



RESEARCH ARTICLE

SEXUAL ASSAULT OF A 4-YEAR OLD GIRL CHILD BY A MINOR: ONE CASE TOO MANY

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ABSTRACT

Background: The use of a child for sexual stimulation by an adult or older adolescent is referred to as child sexual abuse or assault or molestation. Apart from the physical scars, there are associated psychological consequences on the victim. It is an important social problem with paucity of local published scientific data. **Aim:** This case report is aimed at evaluating the characteristics of this victim of child sexual abuse who presented at the emergency unit of a private hospital and to suggest solutions on how to curb this social problem. **Case:** She was Miss OT a 4-year old nursery 3 pupil accompanied by her mother who presented at the Paediatrics and Obstetrics/Gynaecology units of First Rivers Hospital, Port Harcourt, Rivers State, Nigeria with complaint of rape by a 14-year old boy. She was 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 instituted for the abused involving the clinical psychologist, psychiatrist, paediatricians, gynaecologist and other professionals. The law should be allowed to run its full 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 (Eli *et al.*, 2005). This involves genital, anal or oral contact with the child (Okagua, 2020). It also entails non-touching abuses including voyeurism, exhibition or engaging the child in pornography, internet inclusive. The intention is to sexually gratify the perpetrator (Eli *et al.*, 2015; Okagua, 2020). Furthermore, it includes acts such as sexual harassment, rape, sexual assault, molestation and incest (Okagua, 2020). About 60% of the perpetrators are non-relatives, examples of such are neighbours, family friends and house maids.² However, close relatives who are perpetrators of acts of sexual abuse contribute to about 30% and these include brothers, fathers, cousins and uncles (Okagua, 2020). Strangers are the least offenders of child sexual abuse contributing about 10% (Achunike, 2014). In majority of cases men are found to be the assailants irrespective of the sex of the child (Okagua, 2020; Achunike, 2014). However, in a study by Denvor 50% of child sexual abuse in girls women were the perpetrators (Denvor, 2004). Literatures from the developing countries of the world have shown that child sexual abuse is on the increase. A study at south-west Nigeria revealed that 15% of young females reported forced penetrative sexual experience (Eli *et al.*, 2015; Okagua, 2003; Adeleke, 2012; Ebigbo, 1990; Ujah, 2006).

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Seventy percent of the total rape cases in Nigeria are child rape; of which approximately 1200 girls were raped in a study conducted in Rivers State, Nigeria (Eli *et al.*, 2015). Pockets of studies on child sexual abuse cases have been conducted in this part of the world; sexual exploitations experienced by child hawkers in south-eastern Nigeria¹ which revealed that out of the sixty seven abused girls only seven reported the case to the police (Ebigbo, 1990). In a study conducted in north-central Nigeria between January 2001 and December, 2004 from police records of sexual violence among children and the young 63 cases involved children less than 15 years (Ujah, 2006). This is in line with reports by mental health and childcare professionals that child sexual abuse is not uncommon in our sub-region (Singh, 2014; Behere, 2013). Researchers have shown that child sexual abuse is as high as 30% in Africa, a typical example is Tanzania (Singh, 2014). Some countries with prevalence rates of child sexual assault greater than one fifth include- 37.8% in Australia, 32.2% in Costa Rica, 30.7% in Israel, and 28,1% in Sweden (Singh, 2014). A study conducted by the Centers for Disease Control and the US Department of Justice revealed the likelihood of being forced to have sex at some point in time in their lives as 11% and 4% of the high-school girls and boys respectively.^{8,9} India has the highest number of child sexual abuse globally.⁸ A total of 33,098 cases of sexually abused Indian children were reported in 2011, compared to 26,694 reported in 2010; an increase of 24% (Singh, 2014; Behere, 2013). The challenges of child sexual abuses are numerous in sub-Saharan Africa.

Examples are lack of social coordinating network, under-reporting, poor handling by the police, discouraging legal system and lack of clear cut definition of what constitutes such abuse and lack of accurate data on the prevention of child sexual abuse, just to mention a few. This case report is one too many of child sexual abuse aimed at creating awareness on this poorly addressed social problem in the south-south region of Nigeria and preventing them from re-occurring.

CASE REPORT

She was Miss OT a 4-year old nursery 3 pupil accompanied by her mother who presented at the Paediatrics and Obstetrics/Gynaecology units of First Rivers Hospital, Port Harcourt, Rivers State, Nigeria with complaint of rape by a 14-year old boy. She was managed accordingly and the necessary medico-legal protocols taken. The incident was witnessed by the assailant's guardian who caught him in the act. On physical examination she had bruises on her face (inflicted by the assailant). Her vaginal orifice was greater than 2cm, but no obvious discharge or bleeding or erythema was noted. Her hymen was not intact. A diagnosis of sexual assault was made. Investigations requested for were: Hepatitis B surface antigen was negative, she was sero-negative to Human Immunodeficiency Viruses I and II, Venereal Disease Research Laboratory test as non-reactive, urine microscopy revealed presence of epithelial cells and vaginal swab test yielded no growth. Her managing team was made up of gynaecologists, paediatricians and psychiatrists. Mother and child were counselled, oral antibiotics were also prescribed. Post-Exposure Prophylaxis (anti-retroviral) was not given as duration at presentation was greater than 72 hours following the incident. She is presently on follow up at the paediatric outpatient clinic.

DISCUSSION

In Nigeria as well as neighbouring sub-Saharan countries there are few population based studies to precisely estimate the prevalence of child sexual abuse. Institution based studies have been documented in small scale.¹This is partly as a result of poor record keeping as well as the under reporting of child sexual abuse (Eli *et al.*, 2015; Okagua, 2020). The very few children who are victims of child sexual abuse brought to the hospital by guardians were brought for the fear of probable medical complications that may ensue from such abuse. A research conducted at south-west Nigeria revealed that a subset of young females reported forced penetrative sexual experience (Eli, 2015; Singh, 2014). Some studies done in developing countries reported children under the age of five to be less frequently abused compared to children more than five years. This was in agreement with the study done in north-central, Nigeria (Ujah *et al.*, 2006). However in a study at south-east Nigeria it was reported that over 50% of children who were sexually abused were less than 5 years (Ebigbo *et al.*, 1990). There are different schools of thought for this. One of the reasons suggested was that caregivers in their study were more alert and suspicious of child abuse, while the other could be that child sexual abuse within the home environment involved younger unsuspecting children who may not be aware of what was going on. Our patient O T was 4 years old. About 11% of cases of child sexual abuse in females were reported in a USA study (Singh, 2014). Singh *et al* reported that males were found to be the assailants in most cases, irrespective of the gender of the victim (Denver, 2004); for our patient O T

the assailant was a 14 year old male who lived in the neighbour-hood. Researchers have revealed that victims of child sexual abuse may be either male or female (Eli *et al.*, 2015; Okagua, 2020; Ebigbo, 1990). The victim in this case report was a 4 year old female. Clinical features of victims of child sexual assault include vaginal discharge or bleeding per vaginam, vaginalpain/tenderness, wide vaginal orifice and a torn hymen (Eli *et al.*, 2015). The index patient O T had a wide vaginal orifice and a torn hymen. Physical injuries are uncommon in male abused children except where penetration was through the rectum (Eli *et al.*, 2015; Adeleke, 2012). Furthermore, male sexually abused children are less suspected in our environment (Eli *et al.*, 2015). Females abusing male children may do so without any trace to the act and the male victim may find the act pleasurable (Eli *et al.*, 2015; Ebigbo, 1990). Females abusing female children may do so by fingering the vulva and/or vagina. This may be done in a careful manner such that the vaginal orifice is not enlarged and the hymen is not stretched (Eli *et al.*, 2015; Singh, 2014). Penetrating sexual trauma is associated with bruising or deep hymenal notches and lacerations (Eli *et al.*, 2015; Ebigbo, 1990). Our patient O T had a torn hymen, with her hymenal opening >1cm. It is important to note that absence of these findings does not exclude the possibility of penetration (Eli *et al.*, 2015; Ujah, 2006). In suspected child sexual abuse sexually transmitted infections (STI) should be ruled out (Eli *et al.*, 2015; Achunike, 2014). This is important because this may be the only pointer to the crime especially with male assailants (Eli *et al.*, 2015; Ebigbo, 1990). In a study in south-eastern Nigeria, all the victims tested negative to STI (Ebigbo, 1990). However, this is contrary to studies in developed countries where some percentage of the victims had positive culture for gonorrhoea or chlamydia.¹⁷In the developing countries like ours due to lack of finances and poor laboratory support to carry out such investigations sometimes these investigations are not carried out.

Our patient OT presented five days after the incident and because she was of pre-pubertal age she did not receive any prophylactic contraceptives. Perpetrators are usually familiar with the victim (Eli *et al.*, 2015; Ujah *et al.*, 2006; Singh, 2014; Behere, 2013; Chinawa *et al.*, 2013; Workowski, 2006). This was the case of our perpetrator who was a 14 year oldneighbour. This was revealed by their residential pattern (open compound) which makes it more susceptible for child sexual abuse. The mother of the abused was a single parent who had secondary level of education and of poor financial status. She was yet to prosecute the perpetrator. Bearing in mind the high legal fees and delays in the justice system prosecution of sexual abuse cases are often truncated. However, legal aid is occasionally provided by civil society organizations and legal practitioners associations. Perpetrators of child sexual abuse may have had previous history of similar acts or anti-social behaviour (Eli *et al.*, 2015; Ebigbo, 1990; Okoronkwo, 2014). There are myriads of presentations of a sexually abused child which include recurrent fondling of the genitalia, interest in the opposite sex, pain at or discharge from the genitalia, trauma or wound on the genitalia, incidental findings by the child's health care provider or during medical examination.¹ In the index case the incident of the sexually abused child was reported by the guardian of the perpetrator who caught him in the act. The importance for a good communication between guardians, parents or care givers and children cannot be over emphasized. There is need for enlightenment of child sexual abuse among mothers and the

general public. There is therefore need for guardians, especially mothers, to pay attention to their children especially during bathing and when dressing them up. In addition, mothers should have a high index of suspicion for child sexual abuse. Studies have shown that perpetrators often times threaten the sexually abused children not to tell anyone about the act.⁴The initial statements by an abused child may be incoherent or incomplete and should not be taken for granted. A good number of children who report sexual abuse are not believed; if the child is ignored he or she may not risk reporting the act anymore (Denvor, 2004; Chinawa, 2013; Workowski, 2006). In our society sex education is rarely taught in schools and issues concerning sexuality is frowned at. As a result the child could remain a victim of sexual abuse for months or years. The mother of the victim was yet to report the case to the police. Her reason was that she was afraid of the social stigmatization against her child and also lack of prompt prosecution by law enforcement agents. This was in agreement with studies in south-east Nigeria in which only one out of ten cases of sexually abused children was reported to the police (Ebigbo, 1990; Okoronkwo, 2014). The only case that was reported to the police was withdrawn after much pleading from the offender's relations (Ebigbo, 1990). Researchers from north-central Nigeria documented similar findings where over half of the cases reported to the police were abandoned by the victims or guardians.⁷This is quite unfortunate and the number of child sexual abuse cases may continue to increase unless the perpetrators are prosecuted.

The question is, 'does the police have the right to drop the criminal charge of child sexual abuse due to pleading?'. This has been the finding in various studies (Adeleke, 2012; Singh, 2014; Behere, 2013; Chinawa *et al.*, 2013; Workowski, 2006). We should emphasise article 10 of the United Nations Rights of the Child (which Nigeria ratified in 1991) (Eli *et al.*, 2015; Workowski, 2006; Okoronkwo, 2014). This states that every child must be protected against all forms of exploitation, including sexual abuse and use in pornographic publications. Any infringements on this right should be prosecuted and offenders made to face the consequence of the law. As a measure to prevent this crime, the general public should be encouraged to report any case of child sexual abuse. There are numerous advocacy centres in developed countries that provide support in evaluating and managing sexually abused children (victims) and prosecution of sexual abuse perpetrators. Such centres that provide support for sexually abused children should be encouraged to survive in our environment. This will encourage parents and guardians to report more cases of child sexual abuse. The saying "justice delayed is justice denied" is another reminder that injustice should not be allowed to thrive with respect to the sexually abused child.

Conclusion

Child sexual abuse is alarmingly high in our environment, and not much is done to prevent such occurrences. It is a human right issue and there is the need to create awareness through advocacy to stop this disastrous act. In addition, there is the need to adopt a concise protocol for effective management of the abused and the abuser. There is also need for recommendations on preventive measures and also prosecution of offenders. For young offenders the criminal justice system should also take its appropriate course.

Recommendation

This will include public enlightenment campaigns and advocacy by engaging non-governmental organizations (NGOs) and other civil society organizations (CSOs), faith-based organizations and the general populace on child sexual abuse, consequences and preventive measures. In addition, involve professionals in caring for children that have been sexually abused. Furthermore, establishing support services to survivors and enforcing stiff penalties for assailants, when not minors themselves. There is also the need for collaboration between organizations locally and internationally that have the vision to curb this disastrous crime against humanity.

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