ecological" model to violence prevention and intervention is referred to as the "social ecological" model?”
Jenny Gray
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