

Original Research Article

Child sexual abuse (rape) in Anambra state: South Eastern Nigeria

Obinna C. Ajaegbu^{1*}, Chinelo N. Madubuiké², Bertila U. Ezeonwu³, Bernadette U. Uchendu¹, Afam Obidike⁴, Thyword C. Agu⁵, Faith N. Ajaegbu⁵

¹Ntasi Sexual Assault Referral Center Enugwu-Ukwu, Anambra state, Nigeria

²Department of Paediatrics, General Hospital Ekwulobia, Anambra state, Nigeria

³Department of Paediatrics, Federal Medical Centre, Asaba, Nigeria

⁴Department of Anaesthesia, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra state, Nigeria

⁵Department of Obstetrics and Gynecology, Federal Medical Centre, Onitsha, Anambra state, Nigeria

Received: 03 October 2023

Accepted: 20 November 2023

*Correspondence:

Dr. Obinna C. Ajaegbu,

E-mail: obinnajaegbu@yahoo.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Child sexual abuse (CSA) which is an infringement of the child's fundamental human right has assumed a public health importance due to increasing prevalence globally and Nigeria in particular. This problem not only possess immediate complications like unwanted pregnancy, sexually transmitted infections (STI) and others, but the long term impact on the child's mental-health is enormous. This study is aimed at documenting the burden of this problem in Anambra state and interventions to mitigate it.

Methods: This was a prospective study of all the children who presented to the Ntasi Sexual Assault Reference Center (SARC), Anambra State with history of sexual abuse from September 2019 to August 2020.

Results: A total of 820 children were seen during the study period, 81 (9.8%) were diagnosed to have been sexually abused. There were 69 (85.3%) female and 12 (14.8%) male giving a female to male ratio of 5:1. The incidence of the abuse increased with increasing age of the subjects and peaks at those aged 11-15 years, 28 (34.6%). Sixty-nine (85.2%) were abused once while 12 (14.8%) were abused multiple times. Most of the abuse took place in the perpetrators home 47 (38.8%) followed by uncompleted building 14 (11.6%). Vaginal penetration 69 (85.2%) was the commonest form of sexual abuse seen followed by anal penetration 12 (14.8%).

Conclusions: Child sexual abuse remains a major public health problem with high rate of under-reporting. Health education, free medical care to victims and government strong political will are needed in curbing this menace.

Keywords: Child, Sexual, Abuse, Rape

INTRODUCTION

Child sexual abuse (CSA) is defined as the 'involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared or which violates the laws and social taboos of society'.¹ Sexual abuse of a child in any of its forms is an infringement of the child's fundamental human right.¹ All forms of violence affects children in different ways, but sexual violence in particular

embodies trauma (physical/ psychological) that often last a life time.

Child sexual abuse has been reported globally, although incidence rates vary depending on factors such as the methodology adopted and study location. Given that only a small proportion of sexual offences are formally documented, the prevalence of sexual abuse has been difficult to estimate and often under reported in our environment. Despite the enormous consequences and magnitude of the problem, data suggests that over 95% of cases of CSA are never disclosed to authorities.² These

reasons for non-reporting include a number of factors such as the age of the abused child at the time of the event, the relationship between the perpetrator and the abused, the gender of the abused, the severity of the abuse, developmental and cognitive variables related to the abused, and the likely consequences of the disclosure.³

Child sexual abuse may take various forms from physical contact to non-physical contact including; sexual harassment, touching, incest, rape or exploitation in prostitution or pornography, exposure to pornographic materials and exposure to one's private parts.³ The abuse of children can happen in a variety of settings and locations including in the homes, schools, on the road, fields, and public open spaces.³ It has also been shown that CSA occurs in all ages, gender and in all socio-economic classes.^{3,4} A report showed that about 20% of women and 8% of men in 39 countries worldwide were reported to have been sexually abused as children while another report suggests that approximately 4% of girls and 2% of boys experience some forms of sexual abuse each year.^{5,6}

Child sexual abuse are often associated with physical injury, sexually transmitted disease (STI)/HIV, unwanted pregnancy and pelvic infections; others include: rejection by family, family conflict when perpetrator is a close family member, poor parenting and abusive behavior in later life.⁷⁻¹¹ A direct association between CSA and mental health problems has been established thus making CSA one of the important public health, social and human rights concerns in the world today.¹²⁻¹⁴ Sexual abuse has been linked to higher incidences of depression, anxiety, PTSD, low self-esteem, bulimia, behavioral disorders, substance abuse, and suicidal ideation.¹⁵

Though there has been a considerable improvement in recent years with regard to the protection and promotion of the rights of children through the passing of child-friendly laws, the prevalence of this social crime still remains high. Various factors have been adduced to be the cause of CSA and these factors vary from region to region. In Sub-Saharan Africa, factors such as poverty, low socioeconomic status, family structure, poor parental supervision, child labour, and harmful cultural practices like child marriages has been shown to be the major contributory factors.¹⁶⁻¹⁸ In other regions, growing humanitarian crises from war, armed conflicts, natural disasters and climate change were responsible.^{19,20}

This study was thus designed not only to bridge this gap with a view to determining the prevalence of sexual abuse (rape) among children seen at the Ntasi Sexual Assault Reference Center (SARC) but also raise awareness of this scourge. We are not aware of any study of this nature from Anambra state. It is hoped that this will add to the body of knowledge available on these disorder and the findings of this study could form the template for intervention strategies in helping to reduce this scourge to the barest minimal.

METHODS

Study area

The study was carried out at the Ntasi Sexual Assault Reference Center (SARC) which is located inside the General Hospital Enugu-Ukwu, Anambra state. The center was established in 2019 by the Rule of Law and Anticorruption (RoLAC) in partnership with Anambra State Government. The major mandate of the center is to provide medical, psychological and legal support to patient of sexual assault/rape.

This is done in partnership with the Nigeria Police Force (NPF), Anambra State Ministry of Justice and Anambra State Ministry of Women Affairs. The center runs clinic every day of the week and provides specialized services to its patients. It serves as a referral center for cases of sexual abuse in Anambra state and environs. All the patients were thoroughly examined and screened for pregnancy, HIV and hepatitis B and other infectious diseases.

Regrettably, none of the perpetrators were present for screening. Adequate care was instituted which includes: access to free medications including anti-retroviral; access to the obstetrics and gynecology evaluation and treatment and support from the mental health unit.

Study population

The subjects were children aged 0-18 years who presented to the Ntasi Sexual Assault Reference Center (SARC), and were confirmed to have been sexually abused. Those whose parents gave consent were recruited for this study while those whose parents didn't consent to the study were excluded.

Study design

This was a prospective hospital based study involving all children aged 0-18 years that presented at the Ntasi Sexual Assault Reference Center (SARC), Anambra State between September 2019 and August 2010.

Data management

Data were primary and analyzed with simple statistical methods. Package for social sciences (SPSS) version 23 was used for this study. Data presentation was done using frequency tables.

Ethical consideration

Informed consent was obtained from the parents/guardians of the children before enrollment into the study while assent was also obtained from children >7 years. Confidentiality was maintained. Ethical approval was gotten from the Ethics Committee of the General Hospital Enugu-Ukwu.

RESULTS

A total of 820 children were seen during the study period, 81 (10%) were diagnosed as been sexually abused. The children were aged between 2 years to 18 years, with a median age of 11 years and mean age of 10 ± 2 years. More females were significantly abused than male. They were 69 (85.3%) female and 12 (14.8%) male giving a female to male ratio of 5:1. The incidence of the abuse increased with increasing age of the subjects and peaks at those aged 11-15 years (34.6%). Sixty-nine (85.2%) were abused once while 12 (14.8%) were abused multiple times (Table 1).

Table 1: Demography of the sexually abused children.

Variables	Frequency (n)	Percentage (%)
Gender		
Male	12	14.8
Female	69	85.3
Age (years)		
0-5	17	21.0
6-10	24	29.6
11-15	28	34.6
16-18	12	14.8
Frequency of abuse		
Once	69	85.3
Multiple	12	14.8

Ninety-five (95%) percent of the perpetrators were male while the remaining 5% of the perpetrators were female.

Table 2 showed that most of the child sexual abuse took place in the perpetrators home 47 (38.8%), followed by uncompleted building 14(11.6%). Vaginal penetration 69 (85.2%) was the commonest form of sexual abuse followed by anal penetration 12 (14.8%).

Table 2: Location and form of sexual abuse.

Variables	Frequency (n)	Percentage (%)
Location		
Bush/farm	10	8.3
Perpetrators home	47	38.8
Patient home	6	4.1
Uncompleted building	14	11.6
School	4	3.3
Form of sexual abuse		
Vaginal penetration	69	85.2
Anal penetration	12	14.8

DISCUSSION

The 9.8% prevalence of child sexual abuse (rape) observed in this study is high compared to lower prevalence rate of 0.06%, and 1.6% reported from several epidemiological studies.^{21,22} The high prevalence in this study might be attributed to the fact that the study was done in a sexual

abuse reference center that cater for all the cases of child sexual assault (rape) in Anambra state. However, other studies have reported a much higher prevalence rate of 69.9% and 77% among vulnerable groups consisting of street hawkers and adolescents in paid employment.^{23,24} Ajuwon et al also reported a prevalence rate of child sexual abuse to be 36.7% among secondary school adolescents.²⁵ Reasons for this wide variations may be attributed to the variations in the definitions used for sexual abuse, the study area and the study population. The inclusion of all forms of child sexual abuse in the afore mentioned studies might account for the documented higher prevalence rate when compared to our study in which all the cases that presented to our center were cases of rape.²³⁻²⁵

The finding in this study showed a higher preponderance of sexual abuse among the females. This is agreement with some studies that has reported that the prevalence of child sexual abuse was higher in females, but in disagreement with studies in Asian countries which find more cases of sexual abuse among the males.²⁶⁻²⁹ Reasons for more female preponderance to sexual abuse in this study could be attributed to; early sexual maturation in girls and the fact that girls are more vulnerable often used as domestic servant, hawkers and other forms of child labour. The sexuality among boys in Africa is often shrouded in secrecy and this may account for its low prevalence. Conversely, Chinese cultural traditions shield children, particularly the girl child from childhood sexual contact and this might account for low prevalence reported among girls in that region.^{28,29} Twelve boys (14.8%) were sexually abused in this study. This finding shows the existence of male sexual abuse in our community which hitherto is considered to seen only in the western countries.

The prevalence of CSA in this study progressively increased with age and then peaked among children in their mid-adolescents (11-15 years) 34.6%. This age coincided with the age of sexual maturation hence might have made these children more vulnerable to sexual abuse.

Majority 47 (38.8%) of the episode of sexual abuse in this study occurred in the perpetrators home and mode of sexual abuse was via genital penetration. These perpetrators were mostly relatives, neighbors, family friends whom these children were entrusted into their care. Regrettably, these adults took advantage of the vulnerability of these children. This finding is similar to work done by Chinawa et al in Ebonyi state, Nigeria and Grossin et al in Paris.^{30,31} This study also showed that the perpetrators of sexual abuse are mostly male (95%). This finding is in agreement with the work done by Chinawa et al that found out that 97% of perpetrators of sexual offenses against minors were male.³⁰ Most of the report on sexual abuse were made by the victim mother. The reason for this is not far-fetched as the mothers are the once closer to the children.

Most of the victims of sexual abuse in this study were abused once. This finding is similar to what was reported

by Omorodion in Benin-city.³² However, the finding is in contrast to what was reported by Bugaje et al in Zaria, Northwestern Nigeria.³³ It may be postulated that mass advocacy, free and adequate health care and support from the State Ministry of Justices in getting justice could have influenced the need to report once the incidence occurred.

CONCLUSION

The prevalence of sexual abuse in our study was 9.8%. Females were five times more likely to be abused than males with children between the ages of 11-15 years having the highest risk. Most of the abuse occurred in the perpetrators home with vaginal penetration been the commonest pattern of presentation. Mass advocacy, free medical care to victims and government strong political will are needed in curbing this menace.

ACKNOWLEDGEMENTS

The authors would like to thank all the research assistance, the entire staff of Ntasi Sexual Assault Reference Center (SARC), Enugwu-Ukwu and the parents for their assistance and co-operation.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

- World Health Organization. Violence & Health in the WHO African Region. Brazzaville: World Health Organization Regional Office for Africa. 2010. Available at: <http://www.afro.who.int/sites/default/files/2017-06/mvi-violence-health-15-04-11.pdf>. Accessed on 10 October 2023.
- Martin E K, Silverstone PH. How Much Child Sexual Abuse Is “Below the Surface,” and Can We Help Adults Identify It Early? *Front Psychiatry*. 2013;4:58.
- Selengia V, Thuy HNT, Mushi D. Prevalence and Patterns of Child Sexual Abuse in Selected Countries of Asia and Africa: A Review of Literature. *Open J Soc Sci*. 2020;8:146-60.
- Singh MM, Parsekar SS, Nair SN. An Epidemiological Overview of Child Sexual Abuse. *J Fam Med Prim Care*. 2014;3:430-5.
- Chan KL, Yan E, Brownridge DA, Ip P. Associating Child Sexual Abuse with Child Victimization in China. *J Pediatrics*. 2013;162:1028-34.
- Martin, EK, Silverstone, PH. How Much Child Sexual Abuse Is “Below the Surface,” and Can We Help Adults Identify It Early? *Front Psychiatry*. 2013;4:58.
- Sonkor MD, Gosa E. Sexually Transmitted Infections. Durban, Health System Trust. 2003. Available at: www.hst.org.za/upload/files/sti/pdf accessed 15/11/2010. Accessed on 10 October 2023.
- Wasserheit JN. Epidemiological Synergy, Inter Relationships between Human Immunodeficiency Virus Infection and other Sexually Transmitted Diseases. *Sex Transm Dis*. 1992;19:61-77.
- Jewkes R, Sen P, Garcia-moreno C. Sexual Violence. In: Krug EG, Dalilberg LL, Mercy JA, Zwi AB, Lozano R, Editors. *World Report on Violence and Health* Geneva. World Health Organization. 2002;147-82.
- Reza A, Breiding MJ, Gulaid J, Mercy JA, Blanton C, Mthethwa Z. Sexual Violence and its Health Consequences for Female children in Swaziland: A cluster survey Study. *Lancet*. 2009;373:1966-72.
- Jewkes R, Levin J, Mbananga N. Rape of Girls in South Africa. *Lancet*. 2002;359:319-20.
- Finkelhor D. The International Epidemiology of Child Sexual Abuse. *Child Abuse and Neglect*. 1994;18:409-17.
- Pereda N, Guilera G, Forns M, Gomez-Benito J. The International Epidemiology of Child Sexual Abuse: A Continuation of Finkelhor (1994). *Child Abuse and Neglect*. 2009;33:331-42.
- Stoltenborgh M, van IJzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence around the World. *Child Maltreatment*. 2011;16:79-101.
- Johnson CF. Child sexual abuse. *Lancet*. 2004;364-70.
- Jewkes R, Levin J, Mbananga N. Rape of Girls in South Africa. *Lancet*. 2002;359:319-20.
- Casey EA, Nurius PS. Trauma Exposure and Sexual revictimization risk Comparisons Across Single, Multiple Incidents and Multiple Perpetrators Victimization. *Violence Against Women*. 2005;11:505-30.
- Lema VW. Sexual Abuse of Minors: Emerging Medical and Social Problem in Malawi. *East Afr Med J*. 1997;74(11):743-6.
- Amowitz LL, Reis C, Lyons KH, Vann B, Mansaray B, Akinsulure-Smith AM, et al. Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone. *JAMA*. 2002;287(4):513-21.
- Kerimova J, Posner SF, Brown YT, Hillis S, Meikle S, Duerr A. High prevalence of self-reported forced sexual intercourse among internally displaced women in Azerbaijan. *Am J Public Health*. 2003; 93 (7):1067-70.
- Chen J, Dunne MP, Han P. Child Sexual Abuse in China: A Study of Adolescents in four Provinces. *Child Abuse Negl*. 2004;28(11):1171-86.
- Jewkes R, Levin J, Mbananga N. Rape of Girls in South Africa. *Lancet*. 2002;359:319-20.
- Bugaje MA, Ogunrinde GO, Faruk JA. Child sexual abuse in Zaria, North western Nigeria. *Niger J Paed*. 2012;39(3):110-4.
- Ikechebelu JI, Udigwe GO, Ezechukwu CC, Ndundi AG, Joe-Ikechebulu NN. Sexual Abuse among

- Juvenile Female Street Hawkers in Anambra State, Nigeria. *Afr J Reprod Health*. 2008;12(2):111-9.
25. Ajuwon AJ, Olaleye A, Faromoku B, Ladipo O. Sexual Behaviour and Experience of Sexual Coercion among Secondary School Students in Three States in North Eastern Nigeria. *BMC Public Health*. 2006;6:310.
 26. Audu B, Geidam A, Jarman H. Child labour and sexual assault among girls in Maiduguri, Nigeria. *Int J Gynaecol Obstet*. 2009;104(1):64-7.
 27. Finkelhor D. Current Information on the Scope and Nature of Child Sexual Abuse. *Future of Children*. 1994;4(2):46-8.
 28. Choo WY, Dunne MP, Marret MJ, Fleming M, Wong YL. Victimization Experiences of Adolescents in Malaysia. *J Adolescent Health*. 2011;49:627-34.
 29. Choudhry V, Dayal R., Pillai D, Kalokhe AS, Beier K, Patel V. Child Sexual Abuse in India: A Systematic Review. *PLoS One*. 2018;13:e0205086.
 30. Chinawa JM, Ibekwe RC, Ibekwe MU, Obi E, Mouneke VU, Obu DC, et al. Prevalence and pattern of sexual abuse among children attending Ebonyi State University Teaching Hospital, Abakiliki, Ebonyi State. *Niger J Paed*. 2013;40(3):227-31.
 31. Grossin C, Sibille I, Lorin dr la Grandmaison G, Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. *Forensic Sci Int*. 2003;131(2-3):125-30.
 32. Omorodion FI. Child sexual abuse in Benin-city, Edo state, Nigeria. A sociological analysis. *Issues Compr Pediatr Nurs*. 1994;17:29-36.
 33. Bugaje MA Ogunrinde GO Faruk JA. Child sexual abuse in Zaria, Northwestern Nigeria. *Niger J Paed*. 2012;39(3):110-4.

Cite this article as: Ajaegbu OC, Madubuike CN, Ezeonwu BU, Uchendu BU, Obidike A, Agu TC. Child sexual abuse (rape) in Anambra state: South Eastern Nigeria. *Int J Community Med Public Health* 2023;10:4644-8.