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ALLEGED CASES OF SEXUAL ASSAULT REPORTED TO TWO ADDIS ABABA HOSPITALS
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ABSTRACT

Objectives: **To identify the demographic characteristics of victims, their relation to the alleged assailants, the degree of physical injury, the incidence of pregnancy, the pattern of reporting and the care given to these victims.**
Design: **Cross-sectional prospective study.**
Setting: **Tikur Anbessa and St. Paul's hospitals, Addis Ababa, Ethiopia.**
Patients: **One hundred and seventy reported cases of alleged sexual assault.**
Main outcome measures: **Demographic characteristics, relation to the offender, the rate of pregnancy, the degree of physical injury, time of reporting, and the care given at the hospitals.**
Results: **Victims were mainly children aged less than fifteen years and less educated. Seventy three (42.9%) cases indicated that the offenders were strangers 46.9 (27.1%) were labelled as neighbours. The physical injury identified ranged from minor trauma over the genitalia to perineal injury of major degree. Eleven women (6.5%) were pregnant at the time of reporting. There was significant delay in reporting to the health institution as well as to the police with a mean delay of 15.6 and 18.4 days respectively. The hospital care focussed on the healing of physical injury but not the healing of the psychological trauma**
Conclusion: **Sexual assault is an important health and social problem affecting the young and less educated girls. The importance of early reporting for evidence collection as well as for prevention of the consequences of this aggression is not appreciated by the victims as well as their relatives. There is need for more effort to prevent this crime as well as to improve the care given to the survivors.**

INTRODUCTION

Sexual assault is a serious human right violation. It is one of the most prevalent and fast growing violent crimes affecting all the poor and rich nations in the world today. In the USA, a report of rape is said to reach police departments every 6.4 minutes(1). Among women interviewed in Great Britain and Germany, 23-34% and 16% respectively reported to have been sexually abused during childhood. In Egypt, among 160 women interviewed, sexual aggression was reported in 45% of women from low socio-economic groups. Ermias *et al*(2,3) in a study conducted among high school girls in Ethiopia reported 10.1% attempted and 5.2% completed rape.

Although the incidence of this violent crime is recognised to increase it is as well noted that a significant number of incidents estimated to be 30-50% remain unreported and significant numbers are reported late(1,4,5). The under-reporting masks the prevalence of this crime but the late reporting makes evidence collection as well as prevention and treatment of the consequence of this violence a difficult task.

The physical injury encountered in victims of rape may be variable including genital and non-genital trauma of different degrees. Genital trauma accompanying rape may at times be difficult to establish with gross visualisation. The yield from gross visualisation is said not to exceed 10-30% while the use of colposcope increases the yield up to 92%. The presence of extra-genital trauma is said to be usually indicative of the use of force(5-7).

Victims of rape not only suffer from physical trauma but also from psychological trauma that affects many aspects of a women's life, her physical health, psychological world, her education, participation in public life, the well-being of her family, friends and relatives and others are all-round affected(1,7).

Accordingly the treatment of the victims should include management of acute injuries and associated risks of acquiring or already acquired sexually transmitted diseases and pregnancy, collection of pieces of evidence and management of the psychological trauma that almost always accompanies this aggression(1,5-7).

Despite the fact that sexual violence is a universal problem affecting many aspects of women's life, much has not been done in our set up to describe the magnitude and consequences of this violent crime. This study was designed to focus on reported cases of violence and aims to describe the demographic characteristics of victims, the relation to the offender, the degree of physical injury, the

pattern of reporting and the care given to the victims of this aggression.

MATERIALS AND METHODS

This was a cross-sectional descriptive study in which the study population consisted of victims seen at gynaecological out patient departments of the two hospitals (Tikur Anbessa and St. Paul's hospitals) complaining of sexual assault or referred from police offices for certification, brought by police, relatives or on their own and who were willing to participate in the study. Consent was obtained from the victims or the guardians.

Data were collected using a pre-designed questionnaire. Information on demographic characteristics of the victims, their relation to the offender, and the pattern of reporting were collected by interviewing the victims or the guardian whenever the victim was unable to describe the situation. The degree of physical injury and laboratory results were entered from the chart of the victim.

RESULTS

The victims of sexual assault reporting to the hospitals has been identified to be mainly children, less educated and dependents (Table 1). These young children are mainly assaulted by strangers and their neighbours (Table 2). Incest was identified in 6.5 % of cases. The place of assault was reported to be the house of the offender in 71(41.8%) cases while it was roadside and forest in 39 (25%) cases, victim's house in 19 (11.2%), hotel in 23 (13.5%) and others constituted 18 (10.6%). Neighbours were identified as offenders in 19 (57%) while incest and strangers accounted for three (10%) each in those aged below ten while strangers accounted for 63 (48.8 %) and neighbours for 26 (20.1%) of the offenders in those aged 10-19 (Table 4).

Table 1

Socio demographic characteristics of victims

	No.	%
Age		
1-5	9	5.3
6-10	31	18.2
11-15	65	38.2
16-20	61	35.9
21-25	4	2.4
Total	170	100
Occupation		
Students	94	55.3
Maids	25	14.7
Dependents	39	22.9
Pre-school	9	5.3
Others	3	1.8
Total	170	100
Educational status		
Illiterate	46	27.1
Pre-school	9	5.3
K.G	5	2.9
Primary	89	52.4
Secondary	21	12.4
Total	170	100

Table 2

Relation to the offender

Relation	No.	%
Friend	6	3.5
Acquaintance	13	7.6
Employer	9	5.3
Neighbour	46	27.1
Stranger	73	42.9
Relative	11	6.5
Others	12	7
Total	170	100

Table 3

Interval between date of assault and report

	Police		Hospital	
	No.	%	No.	%
Within 24 hrs.	44	26.2	24	14.2
24-48 hrs.	34	20.2	32	18.9
48 hrs. - 7 days	55	33	68	40.8
8 days - 30 days	14	8.4	21	12.6
>30 days	21	12.6	24	14.4
Total	168	100	169	100

Mean = 15.6 days Max = 166 days

Mean = 18.4 days Max = 202 days

Table 4

Age group	Neighbour	Relative	Stranger	Friend	Others	Total
0-4	5	0	0	0	0	5
5-9	14	3	3	1	4	25
10-14	12	3	29	6	7	57
15-19	14	5	34	6	13	72
20-24	1	0	5	2	1	9
25-29	0	0	2	0	0	2
Total	46	11	73	15	25	170

All except two victims denied previous sexual experience and only three were reported to be mentally ill at the time of alleged assault. Vaginal penetration and attempts at vaginal penetration were reported to be the main forms of assault accounting for 166 (97.4%) of the incidents while oral and anal intercourse were reported in two (1.2%) cases each. Genital fingering was reported in three cases accounting for 1.8%.

A significant delay in reporting to police as well as to the hospitals was observed with a mean delay of 15.6 and 18.4 days respectively (Table 3). Only 44 (26.2%) cases reported to the police institution within 24 hrs, and only 24 (14.2%) reported to the hospitals on the same day of the assault. The maximum delay in reporting to the police was 166 days while it was 202 days to the hospitals. Only two (6.6%) of the alleged victims aged below 10 years reported with a delay exceeding one week while 31 (23.3%) of those aged 10-19 years reported with a delay exceeding one

week. The cause of delay was reported to be fear of the offender in 33 (31.7%) and fear of guardians in 24 (23.1%) cases. Financial problems and inaccessibility of health institutions accounted for 15 (14.5%) and 17 (16.4%) respectively. A mean of 2.8 days lapsed between the time of report to the police and the hospitals. Pregnancy test was done on suspected cases and further confirmed by ultrasonography in eleven (6.5%) cases. The hospital care focussed mainly on identification and treatment of physical injury. Screening for STDs was done only in 59 (34.6%) cases and vaginal swab for identification of spermatozoa was done only in 14 cases which accounted for 58.3% of the cases who reported within 24 hours and 20.6% of those who reported within one week of the incident. None were referred for counselling. Physical injury identified on physical examination was mainly genital trauma; healed hymenal tear in 56 (32.9%) cases, hymenal tears with evidences of recent trauma in 73 (42.9%) cases and extra genital trauma in nine (5.2%)cases. There were 41 (24.1%) cases who had intact hymen. Thirteen (7.7%) cases had perineal trauma of different degrees; among these cases one had severe injury with fourth degree perineal tear necessitating major surgical intervention with colostomy and late repair.

DISCUSSION

The results clearly indicated that the alleged victims of sexual assault are mainly children, less educated and dependents. This could be described by the obvious vulnerability of these group to the crime and partly because of the possible utilisation of private hospitals by some of the victims. This finding may also be associated with the accepted belief in the society associating sexual assault only with loss of virginity . This is also supported by the result of this study where out of the 170 cases, only two reported previous sexual experience. This act indirectly indicates the presence of under reporting among victims of assault with previous sexual experience. Incest was reported in only eleven (6.5%) cases although rates up to 9.5% and 18.5% have been reported in other similar studies(8,9).The main category of offenders reported are strangers which is a similar finding with studies in the region(4,9). Neighbours accounted for a significant number among offenders in this study unlike the findings in other studies. This could be due to the close social life among neighbours in this society as well as the poor protection of children predisposing young girls to this crime. This issue needs to be further studied so that remedial measures can be undertaken.

The main type of reported sexual assault has been found to be vaginal penetration and attempts at it accounting for 87.1% and 10.5% respectively. Vaginal fingering, anal and oral sexual assault also has been reported in our situation. Similar trends have been reported in other studies as well(5,10).

Although the reported cases of attempted vaginal penetration were 18 and only one case of anal assault, the physical examination revealed 41 cases of intact hymen. It is known that genital and non-genital injuries may not correlate with sexual assault(11).

Everett and Jimmerson have reported normal findings in 36% of their cases(9). The absence of positive physical findings in this group can be partly described by the possible non penetrating (intercrural) type of assault which is a common finding among child victims(11,13). The possibility of false accusation (suspicious parent) and also a possibility of dilated but intact hymen which may not rule out previous intercourse(13-15) should be considered partly to describe this finding.

This study has demonstrated the obvious delay in reporting to the police as well as to medical institutions the cited causes being mainly fear of the offender and guardians accounting for 56.2%. A mean delay of 2.8 days was observed between the reporting to the police and arrival at the hospitals thus indicating the obvious inclination of reporting to the legal offices but non awareness of the victims and/or guardians about the importance of early reporting to the medical institutions as well. Unlike the report by Chaudhry *et al*(4), all except two victims in this study have reported to the police and came with a referral. The mean delay in reporting to the hospitals was 18.3 days which limited the evidence collection at the hospital level in most cases to only identification of hymenal injuries and search for the consequences of the violence. Delay in reporting has been also reported by Chaudhry *et al*(4) from Kenya where 18.9% cases reported with a delay of longer than 24 hours and by Nduati *et al*(12) where 14 out of the 19 cases had delay of more than 24 hours. The delay in reporting in our situation is quite significant with more than 50 % of victims delayed for more than 24 hours and 14.4 % delayed for more than a month.

It is well known that victims of sexual assault suffer not only physical but also serious and long-standing psychological injury (1,13). The care given in these hospitals is found to be inadequate focussing mainly on identification and treatment of physical trauma and completely unaddressed is the treatment of the psychological trauma that may be even more difficult to heal.

In conclusion, sexual violence is a tragedy, a serious Human Right violation and a significant problem in our situation. There is need for more effort in creating awareness among the predisposed and vulnerable groups to prevent the crime, and encouraging early reporting among the victims. The medical care should be strengthened and well equipped to adequately deal with evidence collection, treatment of physical as well as psychological trauma, prevention and treatment of consequences of this violence like pregnancy and STDs. Further studies to assess the magnitude and long-term consequences of sexual violence in the community is recommended.

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