

Chinawa JM
Ibekwe RC
Ibekwe MU
Obi E
Mouneke VU
Obu DC
Eke BC

Prevalence and pattern of sexual abuse among children attending Ebonyi State University Teaching Hospital, Abakiliki, Ebonyi State

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Chinawa JM (✉)
 Ibekwe RC, Mouneke VU
 Eke BC
 Department of Paediatrics,
 Obi E
 Department of Community Medicine
 University of Nigeria/Teaching
 Hospital,
 PMB 01129, Enugu,
 Enugu State, Nigeria.
 Postal Code 400001
 E-mail: josephat.chinawa@unn.edu.ng
 Tel: +234 806 398 1403

Ibekwe MU, Obu DC
 Department of Paediatrics, Ebonyi State
 University /Teaching Hospital,
 Abakiliki, Nigeria

Abstract Background: Child sexual abuse is broadly defined as both direct genital contact and indirect interactions such as ‘exposure’ or internet-based activity (for example, the sending of electronic sexual pictures to minors). Though sexual abuse is common, yet many adults are not prepared or unwilling to deal with the problem when faced with it, this could lead to underreporting of the crime and stigmatizing of the victim.

Objectives: To determine the prevalence and pattern of sexual abuse among children attending Ebonyi state university teaching hospital, Abakiliki.

Methods: A retrospective study of cases of sexual abuse that presented in the children outpatient clinics of EBSUTH between the 1st of January and 31st of December 2010.

Results: A total of 3750 children attended clinic of which 33 were diagnosed as being sexually abused, giving a prevalence rate of 0.9%. They were 31 (93.9%) females and 2 (6.1) males, most of the reports were made by the victims 23 (69.7%) and or their parents 9 (27.3%). Most of the reports made happened within one week 15 (45.5%). It is noted that HIV test was done which was negative among 15 (42.4%) children and positive in one (3%) after twelve weeks.

Conclusions: The prevalence or sexual abuse in EBSUTH is 0.9%. This low prevalence could be due to the fact that child sexual abuse is scantily reported because of the stigma attached to it.

Key words: child sexual abuse; prevalence; pattern; EBSUTH

Introduction

Child sexual abuse is defined in various ways, making it challenging to generalize about its prevalence in a society and its effect on children, teens, and families.^{1,2} Many professionals define child sexual abuse broadly to include both direct genital contact and indirect interactions such as ‘exposure’ or internet-based activity (for example, the sending of electronic sexual images to minors).³ It has been suggested that many victims continue to perceive sexual abuse as a private matter and most do not disclose their victimization to any formal source.⁴ Given that only a small proportion of sexual offences are formally documented, the prevalence of sexual abuse has been difficult to quantify.

According to the American sexual abuse report in 2004, more than half of sexual abuse incidents occurred in a commercial or institutional establishment, followed by a residence or surrounding location, a street or other public place, or in another location⁵.

The location of the incident varied with the specific offence type. More than half (56%) of sexual abuse occurred in and around a residence; whereas, over half (57%) of incidents of unwanted sexual touching occurred in a commercial establishment. Police-reported data indicate that 68% of aggravated sexual abuse occurred in or around a residence, compared to 65% of the less serious offence, level 1 sexual assault.⁶

Females and youth were at particular risk. Police-reported data both indicate that the rate of sexual victimization for females was about 5 times the rate for males.⁷ Olusanya et al⁸ in 1986 reported that children of elementary schools (aged 6-12 years) and adolescent girls (13-19 years) in Benin-City were the major victims of sexual abuse, with 48.2% of reported cases over a 3-year period occurring in children below 13 years old. Ogunyemi⁹ also reported some baseline findings from a community-based project on the incidence of child sexual abuse in two Nigerian urban centres. About 38% and

28 % of female and male respondents respectively reported being initiated to sex before the age of 18 years. These findings, among other things, point to frightening dimensions child sexual abuse may be assuming in Nigeria. Evaluation of prevalence and pattern of sexual abuse among children is a very vital issue often under reported in paediatrics practice and its importance cannot be downplayed especially its impact on health which include post-traumatic symptoms, precocious sexualization, depression, anxiety, stigmatization, guilt, fear, sexual dysfunction, dissociative symptoms, eating disorders, substance abuse, prostitution, regressive behaviors such as a return to thumb-sucking or bed-wetting, run-away behaviour, and academic and behaviour problems.^{10,11}

We are not aware of any study of this nature from Ebonyi state. This study was thus designed to bridge this gap with a view to determining the prevalence of sexual abuse among children attending EBSUTH Abakiliki. It is hoped that this will add to the body of knowledge available on these disorders and the findings of this study could form the template for intervention strategies in helping reduce this social malaise and managing such cases.

Methodology

Study Area

The study was carried out at the children's outpatient (CHOP) and consultants' clinics of the Paediatrics Department of the Ebonyi state university teaching Hosital Abakiliki, Nigeria.

Study Population

The subjects were children who attended CHOP and consultant clinic of the hospital. There are about 3750 children registered at both clinics (CHOP and consultant clinic). Children's outpatient (CHOP) and consultants' clinics run every day of the week except on weekends. EBSUTH provides specialized services in the major fields of medicine. It is a referral centre for various health centers in Ebonyi state and environs. The Paediatrics Department comprises the children's outpatient clinic (CHOP), the children emergency room (CHER), the general ward, and the new born special care unit (NBSCU).

Study design

This is a retrospective review of the case records of all children that presented in the outpatient clinics between 1st January 2010 and 31st December 2010.

Data Analysis

The data were analyzed using simple statistical methods.

Results

Demography of the participants

A total of 3750 children attended both clinics during the study period, 33 (0.9%) of them were diagnosed as being sexually abused. They were 31 (93.9%) females and 2 (6.1) males. The female to male ratio is 15:1. The Modal was 6-9 years (42.5%). This is shown in Table 1. The commonest age of the perpetrators of this abuse is 13-18 years (24.2%). This was followed by 25-30 years (15.2%) and 42-50 years (6.1%), all the perpetrators are male. See Table 2 Majority of the abuse was forceful 17 (51.5%) and occurred once 21 (63.6%). Among the children who are sexually abused, only 6 (18.1%) made the report to the police while 27 (81.9%) made no report to the police. Nineteen (57.6%) of the sexually abused children were not followed up due to default.

Table 1: Gender and Age of sexually abused children

Gender	Frequency	Percent	
Female	31	93.9	
Male	2	6.1	
Total	33	100	
Age (Yrs)	2-5	10	30.3
	6-9	14	42.5
	10-13	5	15.2
	15-18	4	12.2
	Total	33	100.0

Table 2: Gender and age of perpetrators

Gender	Frequency	Percent	
Male	32	97.0	
Not indicated	1	3.0	
Total	33	100.0	
Age (yrs)	Frequency	Percent	
	13-18	8	24.2
	19-24	4	12.1
	25-30	5	15.2
	31-35	1	3.0
	36-41	1	3.0
	>42	2	6.1
	Age not indicated	12	36.4
Total	33	100.0	

Source of reported case and duration

As illustrate in Table 3, most of the reports on the sexually abused were made by the victims themselves 23 (69.7%) and victim's parents 9 (27.3%). Most of the reports made happened within one week 15 (45.5%), while 5 (15.2) were made two weeks later. Only one victim (3.0%) of sexually abused reported the case immediately.

Type of injury results and Investigations done

As seen in table 4, 13 (39%) children received genital injuries during sexual abuse. Immediate post exposure HIV test was request for all the victims, of which only 15 (42.3%) performed the test and they were all negative. Most victims did not return for the repeat test after 12 weeks, however one (3%) tested positive for the repeat HIV test. The results of other investigations are highlighted in table 4.

Table 3: Source of reported case and duration

Who made the report	Frequency	Percent
Victim (?alone)	23	69.7
Victims parent	9	27.3
Others	1	3.0
Total	33	100
Duration between incident and report [weeks]	Frequency	Percent
< 1	16	48.5
1 -2	5	15.2
2 -3	2	6.1
>3	8	24.3
No report	2	6.1
Total	33	100.0

Table 4: Type of injury results and Investigations done

Type of injury	Frequency	Percent
Physical injury	1	3.0
Genital injury	13	39.0
Nil	19	60.6
Total	33	100
Investigations done	Frequency	Percent
Positive genital swab culture	6	18.3
Immediate HIV test done with result (Negative)	15	42.4
HIV test repeated 12 weeks later (Positive)	1	3.0
Perpetrators HIV tests done with result (Positive)	3	9.1
Victims HBsAg done (no result)	3	9.1
Perpetrators HBsAg tests done (no result)	3	9.1
VDRL's done	10	30.3
Pregnancy test done	0	0
Total	33	100.0

Location and mode of sexual abuse

Table 5 shows that majority 8 (24.2%) of the episode of sexual abuse was executed in the perpetrators home and home of the abuse 4 (12.1%). Some 3 (9.1%) happened in uncompleted building. Mode of sexual abuse was usually 26 (78.8%) genital while others are anal 2 (6.1%) and oro-genital 2 (6.1%). Genital injury occurred in 13 (39.4%) children who are sexually abuse.

Education level and Occupation of Perpetrators

Table 6 shows the education level and Occupation of Perpetrators. Majority (66.7%)

of them could not say exactly what type of jobs they are doing and none attended higher institution.

Table 5: Location and mode of sexual abuse

Location of the abuse	Frequency	Percent
Home of abused	4	12.1
Perpetrators home	8	24.2
Uncompleted building	3	9.1
Isolated corner	2	6.1
Others	4	12.1
NI	12	36.4
Total	33	100.0
Sequel	Frequency	Percent
Physical injury	1	3.0
Genital Injury	13	39.4
NI	19	60.6
Total	33	100.0
Mode of child sexual abuse	Frequency	Percent
oral – genital	2	6.1
Genital	26	78.8
Anal	3	9.1
NI	2	6.1
Total	33	100.0

Table 6: Perpetrators occupation and Perpetrators highest educational qualification

	Frequency	Percent
No occupation	22	66.7
Barber	1	3.0
Farmer	1	3.0
House boy	2	6.1
Robber	1	3.0
Student	5	15.2
Taxi driver	1	3.0
Total	33	100.0
Primary	2	6.1
Secondary	3	9.1
NIL	28	84.8
Total	33	100.0

Discussion

From our study, the prevalence of child abuse is 0.9%. Child sexual abuse is defined in several ways, making it very challenging to generalize about its prevalence in society and its effect on children, teens, and families.¹ In South Eastern Nigeria, a systematic survey of reported cases of child sexual abuse in three major towns including the capital city of Enugu indicated that 60% involved girls below the age of 12 years, with abuse including acts of genital exposure and stimulation, seduction, and witnessing adults performing the act of sex.¹¹ In the North Western Nigerian city of Kano, Tukur¹² *et al* in a retrospective study of victims of sexual abuse admitted to a teaching hospital, found a much

lower incidence over a 3-year period, with a total of 16 cases, all but one of which were children below the age of 17 years. The low prevalence in this study could be due to the fact that this was a retrospectively collected hospital data and most likely involved the violent crimes, thus minor forms of abuse were most likely under-reported. More so in this environment, it is stigmatizing and dehumanizing to report cases of sexual abuse and thus the low prevalent result. This corroborates well with other study.¹¹

Children younger than 10 years were most the frequently abused in this study. Some data from both agency cases and adult retrospective reports show a relatively uniform risk for children after age three.^{8,13} However, the predominance of these young children among the abused could be because like in most violent crimes, the vulnerable and defenceless are always victims.

From our study, females are more commonly abused while males are more accused. It is well known that many more girls than boys are the victims of sexual abuse. Olusanyan⁸ and Omorodion¹⁴, in separate studies, have also found that females are more often abused.

It is noted in this study that the perpetrators of sexual abuse are overwhelmingly male. Studies using the law enforcement as well as victim self-report data found that more than 90% of the perpetrators of sexual offenses against minors were males.¹⁵ From our study, we found that males are also sexually abused though not as much as females. The type of abuse is usually anal and perpetrators are males and none of them sustaining physical injuries. It is reported that 5% to 15% of men were sexually abused when they were children.^{8,14}

The commonest age of the perpetrators of this abuse in this study is 13-18 years followed by 24-29 years. Juveniles themselves commit a considerable proportion of sexual offenses against children, with estimates indicating about a third (ranging from 29-41%) are involved.¹⁶ Among adult perpetrators, young adults, under the age of 30, are been reported.¹⁷

It has been found in this present study that most of the reports on the sexually abused were made by the victims themselves and victim's parents. This is surprising as the victim of the abused are often overwhelmed with fear and shame and so could not report the case.

Notwithstanding, There is always a tendency for under-reporting sexual abuse. The reasons for non-reporting are complex and multi-faceted.¹⁸ These reasons may include a number of factors such as the age of the abused child at the time of the event, the relationship between the perpetrator and the abused, the gender of the abused, the severity of the abuse, developmental and cognitive variables related to the abused, and the likely consequences of the disclosure.¹⁷ Regrettably, we did not ascertain if there are any relationship between the victims and the perpetrators due to lack of data. We noted that female victims report episodes of sexual abuse than males. Girls are more likely to report sexual abuse than boys and more importantly when the perpetrator is a relative, there are fewer tendencies to report abuse.¹⁷ Majority of the episodes of sexual abuse in this

study was executed in the perpetrator's home and mode of sexual abuse was genital. These adults were trusted by these children who will then fall into the arms of the perpetrators that could offer any little care.

It is noted with interest that 3% of the sexually abused and 9.1% of perpetrators tested positive to HIV infection 12 weeks after sexual abuse. Sexual transmission of HIV infection among sexually abused children, although not usually reported is probably under recognized, and may constitute an important public health problem.¹⁹ It is critical that health care providers should screen abused children and the perpetrators for HIV and Hepatitis B, and where positive a post exposure prophylactic programme can be instituted early. Unfortunately in this series only 42% of the victims and 9% of the perpetrators were screened for HIV, while only 3% of the victims had a repeat 12 weeks later. This is an indictment of the quality of care that these patients receive. This lapse is confirmed by the positive status of the only child that had a repeat screen. It also very important to point out here that none of the sexually abused children was referred to a gynaecologist and none had pregnancy test done. The reason for this could be that some parents and care givers would not want to visit any health institution to seek medical care because of the stigma that follows the victim and so will prefer to conceal and later abort any pregnancy secretly. This could also account for the low turn up of the victims during follow up. Similarly psychiatrists were not involved in the management of sexually abused children in this study. Referral to psychiatrist is relevant because sexually abuse children are at risk of developing psychiatric problems or a disorganized attachment style.²² From our study majority of the perpetrators are from poor socioeconomic background as they are peasants and neither had any form of education.

Conclusion

The prevalence of sexual abuse in EBSUTH is 0.9%. This low prevalence could be due to under-reporting. Females are mainly abused and some come down with HIV infections. Parents and caregivers should be encouraged to report cases of sexual abuse promptly to the hospital while health workers should be trained on the management of such cases to avoid its complications.

Limitation: We could not ascertain the socioeconomic statuses of the families of the victims. It is also important to know the relationship between the perpetrators and the families of the abused children. Unfortunately, these facts are unavailable because of the retrospective nature of the study.

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