

Sexual Assault among Pediatric Patients in a Tertiary Hospital in South-East Nigeria: A Two-Year Retrospective Study

Onyinye Uchenna Anyanwu¹, Olapeju Wunmi Daniyan¹, Chinyere Georgiana Ogbonna-Nwosu¹, Obumneme Benaiah Ezeanosike^{1,2}, Charles Izuchukwu Ikegwuonu¹

¹Department of Paediatrics, Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria, ²Department of Paediatrics, Ebonyi State University, Abakaliki, Ebonyi State, Nigeria

Abstract

Background: Sexual assault is a term that includes various types of forced or inappropriate sexual activity. Children are increasingly becoming victims with most cases not reported due to the fear of stigmatization. The study was done to determine the prevalence and describe the pattern of sexual assault among children attending the Children outpatient unit of a tertiary hospital. **Patient, Materials and Methods:** This was a retrospective study of cases of sexual assault among children who presented at the Children outpatient unit of Alex Ekwueme Federal University Teaching Hospital, Abakaliki between September 1, 2016, and August 31, 2018. Cases of sexual assault were identified from the hospital records. Relevant data were extracted from the case files of the affected children and entered into a profoma. Data were analyzed using SPSS version 22. **Results:** A total of 10,400 children aged 1–18 years attended the Children outpatient unit during the study period, 78 (0.8%) of these children were cases of sexual assault. There were 74 (94.9%) females and 4 (5.1%) were males. The mean age of cases was 8.95 ± 4.78 years. School-aged children had the highest case of sexual assault, the most common type of sexual assault was rape. Abdominal pain was the most common presenting complaint and the perpetrator was known to the victims in 58 (74.4%) of cases, while 25.6% of the perpetrators are strangers. **Conclusion:** Rape is the commonest type of sexual assault in this study and in most cases, the perpetrators were known to the victims.

Keywords: Children, perpetrator, rape, sexual assault

INTRODUCTION

Sexual assault is defined as different forms of forced or inappropriate sexual activity.^[1] This includes rape, fondling, being forced to have anal sex, oral sex, and insertion of objects into the genitalia. Sexual assault is not restricted to a particular region. It is a global problem and children and women constitute the greater proportion of people who are vulnerable to sexual assault. There are laws that govern rape in Nigeria. One of this is Violence Against Persons Prohibition Act 2015,^[2] which prescribes at least 12 years jail term for the culprit. Only few of the states in Nigeria have implemented the Act. A United State survey showed that sexual assault was common among children aged 0–14 years.^[3] This shows that children are more vulnerable to sexual assault than adults. About 11% of girls and 2% of boys below 18 years are likely to suffer sexual abuse or assault,^[4] while females between the ages 16 and 19 years are at more risk of being raped or assaulted.^[5] The incidence of child sexual assault may be underreported due to shame/guilt. In Nigeria, there have been various reports

of girls being raped by their fathers, teachers, neighbors, and relatives and many of these perpetrators go unpunished. In a study in South-West Nigeria, 83.6% of the sufferers of sexual assault were <19 years.^[6] Furthermore, studies in Northern and South-East Nigeria showed that children constituted 61.8% and 74.4% of the cases of sexual assault respectively.^[7,8] Risk factors for sexual assault include poverty, war, single parenthood, adoption, lack of formal education, and school dropout.^[9,10]

The clinical manifestation of sexual assault in children includes vaginal bleeding, anal bleeding, urinary incontinence, dysuria,

Address for correspondence: Dr. Olapeju Wunmi Daniyan, Department of Paediatrics, Alex-Ekwueme Federal University Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. E-mail: daniyanolapeju@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Anyanwu OU, Daniyan OW, Ogbonna-Nwosu CG, Ezeanosike OB, Ikegwuonu CI. Sexual assault among pediatric patients in a tertiary hospital in South-East Nigeria: A two-year retrospective study. Niger J Med 2021;30:683-6.

Submitted: 02-Feb-2021

Revised: 31-Aug-2021

Accepted: 22-Oct-2021

Published: 27-Dec-2021

Access this article online

Quick Response Code:



Website:
www.njmonline.org

DOI:
10.4103/NJM.NJM_26_21

foul-smelling vaginal discharge, pain during defecation, genital injuries such as abrasions around the vulva, disruption of the hymen, and perineal tears.^[11-14] Nongenital injuries including trauma to the face and neck among the adolescent age group have been reported.^[15] Other forms of presentation include sleep terror, anxiety, poor school performance, depression, and suicide attempt.^[16,17]

There are few reported studies on the prevalence of sexual assault among Nigerian children. Most studies included both pediatric and adult populations. This study was done to determine the prevalence and pattern of sexual assault among children seen at the Children outpatient unit of a tertiary hospital.

PATIENT' MATERIALS AND METHODS

Study site

The study was carried out at the Children Out-Patient Unit of Alex Ekwueme Federal University Teaching Hospital, Abakaliki. The hospital runs the Children outpatient clinic from Mondays to Fridays with an average daily attendance of 30 patients/day.

Study design

This was a two-year retrospective descriptive study of cases of sexual assault that presented between September 1, 2016, and August 31, 2018.

Study population

The study population included children aged 1–18 years who had presented with a history of sexual assault. Relevant information like patient's socio-demographics, type of sexual assault, interval between the assault and presentation, presenting complaints, and relationship between perpetrators and patient were obtained from the medical records of the children and entered into a profoma. The social classification of the patients was by Olusanya's classification.^[18]

Inclusion criteria

Children aged 1–18 years who had presented with a history of sexual assault.

Exclusion criteria

Records of children in whom sexual assault could not be substantiated were excluded from the study.

Data analysis

Data were analyzed using IBM SPSS Statistics for Windows, version 22 (IBM Corp, Armonk, NY, USA). The results were presented in frequency tables and graphs.

Ethical approval

Ethical clearance was obtained from the Research and Ethics Committee of Alex Ekwueme Federal University Teaching Hospital, Abakaliki.

RESULTS

A total of 10,400 children attended the Children Out-Patient Unit during the period. Out of these, 78 were found to be

cases of sexual assault. This gave a prevalence of 0.8%. The mean age of the children who suffered sexual assault was 8.95 ± 4.78 years.

74 (94.9%) of the patients were female and 4 (5.1%) were male. 33 (42.5%) of the victims were aged 6–12 years, 62 (79.5%) of the patients were of the low socio-economic class [Table 1]. 64 (82.1%) of the patient were cases of rape, while 6 (7.7%) were cases of genital fondling [Table 2]. Abdominal pain (37.1%) constitutes the major complaint among the victims, followed by vaginal bleeding (22.9%) [Figure 1]. 59 (75.6%) of the patient had presented to the hospital in less than seven days, while 10 (12.8%) presented more than 28 days [Table 3]. Neighbours constituted 48.7% of the perpetrators, while strangers constituted 25.6% of the perpetrators [Figure 2].

DISCUSSION

The low prevalence of sexual assault reported in this study may be due to underreporting of cases because of the stigma associated with it. In a study in Abakaliki, adolescents constituted 38.7% of sexual assault cases at the Accident and Emergency Unit of the facility.^[19] Ashimi *et al.*^[20] in a study in North-West Nigeria reported that most of the survivors of

Table 1: Sociodemographic characteristics

Sociodemographic characteristics	Frequency (n=78), n (%)
Sex	
Male	4 (5.1)
Female	74 (94.9)
Age group (years)	
1-5	23 (29.5)
6-12	33 (42.3)
13-18	22 (28.2)
Place of residence	
Urban	42 (53.8)
Rural	36 (46.2)
Social class	
Middle class	16 (20.5)
Lower class	62 (79.5)

Table 2: Types of sexual assault

Type of sexual assault	Frequency (n=78), n (%)
Rape	64 (82.1)
Fondling	6 (7.7)
Missing data	8 (10.2)

Table 3: Time interval between occurrence of assault and presentation

Interval of occurrence of assault and presentation (days)	Frequency (n=78), n (%)
<7	59 (75.6)
>7	19 (24.4)

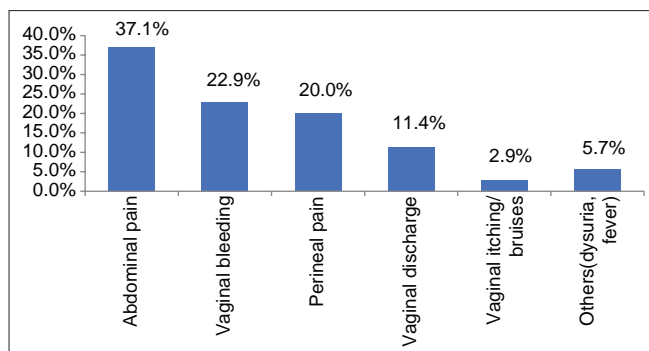


Figure 1: Presenting complaint

rape were children below 16 years of age, while 50% of the victims reported by Ekabua *et al.*^[21] in a study in South-East Nigeria were children in primary and secondary school. In India, the prevalence of child sexual assault was 5.7%.^[22] These findings showed that children constitute a larger proportion of victims of sexual assault. This implies that a lot still needs to be done to safeguard children from the assailants. In addition, there is a need to encourage the children, parent/guardian to report these cases.

Majority of the victims were females in this study. Similar findings have been reported by other authors.^[7,23-25] This shows that female children are more vulnerable than their male counterparts. Therefore, efforts should be made to defend the girl child against sexual assault and other forms of sexual abuse. This will include more parental/caregiver supervision, sex education, and punishment of sexual offenders.

Children under 12 years old constituted the majority of the victims compared to teenagers. This agrees with findings by Hassan *et al.*^[7] However, Edegbe *et al.*^[19] found a higher percentage of sexual assault among the adolescent age group. A higher number of cases occurred among urban dwellers. This may be associated with urbanization which promotes high-risk activities like drug abuse, etc., A lower prevalence among rural dwellers may be due to low reporting and lack of access to the hospital.

Children of the low social class constituted the highest group affected, poor parental supervision and poor housing conditions exposing these children to the perpetrators may contribute to this. This is at variance with the finding by Manyinke *et al.*^[26] in a study in South-East Nigeria where there was no difference in social class among the adolescents who were sexually abused.

Rape constituted the highest form of sexual assault among the victims compared to fondling which may not even be reported and may be considered to be less important than rape. Similar findings have been reported in other studies.^[10,23]

In this study, the majority of the victims presented less than seven days following assault. This is comparable to the finding by Akinlusi *et al.*^[6] where most victims presented within six days of the abuse. The need to seek treatment early

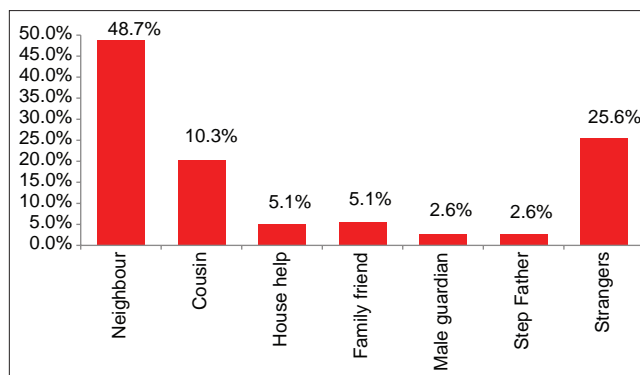


Figure 2: Relationship between perpetrators and patient

for patients with rape is essential for prompt management and treatment. Investigations such as HIV, Hepatitis B, and C screening test, forensic evidence collection are best collected within 72 hours of occurrence of rape.^[27] Late presentation to the hospital increases risk of sexually transmitted disease and unwanted pregnancy.

Abdominal pain was the most common presentation, followed by vaginal bleeding. Vaginal bleeding was found to be the most common in a study by Hassan *et al.*^[7] and Edegbe *et al.*^[19] among victims of sexual assault. Olatunya *et al.*^[28] reported cases of anal tear to be 3.6% among victims of child sexual assault. Other forms of presentations among victims of sexual assault include suicidal attempts, posttraumatic stress disorder, depression, and schizophrenia.^[29-32]

The perpetrators in this study were known to the victims, most of whom were their neighbors and family members. This is similar to reports by other authors.^[10,13,21,23] This points to the fact that parents/guardians should be careful of who they entrust the custody of their children to. There is also the need for parents to increase their supervision of these children.

The study was limited by its retrospective nature and details of investigations results which were not documented for many of the patients lost to follow-up.

CONCLUSION

Although the prevalence of sexual assault is low, there is a need for increased vigilance on the part of parents/caregivers as the perpetrators are usually known to the victims.

Acknowledgment

We appreciate the staff of the Health Information Management Department of Alex Ekwueme Federal University Teaching Hospital, Abakaliki for making available the medical records of the patients.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Kaplan DW, Feinstein RA, Fisher MM, Klein JD, Olmedo LF, Rome ES, *et al.* Care of the adolescent sexual assault victim. *Pediatrics* 2001;107:1476-9.
- Nigeria Violence against Persons (Prohibition) Act 2015 (Nigeria); 2015. Available from: <https://www.refworld.org/docid/556d5eb14htm>. [Last accessed on 2021 Jan 21].
- Loder RT, Robinson TP. The demographics of patients presenting for sexual assault to US emergency departments. *J Forensic Leg Med* 2020;69:101887.
- Finkelhor D, Shattuck A, Turner HA, Hamby SL. The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *J Adolesc Health* 2014;55:329-33.
- Sex Offenses and Offenders; Analysis of Data on Rape and Sexual Assault. Bureau of Justice Statistics. Office of Justice Programs; 1997. Available from: <https://www.bjs.gov>. [Last accessed on 2021 Jan 22].
- Akinlusi FM, Rabi KA, Olawepo TA, Adewunmi AA, Ottun TA, Akinola OI. Sexual assault in Lagos, Nigeria: A five year retrospective review. *BMC Womens Health* 2014;14:115.
- Hassan M, Awosan KJ, Panti AA, Nasir S, Tunau K, Umar AG, *et al.* Prevalence and pattern of sexual assault in Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria. *Pan Afr Med J* 2016;24:332.
- Ohayi RS, Ezugwu EC, Chigbu CO, Arinze-Onyia SU, Iyoke CA. Prevalence and pattern of rape among girls and women attending Enugu State University Teaching Hospital, southeast Nigeria. *Int J Gynaecol Obstet* 2015;130:10-3.
- Child Sexual Abuse World Health Organization. Available from: http://www.who.int/violence_injury_prevention/en/guideline_chap7pdf. [Last accessed on 2021 Jan 20].
- Audu B, Geidam A, Jarma H. Child labor and sexual assault among girls in Maiduguri, Nigeria. *Int J Gynaecol Obstet* 2009;104:64-7.
- Ononge S, Wandabwa J, Kiondo P, Busingye R. Clinical presentation and management of alleged sexually assaulted females at Mulago hospital, Kampala, Uganda. *Afr Health Sci* 2005;5:50-4.
- Ige O, Fawole OI. Evaluating the medical care of child sexual abuse victims in a general hospital in Ibadan, Nigeria. *Ghana Med J* 2012;46:22-6.
- Girgira T, Tilahun B, Bacha T. Time to presentation, pattern and immediate health effects of alleged child sexual abuse at two tertiary hospitals in Addis Ababa, Ethiopia. *BMC Public Health* 2014;14:92.
- Mittal P, Solanki S, Menon P, Samujh R, Suri V, Singh R. Clinical presentation, treatment, and challenges in the management of child sexual assault at a tertiary care referral center in India. *J Pediatr Adolesc Gynecol* 2021;34:297-301.
- Emmert C, Köhler U. Data about 154 children and adolescents reporting sexual assault. *Arch Gynecol Obstet* 1998;261:61-70.
- Haileye A. Psychopathological correlates of child sexual abuse: The case of female students in Jimma zone, South West Ethiopia. *Ethiop J Health Sci* 2013;23:32-8.
- Worku D, Gebremariam A, Jayalakshmi S. Child sexual abuse and its outcomes among high school students in southwest Ethiopia. *Trop Doct* 2006;36:137-40.
- Olusanya O, Okpere E, Ezimokhai M. The importance of social class in fertility control in a developing country. *West Afr J Med* 1985;4:205-12.
- Edegebe OF, Uzoigwe JC, Ekwedigwe CK, Okani OC. Prevalence of sexual assault in Abakaliki, Ebonyi State, Nigeria. *Glob J Health Sci* 2019;11;Glob J Health Sci 2019;11:192. [doi: 10.5539/gjhs.v11n11p192].
- Ashimi A, Amole T, Ugwa E. Reported sexual violence among women and children seen at the gynecological emergency unit of a rural tertiary health facility, Northwest Nigeria. *Ann Med Health Sci Res* 2015;5:26-9.
- Ekabua JE, Agan TU, Iklaki CU, Ekanem EI, Itam IH, Ogaji DS. Risk factors associated with sexual assault in Calabar south eastern Nigeria. *Niger J Med* 2006;15:406-8.
- Ministry of Women and Child development Government of India. Study on Child Abuse; 2007. Available from: <https://wcd.nic.in/childabusepdf>. [Last accessed on 2021 Jan 22].
- Ward CL, Artz L, Leoschut L, Kassanjee R, Burton P. Sexual violence against children in South Africa: A nationally representative cross-sectional study of prevalence and correlates. *Lancet Glob Health* 2018;6:e460-8.
- Sodipo OO, Adedokun A, Adejumo AO, Olibamoyo O. The pattern and characteristics of sexual assault perpetrators and survivors managed at a sexual assault referral centre in Lagos. *Afr J Prim Health Care Fam Med* 2018;10:a1727.
- Chinawa JM, Ibekwe RC, Ibekwe MU, Obi E, Mouneke VU, Obu DC, *et al.* Prevalence and pattern of sexual abuse among children attending Ebonyi State University Teaching Hospital, Abakiliki, Ebonyi State. *Niger J Paed* 2013;40:227-31.
- Manyinke PC, Chinawa JM, Aniwad E, Oduntola OI, Chinawa TA. Child sexual abuse among adolescents in southeast Nigeria: A concealed public health behavioral issue. *Pak J Med Sci* 2015;31:827-32.
- American Academy of Pediatrics (AAP) Committee on Child Abuse and Neglect. Guidelines for the evaluation of sexual abuse of children: Subject review. *Pediatrics* 1999;103:186-91.
- Olatunya OS, Akintayo AA, Olofinbiyi B, Isinkaye AO, Ogundare EO, Akinboboye O. Pattern and medical care of child victims of sexual abuse in Ekiti, south-western Nigeria. *Paediatr Int Child Health* 2013;33:247-52.
- Cantón-Cortés D, Cantón J. Coping with child sexual abuse among college students and post-traumatic stress disorder: The role of continuity of abuse and relationship with the perpetrator. *Child Abuse Negl* 2010;34:496-506.
- Fergusson DM, Boden JM, Horwood LJ. Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse Negl* 2008;32:607-19.
- Bendall S, Jackson HJ, Hulbert CA, McGorry PD. Childhood trauma and psychosis: An overview of the evidence and directions for clinical interventions. *Fam Matters* 2011;89:53-60.
- Dube SR, Anda RF, Whitfield CL, Brown DW, Felitti VJ, Dong M, *et al.* Long-term consequences of childhood sexual abuse by gender of victim. *Am J Prev Med* 2005;28:430-8.