

Sexual Assault of a 4-year Old Girl Child by a Minor: One Case Too Many

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ABSTRACT

Background: The infringement on the rights of the child is referred to as child sexual abuse or assault. Apart from the physical scars, there are associated psychological consequences on the victim. It is an important social problem with paucity of local scientific data. **Aim:** This case report is aimed at evaluating the characteristics of this victim of child sexual abuse who presented at the emergency unit of a private hospital and to suggest solutions on how to curb this social problem. **Case:** She was miss OT a 4-year old nursery 3 pupil accompanied by her mother who presented at the Pediatrics and Obstetrics/Gynecology units of First Rivers Hospital, Port Harcourt, Rivers State, Nigeria with complaint of rape by a 14-year old boy. She was managed accordingly and the necessary medico-legal protocols taken. **Conclusion:** Child sexual abuse is not uncommon in our environment based on the information gotten from the media space on a daily basis. Multidisciplinary management approach should be instituted for the abused involving the clinical psychologist, psychiatrist, pediatricians, gynecologist and other professionals. The law should be allowed to run its full course as the victims go through a lot, with psychological scars taking a long time to heal.

Keywords: Sexual assault, Girl, Child, Minor

INTRODUCTION

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 comprehend is a sexually abused child [1]. This involves genital anal or oral contact with the child [2]. It also entails non-touching abuses including voyeurism, exhibition or engaging the child in pornography, internet inclusive [3]. The intention is to sexually gratify the perpetrator [1,2]. Furthermore, it includes acts such as sexual harassment, rape, sexual assault, molestation and incest [2]. About 60% of the perpetrators are non-relatives examples of such are neighbours, family friends and house maids. However, close relatives who are perpetrators of acts of sexual abuse contribute to about 30% and these include brothers, fathers, cousins and uncles [2]. Strangers are the least offenders of child sexual abuse contributing about 10% [3]. In majority of cases

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men are found to be the assailants irrespective of the sex of the child [2,3]. However, in a study by Denvor 50% of child sexual abuse in girls were the perpetrators [4]. Literatures from the developing countries of the world have shown that child sexual abuse is on the increase; study at southwest Nigeria revealed that 15% of young females reported forced penetrative sexual experience [12,5-7]. Seventy percent of the total rape

cases in Nigeria are child rape; of which approximately 1200 girls were raped in a study conducted in Rivers State, Nigeria [1]. Pockets of studies on child sexual abuse cases have been conducted in this part of the world; sexual exploitations experienced by child hawkers in south eastern Nigeria which revealed that out of the sixty seven abused girls only seven reported the case to the police [7]. In a study conducted in north central Nigeria between January 2001 and December, 2004, from police records of sexual violence among children and the young 63 cases involved children less than 15 years [7]. There is an agreement by mental health and childcare professionals that child sexual abuse is not uncommon in our sub-region [8,9].

Researchers have shown that child sexual abuse is as high as 30% in Africa; a typical example is Tanzania [8]. Some countries with prevalence rates of child sexual assault greater than one fifth include 37.8% in Australia, 32.2% in Costa Rica, 30.7% in Israel, 28,1% in Sweden. In the study conducted by the Centre for Disease Control and the US Department of Justice revealed the prevalence of being forced to have sex at some point in time in their lives as 11% and 4% of the high-school girls and boys respectively [8,9]. India has the highest number of child sexual abuse globally [8]. A total of 33,098 cases of sexually abused Indian children were reported in 2011, compared to 26,694 reported in 2010 with an increase of 24% [8,9]. The challenges of child sexual abuse are numerous in sub-Saharan Africa. Examples are lack of social coordinating network, under-reporting, poor handling by the police, discouraging legal system and lack of clear cut definition of what constitutes such abuse and lack of accurate data on the prevention of child sexual abuse. This case report is one too many of child sexual abuse aimed at creating awareness on this poorly addressed social problem in the South-South region of Nigeria and preventing them from re-occurring.

CASE REPORT

She was miss OT a 4-year old nursery 3 pupil accompanied by her mother who presented at the Pediatrics and Obstetrics/Gynecology units of First Rivers Hospital, Port Harcourt, Rivers State, Nigeria with complaint of rape by a 14-year old boy. She was managed accordingly and the necessary medico-legal protocols taken. The incident was witnessed by the assailant's guardian who caught him in the act. On Physical examination she had bruises on her face (inflicted by the assailant). The Vaginal orifice greater than 2cm, no obvious discharge or bleeding or erythema, her hymen was not intact. A diagnosis of sexual assault was made. Investigations requested for were; Hepatitis B surface antigen was negative, retroviral screen was sero-negative to Human Immunodeficiency viruses I &II, Venereal Disease Research Laboratory test as non-reactive, urine microscopy revealed presence of epithelial cells and vaginal swab test yielded no growth.

Her managing team was made up of gynecologists, pediatricians and psychiatrists. Mother and child were counseled, oral antibiotics were also prescribed. Post-Exposure Prophylaxis (Anti-Retroviral) was not given as duration at presentation was greater than 72 hours following the incident. She is presently on follow up at pediatric outpatient clinic.

DISCUSSION

In Nigeria as well as neighboring sub-Saharan countries there are few population based studies to precisely estimate the prevalence of child sexual abuse. Institution based studies have been documented in small scale [1]. This is partly as a result of poor record keeping as well as the under reporting of child sexual abuse [1,2]. The very few children who are victims of child sexual abuse brought to the hospital by guardians were brought for the fear of probable medical complications that may ensue from such abuse. A research conducted at south west Nigeria revealed that a sub-set of

young females reported forced penetrative sexual experience [1,8]. Some studies done in developing countries reported fewer children under the age of five to be less frequently abused compared to children more than five years. This was in agreement with the study done in north central, Nigeria [7]. However in a study at south east Nigeria it was reported that over 50% of children who were sexually abused were less than 5 years [6]. There are different schools of thought for this. One of the reasons suggested was that caregivers in their study are more alert and suspicious of child abuse, while the other could be that child sexual abuse within the home environment involves younger unsuspecting children who may not be aware of what was going on. Our patient O T was 4 years old.

About 11% of cases of child sexual abuse in females were reported in a USA study [8]. Singh et al reported that males were found to be the assailants in most cases, irrespective of the gender of the victim [4]. For our patient O T the assailant was a 14 year old male, who lived in the neighborhood. Researchers have revealed that victims of child sexual abuse may be either male or female [1,2,6]. The victim in this case report was a 4 year old female child. Clinical features of victims of child sexual assault include vaginal discharge or bleeding per vaginam, vaginal tenderness, wide vaginal orifice and a torn hymen [1]. The index patient O T had a wide vaginal orifice and a torn hymen. Physical injuries are uncommon in male abused children except where penetration was through the rectum [1,5]. Furthermore, male sexually abused children are less suspected in our environment [1]. Females abusing male children may do so without any trace to the act and the male victim may find the act pleasurable [1,6]. In situations where, female 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 stretched [1,8].

Penetrating sexual trauma is associated with bruising or deep hymenal notches and lacerations [1,6]. Our patient O T had 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 [1,7]. In a suspected child sexual abuse sexually transmitted infections (STI) should be ruled out [1,3]. This is important because this may be the only pointer to the crime especially in male assailants [1,6]. In a study in south eastern Nigeria, all the victims tested negative to STI. However, this is contrary to studies in developed countries where some percentage of the victims had positive culture for gonorrhoea or Chlamydia [7]. In the developing countries like ours due to lack of finances and poor laboratory support, sometimes these investigations are not carried out.

Our patient OT presented five days after the incident and because she was of pre-pubertal age she did not receive any prophylactic contraceptives. Perpetrators are usually familiar with the victim [7,11]. This was the case of our perpetrator who was a 14 year old next door neighbor. This was revealed by their residential pattern (open compound) which makes it more susceptible for child sexual abuse. The guardian of the abused was a single mother who had secondary level of education and of poor financial status. She was yet to prosecute the perpetrator, bearing in mind the high legal fees. However, legal aids are occasionally provided by non-governmental organizations and legal practitioners associations.

Perpetrators of child sexual abuse may have had previous history of similar acts or anti-social behaviour [6,12]. There are myriads of presentations of a sexually abused child which include recurrent fondling of the genitalia, interest in the opposite sex, pain at or discharge from the genitalia, trauma or wound on the genitalia, incidental findings by the child's health care provider or during medical examination [1]. In the index case the incident of the sexually abused child was reported by the guardian of the perpetrator, who caught him in the act. The importance for a good communication between guardians, parents or care givers and children cannot be over emphasized. There is 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 and dressing. In addition, mothers should have a high index of suspicion to child sexual abuse.

Studies have shown that perpetrators often times threaten the sexually abused children not to tell anyone about the act. The initial statements by an abused child may be incoherent or incomplete and should not be taken for granted. A good number of children who report sexual abuse are not believed, if the child is ignored, he or she, may not risk reporting the act anymore [4,10,11]. In our society, sex education is rarely taught in schools; issues concerning sexuality is frowned at. As a result, the child could remain a victim of sexual abuse for months or years. The mother of the victim was yet to 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 in south east Nigeria in which only one case out of ten cases of sexually abused children was reported to the police [6,12]. The only case that was reported to the police was withdrawn after much pleading from the offender's relations [7]. Researchers from north central Nigeria documented similar findings, where over half of the reported cases to the police were abandoned by victims or guardians.⁷ It is quite unfortunate that the frequency of child sexual abuse may continue to increase unless the perpetrators are prosecuted.

The question is, 'do the police have the right to drop the criminal charge of child sexual abuse due to pleading?' This has been the finding in various studies [5-8,9-11]. We should emphasise article 10 of the United Nations Rights of the Child (which Nigeria ratified in 1991) [11,12]. 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 sexual 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.

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 of offenders.

RECOMMENDATIONS

The Public enlightenment campaigns and advocacy by engaging non-governmental organisations (NGOs), religious groups and the general populace on child sexual abuse, consequences and preventive measures. In addition, involving professionals to be involved in caring for children that have been sexually abused. Furthermore establishing support services to survivors and enforcing stiff penalty for assailants. There is also the need for collaboration between organisations locally and internationally that have the vision to curb this disastrous crime against humanity.

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