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Child Sexual Abuse in Minna, Niger State Nigeria

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ABSTRACT

Background: Child sexual abuse is a widespread form of child abuse that has remained the most under-reported. In our communities, much remains unknown of this act which often leaves victims traumatised with unsavoury memory that tends to affect their psychosocial development. The study evaluted the socio-demographic features and the nature of sexual abuse as seen in the outpatient department of general hospital Minna, Niger state. **Patients and Methods**: The case notes of patients who presented to the General Out-patient Department (GOPD) of General Hospital Minna were analysed for cases, of sexual assault, sexual abuse or rape seen between January 2008 and December 2008. **Results:** A total of 32 cases were seen, 90.1% of whom were children less than 17 years old; 75% were aged 6 – 15 years. All the cases were of the penile penetrative type (vaginal in girls and anal in boys). All the perpetrators were adult males known to, and resident in, the neighbourhood of their victims. **Conclusion:** There is need to build the capacity of health care providers to enable them manage child sexual abuse and its long-term effects in Minna.

Keywords

INTRODUCTION

Child sexual abuse (CSA) is defined as the involvement of a child in sexual activity that he or she does not give informed consent to, or for which the child is not developmentally prepared, or that violates the laws or social taboos of a society.[1-3] It includes acts such as fondling, genital exposure of either or both victim or perpetrator, intimate kissing, forced masturbation, oral, penile or digital penetration of the mouth, vagina or anus. Child prostitution, pornography and some types of cultism (or "ritual" abuses) are specific activities also included in the list of forms of sexual abuse.[1,4] Sexual abuse occurs in every community and among all ethnic, racial and socioeconomic groups.[4] Until the early 1970's child sexual abuse was thought to be rare, and occured among the poor. In the developed countries, increased public awareness has led to greater reporting; from 1970 to 1990, child sexual abuse reports increased more than other categories of neglect or abuse.[3] Despite this gain, child sexual abuse still remains vastly under-reported and this is even worse in the developing countries where there exists a dearth of information as well as lack of proper documentation of records on child sexual abuse.

The perpetrators of CSA are usually resident within the victims' environment and are often known to, or are even members of the family of their victims.[5-8] Victims of sexual abuse are often physically traumatised and are at increased risk of acquiring HIV and other sexually transmitted infections (STI), unplanned pregnancy, long-lasting psychological trauma and other negative outcomes.[9,10]

Earlier study reported various forms of child abuse such as excessive corporal punishment, infanticide, and female circumcision, [11] but sexual abuse of children was not addressed. This study determined the occurrence of CSA in a secondary health facility in north-central Nigeria

MATERIALS AND METHOD

This was a retrospective study of all patients who presented to the GOPD of General Hospital

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Minna and were diagnosed with and managed for sexual abuse between January and December 2008. The hospital is located in Minna metropolitan area of the Niger State capital, with an estimated population of 350,287 in 2007.[12] The General Out- patient Department serves as the first point of contact where all patients are seen. All cases of sexual abuse are reported and documented because of their legal undertone. Information extracted from the records included bio-data of the victims and perpetrators, interval between the incident and presentation to the hospital, relationship of the perpetrator to the victim, screening for STI, HIV and pregnancy offered, type of sexual abuse, management given and outcome. Data were collected on pre-formed questionnaires. Results were presented as percentages, frequency tables and figures.

Ethical approval was obtained from the hospital management board Minna, Niger state.

RESULTS

A total of 86,655 patients were seen over the period of review. Of these, 14,542 (16.8%) were children; 7,784 were males and 6,758 were females. Thirty two sexual abuse cases were recorded (with monthly average incidence of CSA of 2.4 cases), out of which 29 (90.1%) were children, with a child sexual abuse prevalence of 2/1000 (0.2%). Their ages ranged between four and 17 years. All the cases of child sexual abuse were those of penile vaginal (female victims) or anal penetration (males). Majority of the sexually abused children were girls while only two were boys aged10 and 12 years (Table 1). The average age for the sexual abused was 9.2 and 11 years for females and males, respectively.

The interval between the incidence and presentation to the hospital was documented for 21 victims; nine (43%) of these 21 cases presented within 72 hours, only four presented within 24 hours. Three (33%) of the 9 cases who reported within 72 hours had their HIV status and that of the perpetrators determined at presentation by rapid antibody testing and were non-reactive. None of the teenage girls was screened for pregnancy and none of the cases was referred for specialist gynaecological assessment. All but one girl were treated as outpatients and all received antibiotic treatment.

Table 1: Age and Gender distribution of Sexually Abused Children seen at General Hospital Minna in 2008

Age (years)	Gender		Frequency (%)
	Male	female	
1 – 5	0	6	6 (21%)
6 – 10	1	12	13 (45%)
11 – 15	1	8	9 (31%)
>15	0	1	1 (3%)
Total	2 (7%)	27 (93%)	29 (100%)

The perpetrators were adult males, non-relatives, known to and resident in the neighbourhood of their respective victims. None of the children was seen on appointment for any form of follow up in the clinic for long term evaluation.

DISCUSSION

Before now CSA was thought to be rare, but the evidence from this study showed the contrary in Minna. This finding may reflect a similar occurrence in other parts of the country. In our setting where over 62 million (41.5%) of the population are children, [12] the magnitude of CSA may be enormous.[12-15]

Nine out of every 10 cases of reported sexual abuse in this review occurred in children, mostly within the 6 – 15 years age group. Similar findings have been documented in other parts of the world; in the US, half of the individuals who reported rape in 1992 were under the age of 18 years[8]. Finkelhor [7] reported that both boys and girls were most vulnerable to abuse between the ages of 7 and 13 years. About 45% of the cases in this review were in the age range 6 – 10 years; because this was a retrospective study, it was not possible to identify why this age group was most involved.

Obvious risk factors for child sexual abuse abound in the various communities within Nigeria.[13-15] Ebigbo and Abaga,[15] in their study of 200 girls made up of 100 each of hawking and non hawking girls interviewed in Enugu, reported that 50% of the hawkers had sexual intercourse during hawking. On the other hand, 9% of the non-hawkers had been forced into sexual intercourse while on errands or walking to or from school.[15] They also reported that only 7 of the sexually abused girls reported the event to a parent or guardian and only one case was reported to the police due to fear of stigma and

ridicule, fear of reducing their chances of getting marriage partners if the information was made public or because perpetrators were relatives, family friends, familiar or influential people. The same study reported that 50% of abused girls were involved in ongoing sexual relationships with their abusers while 7% had been exposed to molestations such as body touching. Adult males were the perpetrators of sexual abuse in this study as in other studies.[13-15] Elsewhere women perpetrators is about 14% of cases against boys and about 6% of cases against girls.[5] All the cases were penetrative forms of abuse and were perpetrated by non-relatives but known acquaintances. This agrees with the report by Whealin[5] that the majority of perpetrators of child sexual abuse were non-relatives acquaintances.

In our setting, the finding that none of the perpetrators was related to the victims may be due to under reporting and may not reflect the true figure, because it is known that the relationship between the victim and the perpetrator affects reporting. In cases where the perpetrator is a relative or acquaintance, victims of child sexual abuse are less likely to report the offence.[6] This is particularly so in cases where the perpetrator is a family member such that cases are concealed in secrecy to avoid shame and stigma to the family. This may explain why there was no relative as a perpetrator in this study. Also the fact that only cases of penetrative sexual abuse were recorded in the review suggests a tendency for gross under reporting, possibly because victims of the non-contact and contact forms such as fondling, caressing or kissing forms where there are often no obvious physical signs of abuse were never taken to the hospital.[5]

The non existence of standard evaluation and management protocol for sexual assault victims coupled with delayed presentation made management inconsistent and sub optimal. This partly explains why HIV screening for both victims and perpetrators was carried out only in three cases and perhaps why there was no appointment given for subsequent follow-up. Moreover, 57% of the victims in this study had their cases reported later than 72 hours after the incidence, a period during which preventive measures against pregnancy would have been too late. Furthermore, there was no documentation of screening for other sexually transmissible infections for any of the victims. All these put together deprived the victims the opportunity to prevent, early diagnose and manage sexually transmitted infection and possible psychosocial problems which have been described as a manifestation of post-traumatic stress disorder in sexually abused victims.

In conclusion, child sexual abuse is not uncommon in our communities. There is need to raise public awareness, train health workers on standard protocol for management and follow up of victims, and to advocate for child protection through appropriate legislation.

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REFERENCES

1. Child sexual abuse. In: Preventing child maltreatment: a guide to taking action and generating evidence .World Health Organization Geneva, 2006. Accessed 20th March 2009 at http://www.who.int/violence_injury_prevention
2. Child sexual abuse. In: Guidelines for Medico-legal Care of victims of sexual violence. World Health Organization Geneva, 2003. Accessed 20th March 2009 at http://www.who.int/-violence_injury_prevention
3. Finkelhor D. The international epidemiology of child sexual abuse. *Child* Abuse and Neglect 1994; 18: 409–417.
4. Madu SN, Peltzer K. Risk factors and child sexual abuse among secondary students in the Northern Province (South Africa). Child Abuse and Neglect 2000; 24: 259–268.
5. Capelleri JC, Eckenrode J, Powers JL. The epidemiology of child abuse: Findings from the second National incidence and prevalence of child abuse and neglect. *Am J Public health* 1993; 11:1622- 1624.
6. Whealin J. Child Sexual Abuse. http://www.ncptsd.va.gov/ncmain/publications. Accessed 12th April 2009
7. Terry KJ, Tallon J. Child Sexual Abuse. In: A review of the literature. http://www.usccb.org/nrb/-johnjaystudy/litreview. Accessed 12th April 2009.
8. Finkelhor D. Current Information on the Scope and Nature of Child Sexual Abuse. The Future of Children 1994; 4 (2): 31-48.
9. Langan P, Wolf HC. Child Rape Victims, 1992. *Crime Data Brief,* U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1994.
10. Boyer D, Fine D. Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment. *Fam Plann Perspect*; 1992*:* 24 (1): 4 – 11.
11. Ennew J, Gopal K, Heeran J, Montgomery H.

Children and prostitution: How can we measure and monitor the commercial sexual exploitation of children? Literature review and annotated bibliography. 1996. Oslo: Child Watch International and Centre for Family Research, Cambridge University. http://www.childwatch.uio.no/-cwi/projects/indicators/prostitution. Accessed 19th April 2009.

12. National Population Commission. Population Census results 2006. http://www.population.gov.ng. Accessed on 26th May 2009.
13. Ikechebelu JI, Udigwe GO, Ezechukwu CC et al. Sexual abuse among juvenile female street hawkers in Anambra state, Nigeria. *Afr J Reprod Health* 2008; 12: 111 – 119.
14. Okeahialam T. Child abuse in Nigeria. Child Abuse & Neglect 1984: 8, 69–73.
15. Ebigbo PO, Abaga S. Sexual Experience of Street Trading Girls in the City of Enugu. 8th ISPCAN International Congress on Child Abuse and Neglect, Hamburg, Germany, September 2-6, 1990.