ORIGINAL ARTICLE

Pattern of child sexual abuse among children treated in Tikur Anbessa Specialized Teaching Hospital 2010-2013

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ABSTRACT

Background*: sexual abuse is a worldwide problem affecting all segments of the society including children. It has a profound impact on the physical and mental health of the victims and their families. In Ethiopia sexual abuse of children has been under reported and prevalence reported were wide range and impact on the individual and society level not known.*

Objective*: To assess the prevalence of child sexual abuse and predisposing conditions among children treated in Tikur Anbessa Specialized Teaching Hospital in three years period from September 2010-2013.*

Methods*: During the three year study period, 544 children under 18 years were treated for sexual abuse out of them 300 charts were selected after systematic random sampling and sociodemographic variables, possible risk factors and family structure were analyzed.*

Results*: During the three years period a total of 97,682 children were seen at the Outpatient Department (OPD) of Tikur Anbessa Specialized Teaching Hospitalout of them 544 were children treated for sexual abuse. Among 300 selected children 64.7% (194) of them were females. 59% were aged between 6-11 years. 203 of the children were living with their both biologic parents and reported no family problem.*

41% and 23.3% of the children were victimized at their neighbourhood and their own house respectively. Almost all perpetrators (90%) were males and majority of them were known to the child and used physical force as means. Drug and weapons used rarely. Late presentation to health institution and absence of abnormal physical findings in more than half of the victims were observed.

Conclusion*: all children are at risk of sexual abuse irrespective of their age, gender, degree of relationship to the perpetrators. Females are more affected than males. Living with both parents was not found protective and children were abused in the environment considered safe. There is a need of more research to understand the whole dynamics of child sexual abuse*

Keywords: child sexual abuse, perpetrator, victim

INTRODUCTION

Child sexual abuse is complex starting from the definition. According to World Health Organization (WHO) child sexual abuse (CSA) defined as 'the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society (1). It is a worldwide problem affecting all segments of the society and has a profound impact on the physical and psychosocial and mental health of its victims and that of their families, communities and the society at large. According to WHO estimate 150 million girls and 73 million boys under the age of 18 worldwide experienced sexual abuse (2). The current data on Africa from the World Health Organization Global School-based Student Health Survey estimated lifetime prevalence of sexual abuse among primary students aged between 13–15 years ranged from 9% to 33% (3). A south African study done among 414 secondary school students; 54% of them reported to have

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experienced contact sexual abuse before the age of 18 yrs (4,5). A study done in Ethiopia in one of the schools in South West Ethiopia among 323 9th grade female students found out that 68.7% of them experienced sexual abuse (6).

Children are victimized at any age, by individuals known to them in a place perceived safe including their own home and at schools. This problem has short and long term social, psychological, behavioral consequences beyond physical damage (7-10). Thus the extent of CSA and the socio-cultural impact and factors associated with victimization and perpetration has to be known clearly to establish comprehensive holistic prevention and treatment program.

Although it is a hospital data this study may help create awareness and also generates well designed research questions for study r and interventions.

SUBJECTS AND METHODS

The study was done at Tikur Anbessa Specialized Teaching Hospital outpatient department. The medical records of all children less than 18 years, who presented to the outpatient department as a case of sexual abuse were retrieved .A sample size of 272 children obtained by calculating using single population proportion with 95% confidence level (z=1.96) margin of error of 5%, and estimated prevalence of child sexual abuse 23% taken from one of the study done on child sexual abuse (CSA) in Addis Abeba (13).10% was added for incomplete records. 300 cards were selected by systematic sampling method. The study variables which include the socio-demographic variables, the relationship of victim with perpetrator, family status and circumstance related to the abuse were analysed. Data were analyzed using a computer with latest SPSS version 20.0 software.

Ethical clearance was obtained from Department of Paediatrics and Child Health Research and Publication Committee (DRCP) and from Institutional Review Board (IRB) of College of Health Sciences. To keep the confidentiality data were entered anonymously.

RESULTS

Total of 97,682 children under 18years of age were seen at TASH during the study period. Among them 544 children were cases of child sexual abuse (CSA) and accounted for 0.56% of the OPD visit. Data from 300 systematically sampled victims analyzed. Females accounted for 64.6% (194 /300) and males 35.3 % (106/300). The age distribution of abused children showed that children in age group 6-11 were the most affected followed by age group 12-18; 59.3% and 20% respectively .The mean age of the victims were 8.5 years. When we look into the caretaker profile 67.7% of the children were living with their biological parents 15% (47) of them were living with single parent. The rest live with adopting parents, relatives or alone (Table1).

Table 1. Sociodemographic variable of Sexually Abused children September 2010-1013.

Variable	Frequency	percent
Gender		
Male	106	35.3
Female	194	64.6
Address		
Rural	32	10.7
Urban	268	89.3
***Age (year)**		
<3	3	1.0
3-5	59	19.7
6-11	178	59.3
12-18	60	20.0
Educational Level		
Kindergarten	50	16.7
Elementary	179	59.7
Secondary	9	3.0
Collage	1	0.3
Not attending school	61	20.7
Care Taker		
Both biological parents	203	67.7
Adopted parents	14	4.7
Mother only	38	12.7
Father only	9	3.0
Relative	4	1.3
live alone	11	3.7

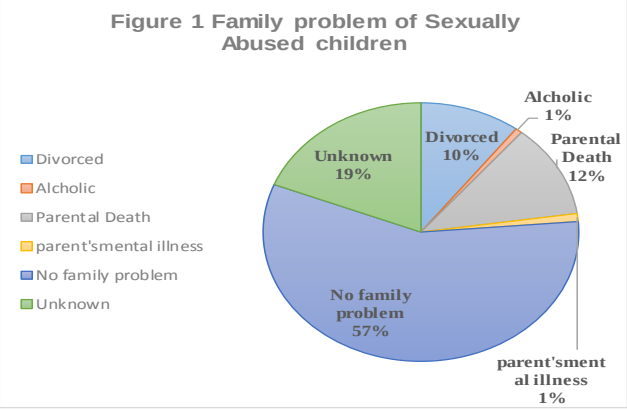
*The mean age of the victim was 8.5 years, with SD of 3.45 years
(Minimum age 1.67yr and maximum age max 17 years)

As shown in table 2 the majority of the children 139 (46.3%) were abused in neighbor's house 47.4 %(145) their own home 23.7% (71) and at school 15.7 %(47). The majority of perpetrators were persons known to the child including their neighbors, own family members and teachers. Strangers accounted only 16.3% (49). Almost all victims 91.3 (274) were sexually abused by single perpetrator and in 8.7% (26) of cases more than one perpetrators were involved. The mean age of the abusers was 22.6yrs the youngest being 11 years and oldest 73 years old. There were only two females reported as perpetrators.

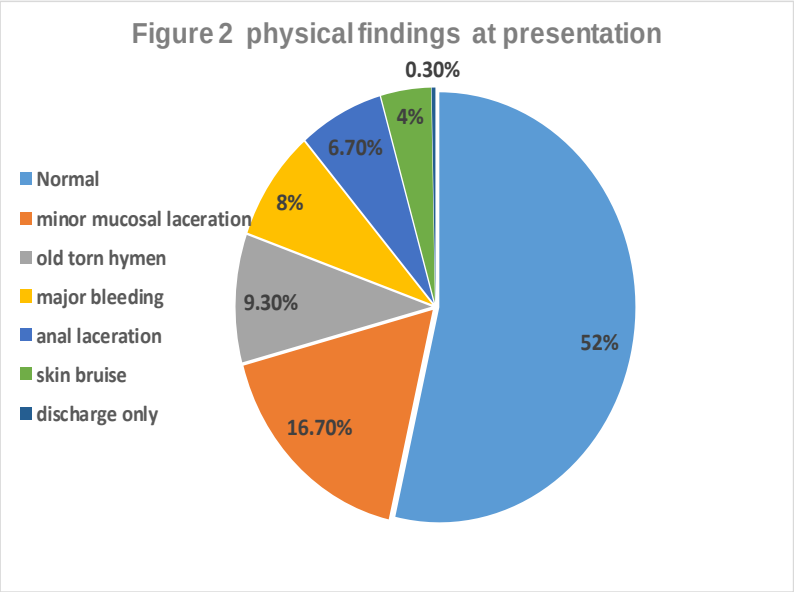
Table 2. Circumstances associated with Child Sexual abuse.

Variable	Frequency	Percentage (%)
Relation of Victim with perpetrator		
Neighbors	139	46.3
Family members	41	7.3
Acquaints	31	10.3
Teachers	14	4.7
Employer	4	1.3
Stranger	49	16.3
Location of sexual abuse		
Victims own Home	71	23.7
Neighbor house	145	47.4
School	47	15.7
Street	6	2.0
Other (car, workplace etc.)	31	10.3
Time of the attack		
Day time	267	89
Night time	30	10
Day and night time	3	1.0
Number of perpetrators		
Single	274	91.3
More than one	26	8.7
Total	**300**	**100**

Most of the attack took place at day time 89 %(267), 10% (30) at night and the rest three cases both day and night. Majority of children were attacked by one perpetrator 91.3% (274) and 8.7% (26) children were abused by more than one perpetrator.



Family problem identified among the abused children isillustrated in Figure 1. The majority of the abusers (67%) used physical force, 8% used weapon 2.7 % them used drug and alcohol and the mean time of presentation to the health facility were 38 days with minimum of two hours and maximum of six years. Physical findings at presentation to health institution shown in Figure 2.



DISCUSSION

Among 97,682 children seen over the three year period, 544 cases of children with sexual abuse were identified, and this accounted for 0.54% of outpatient visits during the study period. This result is similar to study done by Girgira etal (13) but is much lower than most prevalence studies reported worldwide. The recent meta-analysis of global sexual abuse indicated a prevalence of 11.8 %(14) Whereas data pooled from Sub-Saharan African countries based on the global school based student health survey data, reported prevalence of 23%, ranging from 9-33% (3). The Ethiopian, data showed higher prevalence and wider range from 16-68% (6,15,-19).The difference in this study can be explained by difference in methodology such as sampling, definition of CSA and the sociodemography of the studied population. Studies conducted in clinical setups and data from police records often have been found to report lower prevalence rates than population based studies .The main reason for this was the selective nature of the purpose of the visits to higher health institution usually is referral for better management for those with severe trauma, or for getting legal certificate for court cases (18).

Therefore all these evidences indicate that we don't have exact estimation of the burden of CSA in Ethiopia. There is need for representative population based study.

The proportion of assaulted children was 35% (106) male and 64.6% (194) female. This finding is similar with other studies which consistently show that victims of child sexual abuse are overwhelmingly females with estimated risk of 2.5 to 3 times higher than males (10, 19, 20).

Several investigators have tried to explain why it is lower in males. Possible potential reasons suggested were wider screening of females, societal norms such as the expectation that boys should be dominant and self-reliant; the notion that early sexual experiences are a normal part of boys' lives; and reluctance to report or disclose due to pressure not to express, helplessness or vulnerability, or don't know what to do (21,22,23). Therefore; further research has to be done to look into magnitude of male child sexual abuse and possible causes of under reporting in the community with different cultural back ground.

The average age of victims in our study was 8.5years; the majority of them were in the age group 6-11yr.This finding is similar to other studies done in USA which showed the vulnerability of children age group of 7-12 years for sexual abuse (10, 19).

In this study the majority of the sexually abused children were living with their biological parents (67.7%) and more than half of the victims (57%) reported not to have any family problem. Several literatures indicated that living with biological parents is protective factor for CSA (5, 7, 9). Family problem identified as one of the predisposing factor CSA. The reasons for this discrepancy in our case might be poor documentation, as in the case of missing information due to the retrospective nature of data collection. Most of the children brought to the hospital were accompanied by the parents and or family members who may be reluctant to disclose the family problem to the health worker, policemen who brought the children may not know the exact family history of the child. Therefore further researches to understand why children who are living with their parents and those with reported no family problem are at risk for CSA in our study.

In the majority of cases the perpetrators were known to the child includes neighbors, family members, friends and teachers.The abuse took place mostly in neighbor's house, victim's home, and at school. Most of the victimization occurred during the day time. These finding are similar to several studies in the literature (4, 5, 11) Therefore educating parents and other caretakers that strangers on the streets are not the only ones as perceived by the society, responsible for sexual abuse. Health professionals also have to be aware of this fact and keep in mind during their enquiry.

Our series showed a delayed reporting of CSA to health institution which is similar to report by Girgira et al (13)and longer than reported by Lakew .(18). The delay of reporting is almost universal in most of studies across different parts of the world. Delayed disclosure due to fear of repercussions, intimidation by the abuser, young age, cultural beliefs such as respect for older person, lack of information what to do, access to health care , are some of the reasons mentioned in the literatures (9, l13, 23).Therefore, issues related to delayed disclosure have to be addressed in the Ethiopian perspective.

In our study almost two thirds of the perpetrators used physical force; whereas weapons and drugs used rarely. Several literatures mentioned as unique for CSA is use of bribes in the form of gifts, favour and or grooming as the usual technique (5, 20). This apparent difference with the literature could be because of a sampling bias, cultural differences or methodology used. The finding nevertheless calls for a well-designed study to understand the reasons behind the more frequent use of physical force in our case.

The majority of children were reported to have normal physical findings, only few of them did have major bleeding and anal laceration. The absence of suggestive physical findings may be due to delayed presentation of victims in which lesions might heal completely within few days. This finding is not unique for this study, multiple research studies worldwide demonstrated a low prevalence of definitive physical findings among victims of sexual abuse and clearly emphasized absence of definitive physical findings can't rule out CSA. (9, 10, 24).

The study has limitations of being a retrospective hospital based study which can't reflect fully on the spectrum of child sexual abuse in the country.

In conclusion, all children are at risk of sexual abuse irrespective of their age, gender, degree of relationship to the perpetrators, females are more affected than males. Living with both parents was not found to be protective and children were abused in the environment considered safe. Most of the perpetrators used force (physical violence) during the abuse, weapons and drugs rarely used. The victims presented to health institution late and the majority of them did not have abnormal findings upon physical examination.

Creating social awareness and educating parents and care takers about CSA is prudent. There is a need of more research to understand the whole dynamics of child sexual abuse in Ethiopian context so develop effective targeted preventive and treatment intervention strategies.

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