CASE REPORT

A Case Study of Sexual Abuse of a Minor

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Abstract

Child Sexual Abuse (CSA) is a crime against children. It is largely underreported and commonly goes unpunished in our society as it is commonly perpetrated by close ones including family relations. Victims are left with the adverse sequelae associated with it sometimes for life. This report highlights the management of a case of PID in a child as a result of incest perpetrated by her father. It also brings to fore the problems and challenges of child sexual abuse in Nigeria. The patient was a 17 year old 100 level university student who lost her mother at the age of 14 and was living with her father alone. The father sexually abused her repeatedly for two years. She became pregnant and had the pregnancy illegally terminated at seven weeks gestation via dilatation and curettage. The procedure was complicated by Pelvic Inflammatory Disease (PID) which necessitated her presentation at the clinic where she was treated. The case brings to the fore the problem of child sexual abuse in Nigeria and its attendant sequelae. The health care providers should have a high index of suspicion for CSA when attending to minors and address sexual problems including CSA where present. *(Afr J Reprod Health 2016; 20[1]: 109-113).*

Keywords: Tear break-up time, Schirmer's test, Intraocular Pressure, Pregnancy, Child, Crime, Incest, PID

Résumé

L'abus sexuels sur enfant (ASSE) est un crime contre les enfants. Il est largement sous-déclarée et va souvent impunis dans notre société comme il est communément perpétrés par les proches, y compris les relations familiales. Les victimes se retrouvent avec les séquelles néfastes qui lui sont associée parfois à vie. Ce rapport met en lumière la g estion d'un cas de MIP chez une enfant suite à l'inceste commis par son père. Il met aussi en évidence les problèmes et les défis de l'abus sexuel sur enfant au Nigeria. La patiente était une jeune fille de 17 ans, étudiante de première année à l'université qui a perdu sa mère à l'âge de 14 ans et vivait avec son père seul. Le père l'a abusé sexuellement à plusieurs reprises pendant deux ans. Elle est tombée enceinte et a eu l'interruption de grossesse illégalement à sept semaines de gestation par dilatation et curetage. La procédure a été compliquée par la maladie inflammatoire pelvienne (MIP) qui a nécessité sa présentation à la clinique où elle a été traitée. L'affaire met en évidence le problème de l'exploitation sexuelle des enfants au Nigeria et ses séquelles auxiliaires. Les fournisseurs de soins de santé devraient avoir un indice élevé de suspicion de ASSE lorsqu'ils assistent à des mineurs et de traiter les problèmes sexuels, y compris ASSE lorsqu'ils sont présents. *(Afr J Reprod Health 2016; 20[1]: 109-113).*

Mots-clés: Tear temps rupture, test de Schirmer, la pression intraoculaire, la grossesse enfant, le crime, l'inceste, MIP

Introduction

Child Sexual Abuse (CSA) is a major social problem globally[1-4]. It is a criminal act that involves using children to gratify the sexual desires of adults[4]. It is the involvement of a child in a sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared for and cannot give consent to, or that violates the laws or social taboos of society[5,6]. In Nigeria, a child is defined as someone below the age of 18 years[7]. This is also the United Nations definition of a child as contained in the United Nations Convention on the Rights of the Child (CRC) which explicitly states that everyone under the age of 18 (the definition of a child), regardless of gender, origin, religion or possible disabilities, needs special care and protection because children are often the most vulnerable. It also states that sexual acts with children are assumed to be crime and punishable by the law. It asserts the child's right to be protected against all forms of sexual abuse and exploitation including being forced to engage in unlawful sexual activities, prostitution and pornography[8].

In most cases, the perpetrators are known to the victim and may actually be someone in her family or her relatives[1,4]. Abuse by friends, including family friends and acquaintances are also common[2]. Such friends usually take advantage of the closeness to the victims or her

family to perpetrate the crime which is usually committed in complete secrecy[4]. Child sexual abuse is underreported[1,4,8,9]. This is due to several factors among which is the problem of stigmatisation[2,4,9]. The child usually does not disclose the crime as the perpetrators beg and threaten their victim against disclosure[2]. When the victim eventually disclose the crime to her parents or other relatives or friends they are further discouraged from reporting to the law enforcement agencies, either because the perpetrator is a family member and the parents want to protect the family name or they are scared of being ridiculed by the society[9]. The few that eventually get reported to the law enforcement agencies are commonly not given the attention they deserve[9]. Thus most perpetrators go unpunished[2]. The victims also do not usually present to the health facility for medical evaluation unless there is an obvious health challenge[9]. They therefore do not get medical help to overcome the trauma associated with the crime nor receive screening or prophylaxis for possible infections like HIV or even treatment for injuries as well as emergency contraception to prevent unwanted pregnancies[9]. Some victims of CSA had their sexual debut against their wish[9,10]. This has serious consequences on the victims' future sexual relations. CSA can have a profound impact on the physical, psychological and social wellbeing of survivors. It can result in genital and bodily injuries as well as expose victim to HIV and other STIs, unwanted pregnancy, urinary tract infection, depression and post-traumatic stress disorder[10]. The experience of repeated sexual trauma tend to make the victim to become hyper-vigilant, prone to physical symptoms (i.e., pelvic, back, and abdominal pain, headaches, as well as tremors) and is capable of making them withdraw to themselves and lose trust in humanity. It can also make them live in fear, have low self-esteem and affect their school performance[9].

This case report highlights the occurrence of child sexual assault by a family member and aims to create awareness of the condition in our society with a view to prompt recognition and management of the condition and its sequelae. It also emphasises the need for detailed clinical history including family and social history to identify problems that may have otherwise been missed.

Case Report

Miss OA, a 17 year old P_0^{+1} 100 level accounting student whose last menstrual period was two days prior to presentation presented alone to the General Outpatient Clinic with complaints of lower abdominal pain of five days duration with associated fever, dysmenorrhea and foul smelling purulent vaginal discharge. The patient had been repeatedly assaulted sexually by her father for two years. Her mother, a 38 year old trader died three years earlier from a road traffic accident. She was the only child of her father who was a 48 year old civil servant. He did not use condom but practised coitus interruptus with her. She however became pregnant and the father made her have an illegal termination of pregnancy via dilatation and curettage at 7 weeks gestation in a private facility a month prior to presentation. She could not ascertain whether the person who did the procedure was a doctor or not. She attained menarche and coitarche at 13 and 14 years respectively and does not have any sexual partner apart from her father who enticed her with gifts and presents and threatened to kill her should she tell anybody. She had lived in fear over the preceding two years worsened by coming home or hearing the father's footsteps particularly as night approached. She felt her problem was related to her mother's demise and blamed God for her predicament which had significantly affected her functionality as she could no longer concentrate on her studies and her academic performance had been on the decline. She also was scared of engaging in any relationship with the opposite sex. She was hopeful of a lasting solution to her ordeal. She was examined and culture of endocervical swab done. A diagnosis of PID was made and she was treated with intravenous antibiotics for 48 hours after which she was discharged and placed on oral antibiotics for two weeks.

While on admission, the father who came to see her two hours after presentation when she called him that she had been admitted was engaged by the staff of the hospital social services with the attending physician in attendance. He

confirmed the above history and begged for leniency claiming it was the handiwork of the devil. The patient also begged that the police should not be informed as she feared the stigmatization she would be subjected to if the matter was brought to the public domain, she was also scared that the father who was responsible for her schooling would not be able to continue to take care of her if imprisoned and that would lead to more suffering for her. Based on the above, the hospital management did not report the case to security agencies which was the appropriate thing to do. The father was however warned and told the legal implication of what he has done and warned to refrain from subsequent abuse of the girl or face the wrath of the law.

The father promised to stop assaulting her sexually and said he would remarry (or have a consort while he searches for a new wife) to satisfy his sexual urge. They were given appointment for two weeks during which she came together with her father and was clinically ok and the father was still committed to his promise not to sexually assault her. Two months later she came for further follow up, this time coming alone. She admitted that the father had not assaulted her ever since discharge and she has returned to her studies. She thanked the doctors and other members of the management team for their intervention.

Discussion

Miss OA was sexually abused by her father on the demise of her mother. She was been raised by her father having lost her mother at the age of fourteen. She was subjected to sexual abuse by her own father as she lived with him alone in the house.

Child Sexual Assault (CSA) is a major problem among female children globally[1-3,11]. It is usually under reported as victims keep it secret from the public and other family members[12,13]. Several reasons have been proposed for the underreporting of CSA[12,13]. These include the fact that the acts are committed in secrecy and are not associated with physical symptoms (the culprits are close friends or members of the family as in the case of OA)[1]. Other reasons for underreporting CSA are the fear of stigmatization and punishment from perpetrators who, like OA's father, usually threaten victims with various punishment including starvation and death[2,4]. The index patient endured the abuse for two years without reporting it.

Perpetrators are commonly close family members[12] or persons known to the victim[2], as was seen in OA who was assaulted by her father.[1] Duru, in a study on child sexual abuse in Bayelsa southern Nigeria found 16.6% of child sexual abuse committed by family members including uncles and cousins[1]. Moore et al in another study on sexual coercion among adolescents in sub-Saharan Africa also found that almost all the victims knew their perpetrators[2]. The hospital environment therefore provides the opportunity to the patient to report the abuse as studies have shown that in a conducive clinical atmosphere especially when the relatives particularly the perpetrators are not present, victims of CSA volunteer information freely to the clinicians[1,12]. This was also true for the index patient. On the first presentation, she was alone with the clinicians and therefore freely volunteered information. This would have been difficult if the father was with her.

Most victims have no knowledge of the appropriateness of obtaining medical care after CSA, they lack support from their family members who seldom believe them or think they are the ones that are promiscuous or dressed or behaved inappropriately[13]. Also most people would prefer to settle the issue within the family without involving the law enforcement agencies – this was the case with the index patient who did not want the matter exposed and the father begging for settlement within the family. There is also the feeling of shame, fear, guilt and being blamed by the victim making them not to disclose that they have been sexually abused and not to seek medical health[1,14]. Poverty has also been reported as a reason for not seeking medical care after CSA[1,10]. Miss OA was scared her father would no longer pay her fees and cater for her if arrested thus terminating her studies.

CSA is associated with various complications. The index patient reported to the hospital on account of pelvic inflammatory disease from unsafe abortion resulting from unwanted

pregnancy due to sexual abuse by her father. Mbachu et al reported a case of third degree perineal tear resulting from sexual assault on a 7 year old pupil by an unknown adult male[15]. Other complications include the long term emotional and psychological damage to the child, (which cannot be ruled out yet in the index patient). People with history of sexual abuse have been found to develop post-traumatic stress disorder more often than war veterans[12]. This is the reason why OA will benefit from a long term follow up and psychological evaluation as the abuse could reduce her self-esteem and adversely affect her future relationships and sexual life.

Conclusion

Child Sexual Abuse adversely affects the victim and can lead to severe consequences like sexually transmitted infections, including HIV/AIDS, unwanted pregnancies, school dropout, mental illness and death.

Recommendations

The following suggestions are recommended to help reduce the scourge of CSA in the society.

1. Health care providers should take a detailed family and social history including sexual history of patients, particularly female children to identify cases of CSA which would otherwise have gone unreported.
2. Identified cases should be addressed promptly and appropriately taking the peculiarities of our society into cognizance with a view to ensuring that the victim is safe from further abuse and as well as prevent complications from the abuse.
3. Appropriate authorities including social departments of health facilities as well as law enforcement agencies should be informed in cases of CSA where necessary.
4. Health care providers should create increased awareness of child sexual abuse and encourage victims to promptly report cases to the appropriate authorities.
5. Government and nongovernmental organisations should also assist in increasing the public awareness on CSA as well as encourage prompt reporting. Blaming the victim should also be discouraged in such awareness campaigns.
6. Government should ensure proper implementation of the Child Rights Act.
7. Law enforcement agencies should arrest and prosecute perpetrators of CSA and those found guilty punished appropriately to serve as deterrent to others.

Contribution of Authors

OSENI, TIA conceived the study, saw the patient first and prepared the case presentation of the manuscript and the conclusion.
LAWANI EO and OYEDEJI AI also co-managed the patient.
All three authors designed the study, contributed to the introduction, discussion and recommendations. They all approved the final manuscript

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