



# Child Sexual Abuse: Report of 2-Cases

Eli S<sup>1</sup>; Abam DS<sup>2</sup>; Josiah A<sup>3</sup>; Alex-Hart BA<sup>4</sup>; Joboy-Okei EA<sup>5</sup>

Mother and Baby Care Global Foundation.<sup>1</sup>

Department of Obstetrics and Gynaecology, University of Port Harcourt Teaching Hospital.<sup>2</sup>

Department of Paediatrics, Rivers State University Teaching Hospital.<sup>3</sup>

Department of Paediatrics, University of Port Harcourt Teaching Hospital.<sup>4</sup>

Department of Paediatrics, Federal Medical Center Owerri.<sup>5</sup>

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**\*Corresponding Author**

Dr Josiah A (MBBS, FWACP)

**E-mail:** [josiahappollus@gmail.com](mailto:josiahappollus@gmail.com)

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## ABSTRACT

**Background:** The infringement on the rights of the child is referred to child sexual abuse or assault. Apart from the physical scars, there are associated psychological consequences on the victims. It is important social problem with paucity of local data.

**Aim:** To present these 2-cases of victims of child sexual abuse who were managed at the emergency units of the referral hospitals and to suggest solutions on how to curb this social menace..

**Case:** The first was Miss OT a 4-year old nursery 3 pupil brought in by her mother at the Paediatrics and Obstetrics/Gynaecology units of a private hospital, with complaint of rape by a 14-year old boy. The second was a 6 year old primary 1 pupil who presented at the Paediatrics and Obstetrics/Gynaecology department of University of Port Harcourt with complaint of rape by a 15 year old next door neighbor one week prior to presentation .They were 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 institute for the abused involving the clinical psychologist, psychiatrist, paediatricians, gynaecologist and other professionals. The law should be allowed to run its course as the victims go through a lot, with psychological scars taking a long time to heal.

## 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.<sup>1</sup> This involves, genital, anal or oral contact with the child.<sup>2</sup> It also entails non-touching abuses including voyeurism, exhibition or engaging the child in pornography, internet inclusive.<sup>3</sup> The intention is to sexually gratify the assailant.<sup>1, 2</sup> Furthermore, it includes incidence such as sexual harassment, rape, sexual assault, molestation and incest.<sup>2-6</sup> Apart from the physical scars, there are associated psychological consequences on the victims. It is an important social problem with paucity of local data.

## CASE REPORTS:

The first was Miss OT a 4-year old nursery 3 pupil brought in by her mother at the Paediatrics clinic and later referred to the Obstetrics/Gynaecology unit of a private hospital, with complaint of rape by a 14-year old boy. The second was a 6 year old primary 1 pupil who presented at the Paediatrics out-patient clinic and later referred to the Obstetrics/Gynaecology department of University of Port Harcourt Teaching Hospital with complaint of rape by a 15 year old next door neighbor one week prior to presentation. They were managed accordingly and the necessary medico-legal protocols taken.

On physical examination they had bruises on their faces (inflicted by the assailants). Vaginal orifices were greater than 2cm, there were no obvious discharges or bleeding or erythema. Their hymen were not intact. Diagnosis of sexual assault was made for each victim.

Investigations requested for were all negative for; Hepatitis B surface antigen and retroviral screen to Human Immunodeficiency viruses I &II, Venereal Disease Research Laboratory test were non-reactive for both victims. In addition, urine microscopy revealed presence of epithelial cells and vaginal swab test yielded no growth.

Their managing teams were made up of Gynaecologists, Paediatricians and Psychiatrists. Mothers and children were counseled, oral antibiotics were also prescribed. Post-Exposure Prophylaxis (Anti-Retroviral) were not given as duration at presentation was greater than 72 hours following the incident. They are presently on follow up at paediatric outpatient clinic.

## DISCUSSION:

In Nigeria as in other Sub-Saharan countries there are few population based studies to accurately estimate the prevalence of child sexual abuse. Institutional based studies has been documented in small scale.<sup>1</sup> This is partly as a result of poor record keeping as well as the under reporting of child sexual abuse.<sup>1,2</sup> The very few

children who are victims of child sexual abuse brought to the hospital by guardians do so for the fear of probable medical complications that may ensue from such abuse.<sup>4,5-8</sup> About 60% of the perpetrators are non-relatives examples of such are neighbours, family friends and house maids.<sup>2,9-10</sup> However, close relatives who are perpetrators of acts of sexual abuse contribute to about 30% of the victims these include brothers, fathers, cousins and uncles.<sup>2</sup> Strangers are the least offenders of child sexual abuse contributing to about 10% of those sexually abused.<sup>3</sup> In majority of cases men are found to be the assailants irrespective of the sex of the child.<sup>4</sup> However, in about 14% of the cases women are implicated.<sup>4,5</sup>

## 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, paediatricians, gynaecologist and other professionals. The law should be allowed to run its course as the victims go through a lot, with psychological scars taking a long time to heal.

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