Sexual violence against adolescent girls: the need for shared multidisciplinary prevention strategies

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21 Intimate partner violence, which may involve sexual violence, is a widespread social problem that
22 raises important medical, psychological, ethical, and legal concerns. As eloquently highlighted by
23 Professor Khan in his editorial (Khan K. BJOG 2016:1249), intimate partner violence against adult
24 women is much more than a health-related problem, since it destroys feelings of love, self-esteem,
25 self-efficacy, and dignity, and is a clear example of gender inequality, as the very large majority of
26 victims are women.
27 In this short communication we draw attention to sexual violence against adolescent girls, a
28 particular kind of gender violence with destructive consequences on multiple levels. The World
29 Health Organization has reported that for one-third of young girls throughout the world the first
30 sexual experience was forced (http://www.who.int/ August 2016). Moreover, sexual violence is
31 often underreported by the victims – due to feelings of shame, guilt or fear − thus these violent
32 events could be even more frequent than described. The estimated proportion of sexually abused
33 girls is alarming for different reasons. First, it suggests that sexual violence may be considered as a
34 'normal' experience during adolescence. Second, trauma exposure in adolescence can negatively
35 affect psychological wellbeing, with increased risk of social adjustment difficulties and impaired
36 family functioning. Moreover, a history of maltreatment during adolescence has also been
37 associated with the development of borderline or schizoid personality disorders (Krupnik JL *et al.*
38 Psychatry 2004;67:264-279).
39 In our centre for sexual and domestic violence (SVSeD- Milan, Italy), since 1996 we have adopted
40 a holistic approach in our clinical practice with victims of violence, which entails considering health
41 as associated with multiple factors, such as social, psychological and legal aspects. In working with
42 adolescents who experienced partner or sexual violence, we have to be fully aware that the physical
43 outcomes are only a part of their life history, though important. For these reasons we believe that
44 the best approach is provided by a multidisciplinary team composed of different professionals
45 figures (gynaecologists, paediatric surgeons, psychologists, social workers, forensic medical
46 doctors, sexologists, lawyers, and other professionals required for special cases). Based on our

47 experience in the majority of cases violence against adolescents (aged 10-19) is perpetrated by a
48 relative or a friend, a neighbour or a teacher, in general by someone well known to the victim. Thus,
49 repeated sexual abuse may be frequent and particularly alarming. The negative consequences of
50 cumulative trauma exposure in the young developmental age are largely acknowledged as
51 particularly dangerous for physical and psychological growth.

52 Prevention and timely diagnosis are fundamental to reduce the risk of sexual violence. In this
53 regard, we believe in the importance of implementing prevention programmes targeted on the
54 specific developmental period and aimed at promoting sexual health education since the beginning
55 of the school cycle. Community-based programmes should entail the active participation of young
56 people. Moreover, training courses facilitating the prompt recognition of gender violence should be
57 mandatory for different professionals (Romeo L *et al*. Minerva Pediatrica 2016;68:230-236),
58 including gynaecologists, paediatricians, and teachers. All these strategies may help prevent
59 violence, but still need further definition and implementation in many countries.

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