

Sexual Abuse of Nigerian Children

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SUMMARY

Asindi AA, Ekanem AD and Archibong EI. Sexual Abuse of Nigerian Children. *Nigerian Journal of Paediatrics* 1989 5:0. From January 1985 to December 1987, 25 paediatric victims of sexual assault reported to the University of Calabar Teaching Hospital, Calabar. The abusers included 19 non-related males who shared multi-family compounds with the victims, two servants to the family and an uncle. Targets were children aged 10 years and below with the 4-6 years olds at highest risk. The abuse involved vaginal intercourse in 92% and digital fondling in 8% of cases. Fifty-two per cent of the victims suffered vagino-perineal injuries and 47.4% presented with genital gonorrhoea. To avoid scandal, a majority of the parents preferred to stay away from the police. The findings of this survey throws light on the profile of sexual abuse in the community. Liaison between the social worker, doctor and the police is called for. Professionals in the care of children must be trained to recognise warning signs. Children need guidance on how to recognise and avoid inappropriate sexual activities from an early age.

Introduction

SEXUAL misuse is a recognised form of child abuse which almost always results in physical injuries. It is quite apparent that every health institution the world over has its own share of victims of sexual molestation, rape or incest. It has been estimated that

less than 50% of these crimes are reported to a physician or law enforcement agency.¹ In all proven cases, it has been noted that the assailant will not only inflict physical trauma but also a post-assault emotional crises for the victims and the family.^{2 3} Also, later concern for the post-menstrual victim are the possibilities of pregnancy^{3 4} and venereal disease.⁵⁻⁷ There is paucity of information on the pattern and dimension of sexual assault involving Nigerian children.⁸ We had repeatedly encountered isolated cases of rape presenting in our institution, the University of Calabar Teaching Hospital (UCTH), hence, we were led to investigate this problem further.

The aims of this study therefore, were to evaluate the factors or any antecedent

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conditions that identify the children at-risk, recognise local pattern of victim-assailant relationship in our environment and to attempt to determine the incidence of complications including venereal disease, pregnancy or concomitant physical trauma. It is hoped that the information gathered from this study may form the basis for organising a strategy for protecting our young girls against this malady which damages both the body and the mind

Patients and Methods

Children aged under 16 years who presented at the UCTH with complaints of sexual assault of any kind and were referred to any one of the authors for examination, constituted the subjects of this study. Written request was circulated to doctors in the General Outpatient, Casualty and the Children's Outpatient Clinics to refer such cases. Detailed interview was conducted on the parents, victim (if possible) and abuser (if found) in every case. Full physical and gynaecological examinations were carried out on each victim. Vaginal swabs were obtained for microscopy, culture and sensitivity. Those with genital trauma and genital infection were treated accordingly, and as indicated. We intended to look for spermatozoa and follow up victims above 12 years in case they became pregnant, but were handicapped by limited facilities.

By definition, a child (individual under 16 years) is said to be sexually abused when another person who is sexually matured involves the child in any activity the other person expects to lead to sexual arousal. This might involve sexual intercourse, touching, exposure of sexual organs, showing porno-

graphic materials or talking about abuse in an erotic way. Sodomy refers to anal intercourse. Sexual intercourse refers to penile penetration however slight. Indecent liberties is a term covering a non-specific group of offences including use of obscene language, exposure of genitals, pornography and manipulation. Rape is sexual penetration against the victim's will.

Information obtained from each case or patient was recorded in a programmed form.

Results

In the 3 years of the study (January 1985 to December 1987), 25 cases of sexual abuse among young children were seen. All the victims were females, the youngest being 9 months and the oldest 10 years (2 cases). Children in the age range 4 — 6 years, were at highest risk. Fig I shows the age distribution of the victims.

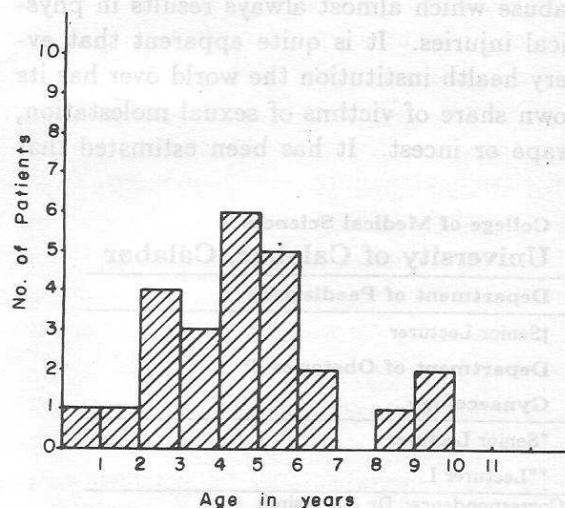


Fig. I Age Distribution in 25 Victims of Sexual Abuse

The crime

Twenty-three (92%) of the girls examined alleged vaginal intercourse. The remaining two cases (aged 9 months and 1½ years) involved digital manipulation by a female babysitter (aged 50 years) and a male neighbour respectively, both of whom confessed to the crime. The sexual assault often occurred in the day time between 9.00 a.m. and 2.00 p.m. This corresponds to the time when parents are away from home on their daily engagements.

The victims were either pre-school (7 cases) or school girls (18 cases). None of the girls was a hawker. A majority (21) of these victims lived with both parents, 2 live with one parent each (mothers) who were divorced, 1 with grandmother, and 1 as a servant. Parents of victims were mostly farmers and traders. Only two of the parents were in the high income group class.

The assailants

There were 22 assailants (21 males and 1 female) to the 25 victims. It was possible to ascertain the ages of only 10 of these persons among whom were 4 teenagers aged 10, 11, 16 and 18 years.

The youngest (aged 10), a step-son of a prison warder, repeatedly had coitus and digitally manipulated 3 unrelated girls (aged 6, 5½ and 5 years) under a stair-case of their flat. An 11-year old servant confessed that he had on several occasions raped a 3-year old school girl who presented with gonococcal vulvo-vaginitis.

The oldest assailant was the 50-year old babysitter who introduced her finger into the vagina of a 9-months old baby in her care. This caused profuse bleeding and rupture of the hymen. An 18-year-old elementary

school pupil owned up being involved with two sisters, one of whom he had repeatedly raped (aged 5 years) and on the other (age 1½ years), he used his fingers. Generally, a majority of the abusers were estimated to be aged around 20-25 years. A majority (15 or 68%) of them were unemployed or idle, 2 each were servants and pupils, one each was a farmer, trader and a member of the armed forces. There was only one incestuous event whereby an uncle had sexual intercourse with a 6-year old niece causing bruises to the labia. Twelve (48%) of the assailants admitted to the crime, 2 denied while 8 were at large at the time of investigation, but there was a very strong and reasonably convincing evidence against all the abusers.

Scene of Crime

Without exception, all the assailant-victim pair belonged to the same address. They lived in multi-family compounds (24 cases) and bungalow (1 case). The girls were assaulted in the following places: assailants' homes (11 cases), victims' homes (5 cases), under the staircase (3 victims by one assailant) and shared family kitchen (1 case). In 5 cases, the scene of crime could not be determined.

Symptoms, injuries and infections

All the cases except one, were brought to the hospital more than 24 hours following the abuse. There was a time lag of one to seven days before the patients were seen and this corresponds to when the symptoms were first detected by the parents. Complaints included vaginal discharge (12 cases), swollen vulva (5 cases), vaginal bleeding (4 cases), limping or inability to walk (2 cases). Three cases presented with no symptoms. In 12 (48%) of the victims, no injuries could be de-

tected while the other 13 (52%) victims suffered various forms of vagino-perineal tears, lacerations and bruises singly and in combination. Eight had slight bruises of the labia minora and majora, 4 cases had sub-urethral laceration. The hymen was ruptured in 7 children. Only one child, a 6-year old, sustained an extra-genital injury (bruises) on the elbows and the right shoulder together with abrasion of the left labium minus and a torn hymen. Generally all the injuries were of minor degrees.

Vaginal swab could not be taken in 6 cases. Of the other 19 cases from whom vaginal swabs were obtained for micro-biological studies 9 (47.4%) yielded *Neisseria gonorrhoeae* sensitive to erythromycin, gentamicin and tetracycline. Specimens from each of the 3 (16%) victims raped by the 10-year old yielded heavy growth of *Staphylococcus aureus*. The other organisms isolated were coliform (1 case) unspecified bacteria (2 cases), *Candida albicans* (1 case). Three specimens were reported as sterile.

Police involvement

Only 7 (28%) parents had reported to the police. The other 18 (72%) refused to do so to avoid scandal, which, according to them, could adversely affect the marriage chances of their daughters.

Discussion

The proof of sexual assault of lies with the law courts of the land. In well-ordered countries where legal processes are expeditiously and with vigour, parents or victims are encouraged to report sexual offences to law enforcement agencies. Conversely, in the under-developed countries including Nigeria,

the inherent slow process of arrest, conviction and delay in delivering judgement conspire to deter the abused from seeking redress in law courts. Moreover, it is the experience the world over that the process of law may dismiss a large number of obvious sex offences because some cases cannot be proven "beyond all reasonable doubts".

Obot,⁸ in an earlier survey of sexual abuse of children in Calabar reported only 19 cases over a period of six years (1980-1985). His cases were derived from court records and involved only those who were found guilty while the cases still pending trial at the time were excluded. The 25 cases reported in the present 3-year study is also very likely to represent the tip of the iceberg in a society such as ours in which an attempt to seek medical aid in hospital is considered the last resort. Most parents of victims dreaded exposing their daughters to scandal hence they were unwilling to contact the police. These factors definitely mask the true incidence of sexual crimes in our environment.

In spite of all the limitations of this study, the 25 cases nevertheless, provide a good spectrum of child abuse in our environment. The survey reveals that the children at risk of sexual abuse are those aged 10 years and below with a majority between 4 and 6 years. They largely belong to families of low income group and the offence is committed when both parents are away from home on their daily engagements. In contrast, most European² and American³ victims of rape are aged 10 years and above.

We, surprisingly, did not come across a single case of a child who engaged in hawking wares along the streets — common trade which exposes the Nigerian child to amorous advances.

The nature of abuse encountered was predominantly either vaginal intercourse (92%) or digital interference (8%). This observation is at variance with what obtains in developed countries^{2 3} where there is more of indecent liberties and less of physical contact. This difference may be related to diversities in culture and level of sophistication.

That the abusers were largely known to the victims is in agreement with most other series.^{2 3 9-11} Children were targets when they live among unemployed young men in a multi-family compound with shared playground, toilets and kitchen — a very common feature of the Nigerian abode. Conversely, this communal type of living appears to serve as a deterrent to stranger abuse which is seen in other series.^{11 12} Our study suggests that incestuous crime is rare in our society compared with advanced countries.^{2 3} This may be related to the Nigerian culture whereby amorous relationship among relatives even as far removed as third cousins or distant in-laws, is taboo.

Genital and extra-genital trauma,²⁻⁴ pregnancy,^{4 9} venereal infections or even murder are considered potential hazards resulting from sexual abuse. Voigt⁴ found pregnancy incidence of 1.5% in victims aged over 10 years. Since all the children involved in the present series were prepubertal we did not envisage pregnancy as a problem in our series. Conversely, physical injuries, though minor in degree, was a significant sequelae of the abuse as is the experience in other surveys²⁻⁴.

Gonococcal infection in children over 1 year of age has been reported by Branch and Paxton⁴ to be associated with sexual contact in 98% of cases. Other studies^{6 7} report sexual contact in less than 35% of

cases. The equally high incidence in our series concurs this claim, and also applies to the Nigerian child, that non-sexual contamination of children with gonorrhoea should be a diagnosis of exclusion. Though none of the assailants submitted himself for examination, we nevertheless, strongly associate the genital infection with the crime. On the basis of this observation, we join others in advocating the routine use of antibiotic prophylaxis for victims of sex abuse. One should worry about the future fertility of children who were victims of rape. Failure or delay in seeking medical attention, self-mediation and inappropriate antibiotic treatment which are rampant in our society may ruin the reproductive capacity of a Nigerian child who happens to be a victim of rape should she contract gonorrhoea.

This study does not claim to answer all the questions surrounding the profile of sexual crime in our childhood population. We could not estimate the emotional sequelae in the victims and their parents. There was no way of analysing the full socio-pathic make-up of the assailants. There were also difficulties in interviewing very young children. In spite of all these limitations this study had revealed that where minors are left unattended in a multi-family compound among idle young men in the vicinity, then the scene is set for sexual molestation of such children.

The danger posed by sexual abuse of our children must not be under-estimated. Every effort should be made to combat it. In general, the responsibility for protecting the child against this malady lies with the whole community. Children, parents, and, in fact, the entire public need appropriate knowledge of what obtains in their environment.

Professionals in the care of children must be specially trained to consider the possibilities and to recognise warning signs. Social workers, doctors and the police need to work closely together to collect information, offer consultation and decide on an equitable disposition of any incident. Children need guidance on how to recognise and avoid inappropriate sexual activities from an early age. They should be encouraged to inform adults immediately of attempted abuse.

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