

CHILD SEXUAL ABUSE INVOLVING A 6 YEAR OLD FEMALE VICTIM AND A 15 YEAR OLD MALE ASSAILANT: A CASE REPORT.

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ABSTRACT

BACKGROUND:

Child sexual abuse is a serious infringement on the rights of the child. It poses a severe consequence for younger children. This important social problem has paucity of local data.

OBJECTIVE: To highlight on a case of a sexually abused child presenting to Paediatrics and Obstetrics departments of the University of Port Harcourt Teaching Hospital.

CASE: She was a 6 year old nursery 3 pupil who presented at the Paediatrics and Obstetrics/Gynaecology department of University of Port Harcourt Teaching Hospital with complaint of "rape" by a 15 year old next door neighbor six days prior to presentation.

CONCLUSION:

This case report shows that child sexual abuse may not be uncommon in our environment. As a deterrent to curb this crime, perpetrators of this act should be prosecuted and rehabilitated whenever possible.

KEY WORDS: Child sexual abuse, "rape", rehabilitation.

INTRODUCTION

A sexually abused child is a child that was a victim of sexual activity with an assailant that is older for which he or she has not given consent and cannot comprehend¹. This entails genital, anal or oral contact with the child (whether the child is clothed or not). It encompasses non-touching abuses including voyeurism, exhibition or engaging the child in pornography, internet inclusive. The purpose of which is to sexually gratify the assailant¹.² In addition it includes incidence like rape, sexual assault, sexual harassment, incest and molestation². Majority of the perpetrators are non-relatives that are known accounting for about 60% examples of such are neighbours, family friends and house maids; close relatives account for about 30% these include brothers, cousins, uncles and even fathers². The least offenders are strangers accounting for about 10%³. In most cases men are found to be the assailants irrespective of the sex of the child⁴. However, in about 14% of assailants are

women⁴.

Studies conducted in the developing countries have revealed that child sexual abuse is on the increase^{5,6,7}. In a study at Southwest Nigeria revealed that 15% of young females reported forced penetrative sexual experience⁶. Seventy percent of total rape cases in Nigeria are child rape of which approximately 1200 girls were raped in a study conducted in Rivers State, Nigeria². A handful of studies on child sexual abuse cases have been conducted in this part of the world, such studies as sexual exploitations experienced by child hawkers, conducted in south eastern Nigeria⁷. The study revealed that out of the sixty seven abused girls only seven reported the case to the police.

Ujah IOA et al studied police records of sexual violence among children and young adults in Plateau State. Their study revealed 63 cases involving children less than 15 years that had been sexually abused between January

2001 and December 2005. This is an agreement by mental health and childcare professionals that child sexual abuse is not uncommon in our sub-region^{8,9}.

The highest incidence of child sexual assault is reported in Africa, the Middle East and Southeast Asia⁹. Five to fifteen percent of females in Africa report a forced or coerced sexual experience¹⁰. In South Africa the incidence of child sexual abuse is 2070 per 100,000¹⁰.

There has been an increase in the incidence of children that are sexually abused from 1.4/10,000 to 17/190 in the period between 1976-1991 as documented by the American Association for Protecting Children¹¹. There was a four-fold increase in this incidence in the period 1981-1991. In recent study about 80,000 child sexual abused cases are being reported in the United States¹².

As a result of lack of social coordinating network, underreporting, poor handling by the police, discouraging legal system and lack of clear cut definition of what constitutes such abuse just to mention a few, accurate data on the prevalence of child sexual abuse in sub-Saharan Africa are difficult to collate. This case report is aimed at creating awareness on this poorly addressed social problem in Port Harcourt, South-South Nigeria and preventing them.

CASE REPORT

“OH is a 6 year old female who was brought to the hospital by her mother on account of haven been sexually assaulted 6 days prior to presentation. The assailant was a 15 year old male. The incident was witnessed by the assailant's guardian who caught him in the act”.

On Physical examination she had healed facial scar (wound from wooden stick used for turning garri). Vaginal orifix greater than 2cm, no obvious discharge, bleeding or erythema. Her hymen was not intact. A diagnosis of sexual assault was made.

Investigations include; Retroviral screen was seronegative to Human Immunodeficiency viruses I & II, Hepatitis B surface antigen was negative, Venereal Disease Research Laboratory test as non-reactive, urine microscopy revealed presence of epithelial cells and vaginal swab test yielded no growth.

She was jointly attended to by gynaecologists,

paediatricians and psychiatrists. Mother and child were counseled, oral antibiotics were also prescribed. Post-Exposure Prophylaxis (Anti-Retroviral) were not given as duration at presentation was more than 72 hours following the act. She is currently being followed up at paediatric outpatient clinic.

DISCUSSION

There are few population based studies to precisely estimate the prevalence of child sexual abuse in Nigeria as well as neighbouring Sub-Saharan countries. However, there are scanty small scale institutional studies¹. The reason is partly due to poor record keeping and under reporting of child sexual abuse. The very few children who are victims of child sexual abuse brought to the hospital by guardians do so for the fear of probable medical complications that may ensue from such abuse. In a study at south west Nigeria 15% of young females reported forced penetrative sexual experience⁶.

Studies done in developing countries report fewer children under the age of five to be less frequently abused compared to children more than five years. This agrees with studies done in Plateau state, Nigeria⁸. However in a study at south east Nigeria¹⁵ it was that 60% of children were less than 5 years while 40% were greater than 5 years. The reason was unclear and may suggest that caregivers in their study are more alert and suspicious of child abuse. In addition to this it could also mean that child sexual abuse within the home environment involves younger unsuspecting children who may not be aware of what is going on. Our patient OH was 6 years old.

About 80 000 cases of child sexual abuse are reported each year in the USA¹². Ackerman et al reported that males are found to be the assailants in most cases, irrespective of the gender of the victim⁴. For our patient OH the assailant was a 15 year old male, who lived in the neighborhood. Available data show that victims of child sexual abuse may be either male or female^{2,4,6}. The victim in this case report was a 6 year old female child. Common clinical features by the victims of child sexual assault include vaginal discharge or bleeding par vaginam, vaginal pain/ tenderness, wide vaginal orifice and a torn hymen¹³. Our patient OH had wide vaginal orifice and a torn hymen. Physical injuries are uncommon in male abused children except where

penetration was through the rectum^{4,7}. In addition, male sexually abused children are less suspected in our environment. Females abusing male children may do so without any trace to the act and the male victim may find the act pleasurable⁴. However, females abusing female children may do so by fingering the vagina. This may be done in a careful manner such that the vaginal orifice is not enlarged and the hymen is not stretched⁴.

Female sexually abused children will most often than not have hymenal opening > 1cm^{14,15}. Penetrating sexual trauma are associated with bruising or deep hymeneal notches, acute lacerations and transections^{15,16}. Our patient O H had acute lacerations of the hymen, with her hymenal opening >1cm. It is important to note that absence of these findings does not exclude the possibility of penetration^{15,16}.

Sexually transmitted infections (STI) should be ruled out in a suspected child sexual abuse¹⁷. The reason being that it may be the only pointer to the crime especially in male assailants. Our patient was not screened for STI due to financial constraint. In a study by Okoronkwo N C and Ejike O at south eastern Nigeria¹⁸, all the victims tested negative to STI. However, this is contrary to studies in developed countries where < 5% of the victims had positive culture for gonorrhoea or chlamydia¹⁷. The reason for this may be due to lack of finance as in our patient Miss OH to carry out such investigations and also our poorly equipped laboratories.

Our patient O H, presented six days after the incident and because she was of pre-pubertal age did not receive any prophylactic contraceptives. Prophylactic anti-retroviral medication was not given for the same reason mentioned earlier.

Assailants are usually familiar with the victim^{8,11}. This was the case of our assailant who was a 15 year old next door neighbor. This was shown by their residential pattern (open compound) which increases the risk of child sexual abuse. The guardian of the abused was a single mother with secondary level of education, this may have influenced the failure to prosecute the assailant. Assailants of child sexual abuse may have had previous history of similar acts or anti-social behavior^{2,18}. In the index case report, the assailant, 15 year old boy had previous history of child sexual abuse at a neighbouring state (Abia) before relocating to Rivers State. This is in

agreement with studies conducted by Okoronkwo N C and Ejike O¹⁸.

There are various manifestations of a sexually abused child such as pain at or discharge from the genitalia, trauma or wound on the genitalia, recurrent fondling of the genitalia, interest in the opposite sex, incidental findings by the child's health care provider or during medical examination^{4,11}. In our case report, the incident of the sexually abused child was reported by the guardian of the assailant, who caught him in the act. This case scenario was pathetic because the assailant confessed to have reportedly abused the victim before being caught in the act. Thus, the need for good communication between guardians, parents or care givers and children cannot be over emphasized. There is a great need for enlightenment of child sexual abuse among mothers and the general public. There is therefore need for guardians especially mothers to pay attention to their children especially during bathing, dressing and have a high index of suspicion to child sexual abuse.

Sexually abused children are most often than not threatened by the assailant not to tell anyone about the act^{4,18}. This was also the scenario with our patient O H who was threatened by her abuser to beat her up if she reports him. The first or initial statements by an abused child may be incoherent or incomplete but should not be taken for granted. Majority of children who report sexual abuse are not believed, if the child is ignored, he or she, may not risk reporting the act anymore^{4,8,18}.

In our environment, where sex education is rarely taught in schools; indeed, issues concerning sexuality is frowned at. For this reason, the child could remain a victim of sexual abuse for months or years. This was the case of OH a 6 year old nursery 3 pupil who was sexually abused severally over a period of 4 months by the same 15 year old assailant.

The mother of the victim did not report the case to the police. Her reason was that she was afraid of the social stigmatization against her child and also lack of prompt prosecution by law enforcement agents. This was in agreement with studies by Okoronkwo N C and Ejike O¹⁸ at south east Nigeria in which only one case out of ten cases of sexually abused children was reported to the police. The only case that was reported to the police was withdrawn after much pleading from the offender's

relations. Ujah ET al⁸ also documented similar findings in Plateau state, where over 56% of the reported cases to the police were abandoned by victims or parents.

The frequency of child sexual abuse may continue to increase unless the perpetrators are legally prosecuted. The law can only be enforced when abused children are reported to appropriate authorities. The question is, 'does the police have the right to drop the criminal charge of child sexual abuse due to pleading?' this has been the findings in various studies^{8,15,18}. We should emphasise article 10 of the United Nations Rights of the Child (which Nigeria ratified in 1991)¹⁰. This states that every child must be protected against all forms of exploitation including sexual abuse and use in pornographic publications. Any infringements on this right should be prosecuted and offenders made to face the consequence of the law. As a measure to prevent this crime, the general public should be encouraged to report any case of child sexual abuse.

There are numerous advocacy centres in developed countries that provide support in evaluating and managing sexually abused children (victims) and prosecution of sexually abuse perpetrators. These centres that provide support for sexually abused children should be encouraged to survive in our environment. This will encourage parents to report more cases of child sexual abuse. If there were such centres, perhaps the assailant, the 15 year old boy would not have been successfully and repeatedly abused children from Abia state criss-crossing to Rivers state over the past two years.

CONCLUSION

Child sexual abuse is alarmingly high in our environment, and not much is done to prevent such occurrences. It is a human right issue, there is need to create awareness through advocacy to stop this disastrous act. In addition, there is need to adopt a concise protocol for effective management of the abused and the abuser. There is also need for recommendation on preventive measures and also prosecution offenders.

RECOMMENDATIONS

Advocacy/ public enlightenment campaigns, through religious groups, non-governmental organisations (NGOs) and the general populace on child sexual abuse, consequences and preventive measures. Identify a team

of professionals to be involved in caring for children that have been sexually abused. To develop situation specific health care protocol and train providers.

Establish support services to survivors. Enforce stiff penalty for perpetrators. Collaborate with other organisations locally and internationally that are in the fore front to curb this crime against humanity.

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