Title: Childhood Sexual Assaults in Central Hospital, Benin City, Edo State.

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ABSTRACT

Introduction: Childhood sexual abuse (CSA) is a common and serious societal ill that has not been given adequate attention in our society. It is highly underreported yet has serious adverse physical, psychological and medical effect on its victims.

Objective: The study seeks to evaluate the frequency of CSA in our environment and to determine the sociodermographic parameters of the victims and perpetrators.

Materials and Methods: This is a prospective study conducted at Central hospital, Benin City. Cases of CSA were documented over a seven month period using semi structured questionnaire. The results were analyzed using SPSS version 16 and presented with tables.

Results: A total of 80 cases of CSA was reported during the study period with an average of 11.4 cases per month. The mean age of the victims was 10.8 yrs. Females were affected in 97.5% of cases. Thirty one of the victims are secondary school pupils and 16 (20%) of them are preschool children. The age group of the perpetrators commonly involved is 21 – 25 yrs. The use of force was documented in 78.8% of cases while in 21.2%, manipulation was imployed by the perpetrators. Most commonly, neighbours were the culprit accounting for 57.3%. Most abuses were committed during the day (65%) and vaginal penetration is the most common form of assault. Only 33.8% of cases reported within 24 hrs of abuse.

Conclusion: CSA is common in Benin City and only a few present early to the hospital for evaluation.

INTRODUCTION

According to the United Nation Convention on the Right of the Child (UNCRC) and the African Charter, a child is referred to as a person that is below the age of 18 years.[1, 2] This age group is exposed to numerous forms of maltreatment including sexual abuse. Childhood sexual abuse (CSA) occurs when a child is engaged in sexual activities that he or she cannot comprehend, for which he or she is developmentally unprepared and cannot give consent, and/or that violate the law or social taboos of society.[3] These sexual activities include all forms of oral-genital, or anal contact by or to the child or abuse that does not involve contact, such as exhibitionism, voyeurism, or using the child in the production of pornography.[4]

The global magnitude of sexual abuse can be likened to an iceberg because it has continued to be under-reported. According to the United Nations (UN) Study on Violence, 150 million girls and 73 million boys under the age of 18 experienced CSA worldwide in 2002.[5] CSA accounts for about 10% of cases of child abuse in the United States.[6] Various reasons have been adduced for the under-reporting, including 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.[7]

Children may be sexually abused by both adults and other children (who are by virtue of their age or stage of development) in a position of responsibility, trust or power over the child victim.[7, 8]

There has been increasing public awareness and reporting of CSA in developed countries, while there has been paucity of information on this subject in developing countries. There is dearth of data on this subject and only few studies have been published on the subject in Nigeria. [9 – 11]

This study is undertaken to evaluate the burden of CSA in Benin City.

Objective: This study seeks to evaluate the frequency of CSA as reported in Central hospital Benin City and to determine the dermographic profile of the victims and the perpetrators of sexual assaults, as well as the clinical presentations of the victims.

MATERIALS AND METHODS

This is a prospective study conducted at the Central Hospital, Benin City. All cases of CSA presenting to the outpatient department over a seven months period (March 1 to September 30, 2013) were documented prospectively using a semi structured questionnaire.

The study participants consented to partake in the study. The study was approved by the ethical committee of the hospital.The data was analyzed using SPSS version 16 software. Results will be presented in tables, figures and charts.

RESULTS

A total of 80 cases were reported during the study period with average of 11.4 cases per month. The mean age of the victims was 10.8 years. Females account for 78 (97.5%) cases. Secondary school pupils account for about 39% (31) of cases while preschool children were involved in 20% (16) cases.

Most (63.8%) of the victims reside in public compounds; 72.5% (58) of CSA victims reside with both parents. In 69 (86.2%) cases, the reason for hospital visit was for the purpose of litigation. Details of the Sociodemographic parameters are presented in table 1 and Figure 1.

The most frequent age group of the perpetrators is those between the ages of 21 – 25 years. More than one (gang) perpetrators were involved in 25% of cases. Twenty (25%) of the victims have been assaulted on more than one occasion.

Most (65%) of these assaults were committed during the day. The perpetrators used force in 78.8% of cases and manipulations in 21.2%. The perpetrators include neighbors, blood relatives, acquaintance, strangers and authority figures in 46 (57.3%), 4 (5.0%), 11 (13.8%), 12 (15.0%) and 7 (8.8%) respectively.

Vaginal penetration was involved in 60 (75%), fingering 13(16.2%), anal penetration 4 (5.0) and oral sex in 3 (3.8%) of cases. Only 27 (33.8%) cases reported to the hospital within 24 hrs of assault. Details of the perpetrator and nature of assault are presented in table 2 and figure 2.

Physical examination findings include torn hymen, genital bruises, genital bleeding, genital discharge and non genital injuries in 54 (67.5%), 13 (16.2%), 4 (5.0%), 5 (6.2%) and 4 (5.0%) subjects respectively as shown in table 3.

Table 4 shows the monthly income of both parents of the victims.

There was a significant association between age group of victim, time of assault and method of assault as shown in tables 5 and 6.

Table 7 is a cross table on the age group of victims and the nature of assault.

Table 8 is a cross table showing the relationship between the age group of victims and the type of perpetrator.

DISCUSSION

There various instruments and institutions including the United Nations Convention on the Rights of a Child condemn child sexual abuse. Despite the universal condemnation of CSA, available evidence worldwide indicates that child sexual abuse is not only widespread but is on the increase. We documented 80 cases of CSA with an average of 11.4 cases per month. In South Eastern Nigeria, Chinawa et al[10] in Ebonyi state University Teaching Hospital (EBSUTH) reported 33 cases in a retrospective study over a twelve month period. Similarly, Abdulkadir et

al[9] in Kano state reported 81 cases in an 18 month review of CSA in a general hospital. Tukur et al also in Northern Nigeria reported a lower prevalence with 16 cases documented over a three years review. The prevalence of CSA may vary from one region to another depending on the social and moral values of the people as well the nature of the study facility where the study is conducted however from the above evidence, it is obvious that the prevalence of CSA is high in Benin City. The high rate of CSA may have an association with the high rate of child trafficking and prostitution in the state.[13, 14] It is possible that the high rate documented in Benin City may be due to increased level of awareness and higher health seeking behaviour of the populace.

The average age of the victims was 10.8 years. This is similar to the observations Abdulkadir[9] and Tukur[12] who reported 9 years and 9.4 years respectively. CSA in this study seem to increase with age with a peak between the age range of 10 – 12 years after which there was a steady decline. This is in concordance with the report of Ikechebelu et al[11] in South Eastern Nigeria. They noted in their systematic survey of reported cases of child sexual abuse in three major towns including the capital city of Enugu that 60% of affected girls are below the age of 12 years. This differs slightly with the observation of Abdulkadir et al who noted a double peak with the greater involving those between 3 – 5 years and a lesser peak between 11 – 15 years.

Females are most at risk of being abused sexually. Seventy eight of the victims (97.5%) in this are females. It is not surprising that the proportion of male victims reported was low as males are less likely to report CSA than females.[15, 16] Steven however reported a high number of male CSA in his 3-years hospital study in South Africa.[17]

All the perpetrators in the study are males. Males of different age groups were involved including those of similar age range with the victims. There was a steady increase in child

involvement with a peak noted at 21 – 25 years. This is different from the observations of Abdulkadir et al who documented 7.6% of child perpetrators.[9] Woodmark and Welman also noted the high degree of young pupils involvement in sexual offences in South Africa.[18] Gang involvement was documented in 25% of cases in this study. This is significantly higher than the findings of Chinawa and Abdulkadir et als[9, 12] in their separate studies.

It is a fact that offenders of CSA are are more likely to be people of trust (relatives, friends) than strangers. We observed that most abuses were perpetrated by neighbors and acquaintances with strangers accounting for 15%. This similar to the observations of Whealin et al that about 30% of all perpetrators of sexual abuse are related to their victim, 60% of the perpetrators are family acquaintances like a neighbour, baby sitter or friend; and 10% of the perpetrators in child sexual abuse cases are strangers. Child abuse offenses where the perpetrator is related to the child, either by blood or marriage, is a form of incest described as intrafamilial child sexual abuse.[19]

Day time abuse was significantly higher than nocturnal abuse. Parents and majority of the family members are likely to be away from home during the day thus exposing the young lads to unsuspected perpetrators which were mainly neighbours as observed in this study.

Children from all socioeconomic background may be affected but notably low socioeconomic status may be a serious risk factor.[11, 20] Children from such homes are more likely to be involved by their parents in activities such as street hawking to meet their financial obligations.

The effect of CSA on its victims cannot be underestimated. This may range from medical complications such as pregnancy, transmission of sexual transmissible diseases such as HIV, HBV, HCV, syphilis among others; psychological such as depression, post traumatic stress disorder, phobia, suicide among others and physical (chronic pain syndrome).[20] Though this is

not the focus of our study, it worth mentioning that the harm caused by this act may have effects that may adversely affect its victim through out their entire life.

We observed a delay in hospital presentation by the victims. Twenty seven (33.8%) of the victims presented within 24 hrs of the abuse. This has alot of implications on the chances of transmitting veneral infections especially HIV infections viz-a-viz the benefit of post exposure prophylaxis. Also the delay may result in the loss of some of the forensic materials that may serve as an exhibit for the abuse.

Vaginal penetrations is the leading form of CSA abuse found in this study followed by indecent fingering. A few cases of anal penetration involving males were documented. The later accounted for those without any evidence of assault. Absence of obvious signs of assault is common with male CSA and may contribute to the low number of males who seek medical and legal support.

CONCLUSION

Childhood sexual abuse is common in Benin City and has potential of causing seroius adverse effects on it's victim. Victims and their guardians should endeavour to seek proper and immediate care to forestall physical, social and psychological complications. The relevant agencies should punish offenders as a deterrant to others.

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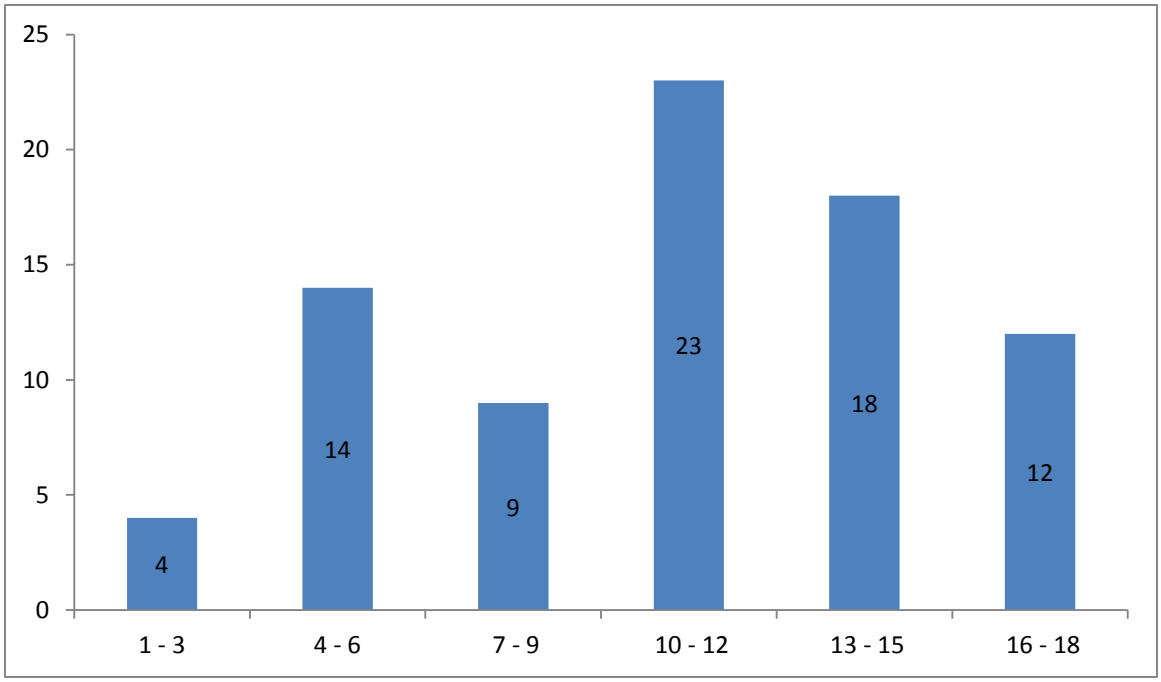

Fig 1: Bar chart showing age group distribution of victims

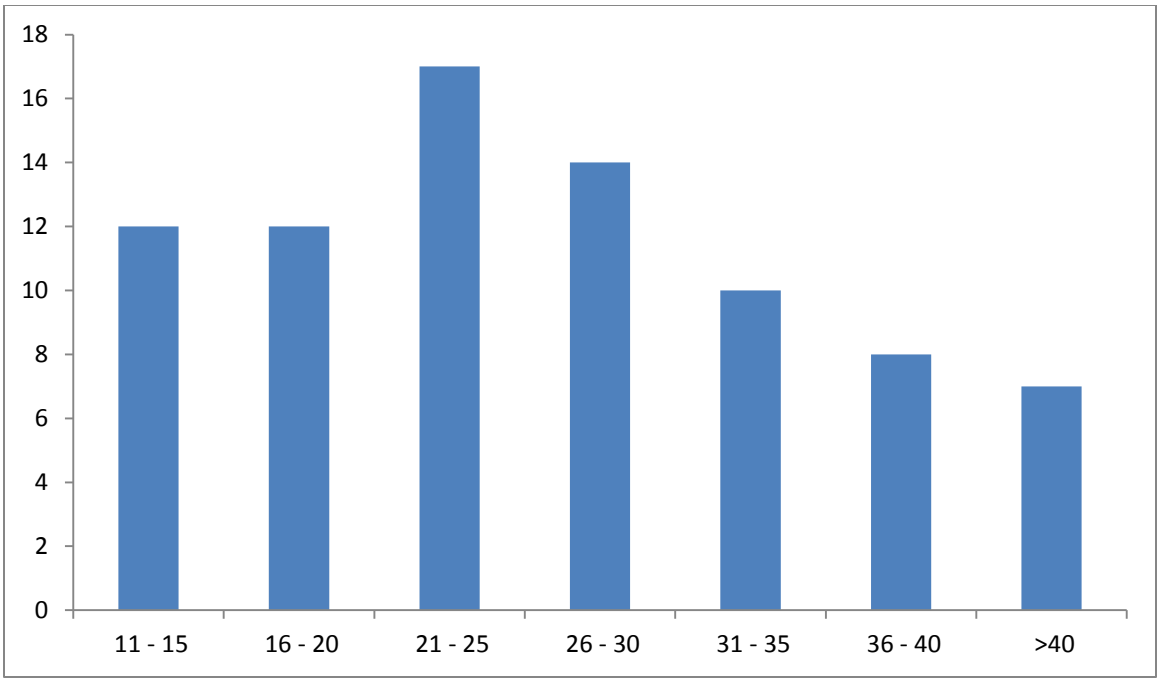

Fig 2: Bar Chart showing the Age group of Perpetrators

Table 1: Sociodemographic Parameters of the Victims

Variables	N = 80
Age (Mean ± SE)	10.81 ± 0.5
Sex	
Females	78 (97.5)
Males	2 (2.5)
Educational Background	
Preschool	16 (20.0)
Primary	29 (36.2)
Secondary	31 (38.8)
Tertiary	4 (5.0)
Religious Background	
Christians	77 (96.2)
Moslems	3 (3.8)
Nature of Residence	
Public house	51 (63.8)
Single unit	12 (15.0)
Exposed house	10 (12.5)
Fenced house	7 (8.8)
Ethnic group	
Delta	18 (22.5)
Edo	48 (60.0)
Igbo	11 (13.75)
Yoruba	2 (2.5)
Hausa	1 (1.25)
Family structure	
Living with both parents	58 (72.5)
One of the parents separated	7 (8.8)
Living with foster parents/Guardian	14 (17.5)
Living alone	1 (1.2)
Reasons for Hospital visit	
Ligation	69 (86.2)
Medical Care	8 (10.0)
Non specific	3 (3.8)

No of Perpetrators involved	Frequency (%)
One	60 (75.0)
Two	6 (7.5)
Three	9 (11.2)
More than three	5 (6.2)
Frequency of Assault	
Once	60 (75.0)
Twice	7 (8.8)
More than twice	13 (16.2)
Time of assault	
Day	52 (65.0)
Night	28 (35.0)
Method used by Assailant	
Forced	63 (78.8)
Manipulative/Bait	17 (21.2)
Relationship with Perpetrator	
Neighbour	46 (57.3)
Blood relation	4 (5.0)
Acquaintance	11 (13.8)
Stranger	12 (15.0)
Authority Figure	7 (8.8)
Type of Sexual Violence	
Anal Penetration	4 (5.0)
Oral Sex	3 (3.8)
Vaginal Penetration	60 (75.0)
Indecent Assault/Fingering	13 (16.2)
Time interval between incident and presentation	
Within 24 hrs	27 (33.8)
1 – 7 days	35 (43.7)
8 – 14 days	6 (7.4)
More than 14 days	12 (15.0)

Table 2: Some details about Perpetrators and the Assault

Physical examination findings	Frequency (%)
Torn Hymen	54 (67.5)
Genital Bruises	13 (16.2)
Genital Bleeding	4 (5.0)
Genital Discharge	5 (6.2)
Non Genital Injuries	4 (5.0)

Table 3: Physical Examination Findings on the victims

Mother's income(US Dollars)	Frequency
≤ 60	24
61 – 300	14
301– 600	2
>600	3
Unspecified	37
Father's income	
≤ 10, 000	8
61 – 300	20
301– 600	7
>600	3
Unspecified	42

Table 4: Income of parents of the Victims

Age (years)	Time of Assault		
	Day	Night	Total
1 – 3	3 (5.8)	1 (1.2)	4 (5.0)
4 – 6	12 (15.0)	2 (2.5)	14 (17.5)
7 – 9	5 (6.2)	4 (5.0)	9 (11.2)
10 – 12	18 (22.5)	5 (6.2)	23 (28.8)
13 – 15	10 (12.5)	8 (10.0)	18 (22.5)
16 – 18	4 (5.0)	8 (10.0)	12 (15.0)
Fisher's Exact test, P = 0.0493			

Table 5 : Crosstable of age of victims and time of assault

Age Group (years)	Method of Assault		
	Force	**Manipulative/Bait**	**Total**
1 – 3	3 (3.8)	1 (1.2)	4 (5.0)
4 – 6	7 (8.8)	7 (8.8)	14 (17.6)
7 – 9	8 (10.0)	1 (1.2)	9 (11.2)
10 – 12	17 (21.2)	6 (7.5)	23 (28.7)
13 – 15	16 (20.0)	2 (2.5)	18 (22.5)
16 – 18	12 (15.0)	0 (0.0)	12 (15.0)
Fisher's Exact test, P = 0.0292			

Table 6 : Crosstable of age of victims and method of assault

Age Group (yrs)	Nature of Assault				
	Anal Penetration	Oral Sex	Vaginal Penetration	Indecent Assault/Fingering	Total
1 – 3	0 (0.0)	1 (1.2)	0 (0.0)	3 (3.8)	4 (5.0)
4 – 6	2 (2.5)	0 (0.0)	6 (7.5)	6 (7.5)	14 (17.5)
7 – 9	0 (0.0)	0 (0.0)	6 (66.7)	3 (3.8)	9 (11.2)
10 – 12	1 (1.2)	2 (2.5)	20 (25.0)	0 (0.0)	23 (28.7)
13 – 15	1 (1.2)	0 (0.0)	16 (20.0)	1 (1.2)	18 (22.5)
16 – 18	0 (0.0)	0 (0.0)	12 (15.0)	0 (0.0)	12 (15.0)

Table 7 : Crosstable of age of victims and the type of assault

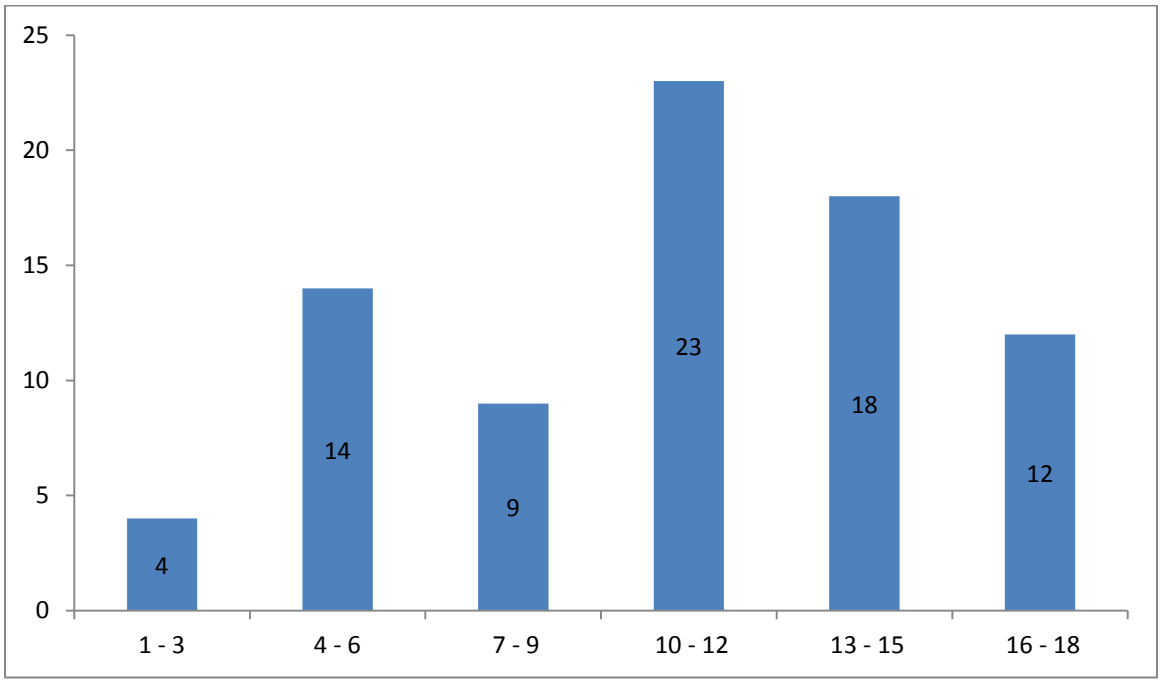
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Fig 1: Bar chart showing age group distribution of victims

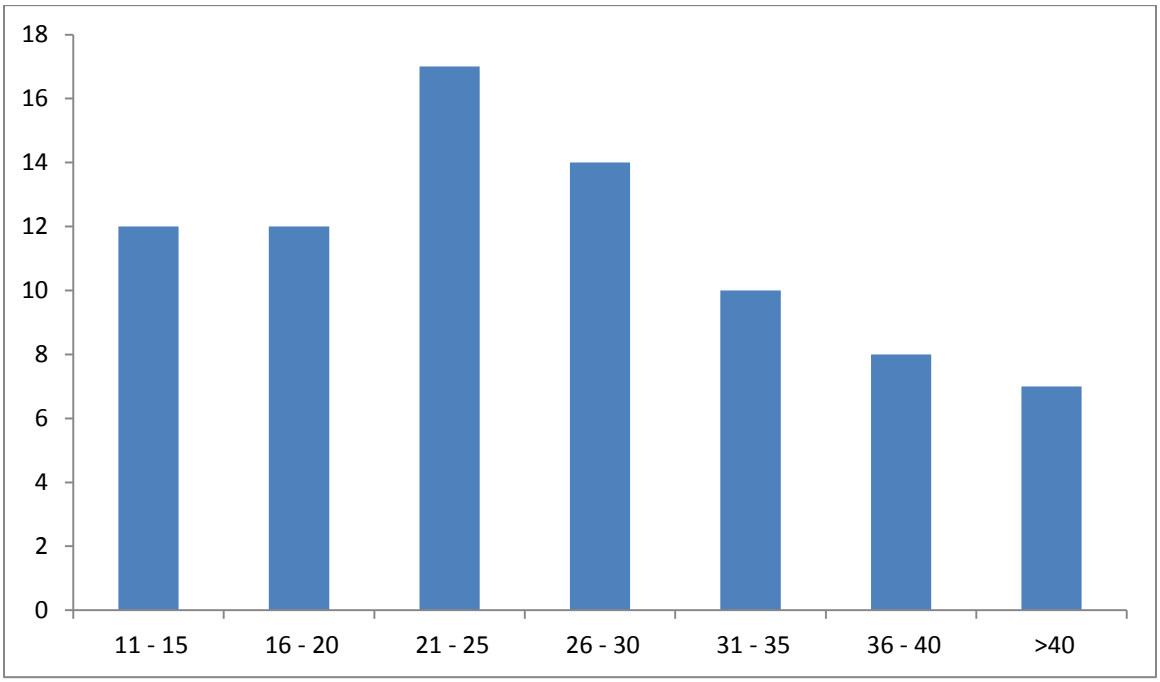

Fig 2: Bar Chart showing the Age group of Perpetrators

No of Perpetrators involved	Frequency (%)
One	60 (75.0)
Two	6 (7.5)
Three	9 (11.2)
More than three	5 (6.2)
Frequency of Assault	
Once	60 (75.0)
Twice	7 (8.8)
More than twice	13 (16.2)
Time of assault	
Day	52 (65.0)
Night	28 (35.0)
Method used by Assailant	
Forced	63 (78.8)
Manipulative/Bait	17 (21.2)
Relationship with Perpetrator	
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61 – 300	20
301– 600	7
>600	3
Unspecified	42

Table 4: Income of parents of the Victims

Age (years)	Time of Assault		
	Day	Night	Total
1 – 3	3 (5.8)	1 (1.2)	4 (5.0)
4 – 6	12 (15.0)	2 (2.5)	14 (17.5)
7 – 9	5 (6.2)	4 (5.0)	9 (11.2)
10 – 12	18 (22.5)	5 (6.2)	23 (28.8)
13 – 15	10 (12.5)	8 (10.0)	18 (22.5)
16 – 18	4 (5.0)	8 (10.0)	12 (15.0)
Fisher's Exact test, P = 0.0493			

Table 5 : Crosstable of age of victims and time of assault

Age Group (years)	Method of Assault		
	Force	**Manipulative/Bait**	**Total**
1 – 3	3 (3.8)	1 (1.2)	4 (5.0)
4 – 6	7 (8.8)	7 (8.8)	14 (17.6)
7 – 9	8 (10.0)	1 (1.2)	9 (11.2)
10 – 12	17 (21.2)	6 (7.5)	23 (28.7)
13 – 15	16 (20.0)	2 (2.5)	18 (22.5)
16 – 18	12 (15.0)	0 (0.0)	12 (15.0)

Fisher's Exact test, P = 0.0292

Table 6 : Crosstable of age of victims and method of assault

Table 7 : Crosstable of age of victims and the type of assault

Age Group (yrs)	Nature of Assault				
	Anal Penetration	Oral Sex	Vaginal Penetration	Indecent Assault/Fingering	Total
1 – 3	0 (0.0)	1 (1.2)	0 (0.0)	3 (3.8)	4 (5.0)
4 – 6	2 (2.5)	0 (0.0)	6 (7.5)	6 (7.5)	14 (17.5)
7 – 9	0 (0.0)	0 (0.0)	6 (66.7)	3 (3.8)	9 (11.2)
10 – 12	1 (1.2)	2 (2.5)	20 (25.0)	0 (0.0)	23 (28.7)
13 – 15	1 (1.2)	0 (0.0)	16 (20.0)	1 (1.2)	18 (22.5)
16 – 18	0 (0.0)	0 (0.0)	12 (15.0)	0 (0.0)	12 (15.0)