Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI: 10.53555/mqf7gb45

UNDERSTANDING CHILD SEXUAL ABUSE: PATTERNS AND PREVALENCE IN EMERGENCY DEPARTMENT ATTENDEES AT A TERTIARY CARE CENTER

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ABSTRACT

Background: The child sexual abuse is an extremely serious issue which has very long lasting negative consequences for many people all over the globe.

Objective: To determine the prevalence and patterns of child sexual abuse among pediatric patients.

Methods: Design of study was cross-sectional. Study was conducted at Department of Forensic Medicine & Toxicology Sheikh Zayed Medical College Rahim Yar Khan from March 2021 to March 2022. Total 92 children ≤ 18 years presenting to the emergency department, with cases either suspected or confirmed of child sexual abuse (CSA) as documented in medical records. These cases which were encompassed any form of sexual activity involving a child. Collected data were processed and analyzed using IBM SPSS, version 27.0.

Results: The characteristics of the perpetrators revealed that neighbors constituted the largest percentage (52, 56.5%) of the offenders, followed by strangers (27, 29.3%), friends (8, 8.7%), family members (2, 2.2%), and teachers (3, 3.3%). Regarding the nature of sexual abuse, contact penetrative abuse was predominant (59, 64.1%), of which vaginal penetration being the most common form (48, 52.2%), followed by anal penetration (6, 6.5%) and orogenital contact (5, 5.4%). Contact non-penetrative abuse accounted for 28 (30.4%) cases, with genital contact without penetration (13, 14.1%) and extra-vaginal fondling (15, 16.3%) being the primary forms reported. Non-contact non-penetrative exhibitionism constituted 5 (5.4%) cases.

Conclusion: In conclusion, this study provides valuable insights into the prevalence and patterns of child sexual abuse among children. The findings underscore the urgent need for comprehensive prevention strategies, early detection protocols, and multidisciplinary support services to address the complex needs of sexually abused children and mitigate the long-term consequences of their trauma.

Keywords: Child Sexual Abuse, Facial Bruises, Genital Discharge, Prevalence, Pattern,

INTRODUCTION

The child sexual abuse is an extremely serious issue which has very long lasting negative consequences for many people all over the globe. In other words, any kind of sexual act with a minor is considered sexual abuse, and it covers a wide range of activities, from physical contact to non-contact behavior such as displaying or showing pornography. This detestable violation of a child's innocence and rights results in an immense and enduring impact, and the marks could stay even in adulthood [2].

Violence against children is characterized by an act aimed at the core of the child and family relationship. The main actors, normally being the near-and-dear ones, use their power, influence, and sometimes tricky moves (such as blackmailing or lying) to make the victims not to tell anyone about the abuse. The outcome of this treachery is the destruction of a child's emotional and security level because of which he/she may suffer from a number of psychological, spiritual and even physical scarring. The damages of such kind of bullying may take place from a person's life from that moment, having effect on his/her interactions with people, self-esteem, and mental state. One of the most disturbing features of child sexual abuse is the fact that its effect run deep throughout the life of the victim. It crosses the barriers of the geography, culture, and the social strata as it afflicts the whole human beings regardless of the demographic lines [3]. Based on the child sexual abuse research in 14 different countries, there are claims that possibly the percentage of males and girls who have experienced this abuse in childhood is around 10% and 15% respectively. 7. 9% of boys and 19% of girls, in fact, have one of the world's most common mental health problems. 7% of teenagers in the world are usually subjected to sexual abuse before they reach 18 [4]. This figure represents the greatest percentage of children who are abused sexually (CSA). 4% in Africa. Contrary to this, the US, Europe, and Asia are the ones with highest rates amounting to 9 incidence. 2%, 10. 1%, & 23. 9%. Seven nations have prevalence rates above 20% for women: 38. "Australia has the highest rate of Indigenous incarceration, with 29% (8% of the whole nation). We see drastic disparities in availability of clean water basins in the Dominican Republic (2%) and Republic of Tanzania (31%), while 30% of the population has access to clean water. 6% in the Israeli market and 29% are in the State of Israel1% in Stockholm, Sweden, 825. 3 million of jobless American people and 24 million unemployed as in UK. While the Swiss people have never felt a particular "Zeitgeist," they are nevertheless a nation [5].

The influence of child sexual abuse is complex and deep, all its consequences are much more severe than only the trauma of the actual abuse act. People who have gone through this may have a range of physical health problems such as being unable to become sexually aroused, chronic pains and reproductive problems. What's more, psychological abuse leads to many types of consequences such as anxiety and depression, even post traumatic stress disorder (PTSD) and dissociative disorders. The mental health challenges may stay for a longer time after the relationship has ended and change the way survivor will see their life.

In addition, the web of child sexual abuse overlaps more often with broad-based societal tendencies influenced by power asymmetry, gender markers, and there is a systemic inequality. At-risk members of the community, including economically deprived children, disabled individuals, and those marginalized due to race, ethnicity, or sexual orientation, might have a greater possibility of being abused and show difficulties when it comes to justice and exploiting several state services [7]. Underneath this problem lies an imperative to take a multi-dimensional strategy that covers prevention, intervention and survivor's support in order to be effective. Educating people needs to take place from the start since it makes children, parents, teachers, and caregivers aware of the way to identify and report abuse. Together through these processes we can raise children who will be able to speak out, understand their body, their boundaries and be able to seek help when the need arises [8,9].

This study meets one of the most desperate needs in existing literature: to explore the features and the extent of of sexual abuse of children among the patients of the PAEDS of a tertiary care center.

Through devotion to studying this group, the study hopes to draw attention to CSA incidence levels, demographic trends, and characteristics of those who are affected by it, thereby aiding healthcare professionals to detect and respond to possible abuse cases effectively. Understanding the occurrence and designs of CSA in emergency room is a base for coming up with purposes of prevention, regulation of detections and in the long run, creating a healthy environment that is safe for the children.

MATERIALS AND METHODS

We got permission from Institutional Review Board (Ref. No. A.L/FMD/SZMC/3475) prior to data collections. Study was conducted at Department of Forensic Medicine & Toxicology Sheikh Zayed Medical College Rahim Yar Khan from March 2021 to March 2022. All patients or their caregivers have been informed and are asked for their consent before being involved in the study. Confidentiality and privacy of the patients were emphasized as its prime target concern. Inclusion criteria defined for this study referred to children of 18 years or younger reporting to the emergency department, in cases of either suspected or confirmed child sexual abuse (CSA) as recorded in medical charts. For the cases study period, it was mandatory that the cases fulfil the study criteria and that the sexual assault against a child was any sexual contact.

Differently, it has been excluded from the study participants who suffer from unrelated medical conditions to child sexual abuse, as well as those who have undocumented and insufficient information in medical records. Thus, the subjects of our study included patients who had provided their consent and were willing to give off their data for research. Cases that occurred outside the designated study time-frame were disregarded, and also the individuals with the record of a previous CSA beyond the study period were disregarded. Patients were included if there were suspected or confirmed cases of sexual abuse documented in their medical records. Consecutive sampling was employed to recruit participants.

A review of medical records and direct interviews with patients or their caregivers, when appropriate, were conducted to identify cases of suspected or confirmed sexual abuse among pediatric patients presenting to the emergency department. Relevant data, including demographic information (age, gender), characteristics of the abuse (perpetrator relationship, type, frequency, location), clinical features, and screening outcomes, were collected using a structured questionnaire and standardized data collection form.

Collected data were processed and analyzed using IBM SPSS, version 27.0. Categorical variables are presented as frequency and percentage. Continuous variables are expressed as mean and standard deviation (SD). The results were visualized in the form of bar charts where possible for easier interpretation.

STUDY RESULTS

The demographics of the study participants revealed a predominantly female representation, comprising 87.0% (n=80) of the confirmed cases, with males accounting for 13.0% (n=12). The age distribution of the victims showed a concentration within the age range of 11 to 16 years (55, 59.8%), followed by ages 7 to 10 (27, 29.3%) and 3 to 6 (10,10.9%), with a mean age of 11.27 ± 3.48 years as shown in Table 1. Regarding socioeconomic status, the majority of victims belonged to the lower class (59, 64.1%), followed by the middle class (25, 27.2%) and upper class (8, 8.7%). In terms of parental marital status, most victims resided with both parents (62, 67.4%), while a notable proportion lived with a single parent (20, 21.7%), and a smaller percentage with reconstituted parents (10, 10.9%).

In every instance, the culprit was male. The characteristics of the perpetrators revealed that neighbors constituted the largest percentage (52, 56.5%) of the offenders, followed by strangers (27, 29.3%), friends (8, 8.7%), family members (2, 2.2%), and teachers (3, 3.3%) as shown in Figure 2. Additionally, 24 (26.1%) cases reported abuse by multiple perpetrators [Table 2]. Regarding the

nature of sexual abuse, contact penetrative abuse was predominant (59, 64.1%), of which vaginal penetration being the most common form (48, 52.2%), followed by anal penetration (6, 6.5%) and orogenital contact (5, 5.4%). Contact non-penetrative abuse accounted for 28 (30.4%) cases, with genital contact without penetration (13, 14.1%) and extra-vaginal fondling (15, 16.3%) being the primary forms reported. Non-contact non-penetrative exhibitionism constituted 5 (5.4%) cases.

The majority of victims reported experiencing abuse once (66, 71.7%), while 14 (14.1%) reported abuse occurring twice, and an equal percentage reported abuse occurring more than twice. The primary locations of abuse were the neighbor's house (51, 55.4%) and school (18, 19.6%), with fewer cases reported at home (3, 3.3%) and other places (20, 21.7%). Disclosure of sexual abuse predominantly occurred to parents, with fathers or mothers being informed in 70.7% of cases, followed by disclosure to siblings (22, 23.9%) and teachers (5, 5.4%) as shown in Table 3. Clinical examination revealed various physical manifestations of abuse, including pain (78, 84.8%), genital trauma (51, 55.4%), genital bleeding (14, 15.2%), genital discharge (20, 21.7%), torn hymen (4, 4.3%), facial bruises (5, 5.4%), vulval hematoma (3, 3.3%), and anal tear (3, 3.3%) as shown in Table 4. All patients were screened for HIV and Hepatitis B and C infection except three patients. HIV was positive in 1 (1.1%) case while Hepatitis was positive in 4 (4.3%) cases [Table 5].

Table 1: Demographics of study participants

	n	**%**
Gender		
Female	80	87.0%
Male	12	13.0%
Age groups (years)		
3-6	10	10.9%
7-10	27	29.3%
11-16	55	59.8%
Age (years), Mean ± SD	11.27 ± 3.48	
Socioeconomic status		
Lower class	59	64.1%
Middle class	25	27.2%
Upper class	8	8.7%
Parent's marital status		
Living together	62	67.4%
Single parent	20	21.7%
Reconstituted parent	10	10.9%

Table 2: Characteristics of the perpetrator of CSA

	n	**%**
Relationship to Victim		
Family member	2	2.2%
Friend	8	8.7%
Neighbor	52	56.5%
Stranger	27	29.3%
Teacher	3	3.3%
Abuse by multiple persons	24	26.1%

Table 3: Characteristics of sexual abuse

	n	%
Type of sexual abuse		
Contact penetrative	59	64.1%
- Vaginal penetration	48	52.2%
- Anal penetration	6	6.5%
- Oro genital contact	5	5.4%
Contact non-penetrative	28	30.4%
- Genital contact without penetration	13	14.1%
- Extravaginal fondling	15	16.3%
Non-contact non-penetrative exhibitionism	5	5.4%
Frequency of sexual abuse		
Once	66	71.7%
Twice	13	14.1%
More than two times	13	14.1%
Place of sexual abuse		
Home	3	3.3%
Neighbor house	51	55.4%
School	18	19.6%
Other places	20	21.7%
Disclosure of sexual abuse		
Father/ mother	65	70.7%
Sibling	22	23.9%
Teacher	5	5.4%

Table 4: Clinical features of sexually abused child

Clinical features	n	%
Pain	78	84.8%
Genital trauma	51	55.4%
Genital bleeding	14	15.2%
Genital discharge	20	21.7%
Torn hymen	4	4.3%
Facial bruises	5	5.4%
Vulval hematoma	3	3.3%
Anal tear	3	3.3%

Table 5: Summary of HIV and Hepatitis B/ C screening in sexually abused children

	n	%
HIV screening		
Positive	1	1.1%
Negative	88	95.7%
Not done	3	3.3%
Hepatitis B & C screening		
Positive	4	4.3%
Negative	85	92.4%
Not done	3	3.3%

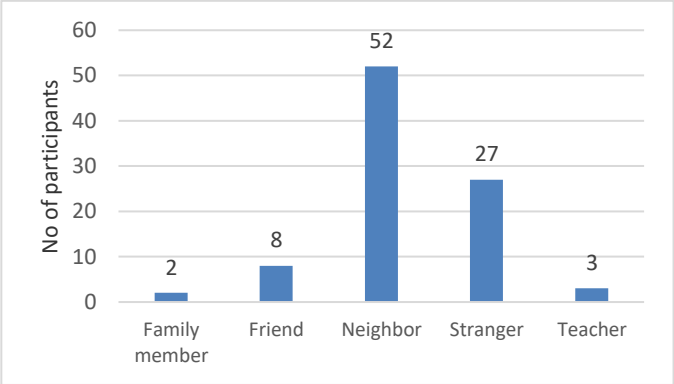

Figure 2: Relationship of the perpetrator to Victim

DISCUSSION

Child sexual abuse is a prevalent and traumatic form of trauma affecting children worldwide. It encompasses various abusive acts involving children's private body parts, leading to a range of emotional responses and distress levels. The prevalence of sexual abuse is reported to be 10-40%, with females being more affected than males. Child sexual abuse involves sexual activities that children cannot consent to, with over 2 million cases reported annually, 40% of which involve sexual abuse. Perpetrators of child sexual abuse can be both males and females, with different types of abuse based on the sex of the offender. Effective interventions for the mental health problems associated with child sexual abuse include cognitive behavioral therapy and trauma-focused counseling [11].

In our study, CSA victims constituted 0.5% of pediatric outpatients during the study period. These results were consistent with the study of Akinlusi et al (2014) who also reported 0.5% prevalence of child sexual abuse [11]. Another study conducted by Bugaje et al (2012) reported 0.06% prevalence of confirmed CSA which was much lower than our study [12]. Ashimi et al. (2015) confirmed 2.07% cases of CSA which was higher than our study findings [13].

Our study showed that girls (87%) were more frequently abused than boys (13%). This finding was consistent with the study of Bugaje et al (2012) who also reported higher proportion of sexual abuse in girls (85%) compared to boys (15%), but is in contrast with Adeleke et al. (2012) who reported 100% CSA cases in girls. In our study, the age of children ranged from 3-16 years with the mean age of 11.27 ± 3.48 [14]. Tiras et al. (2009) showed slightly lower mean age (10.3 ± 4.6) as compared to ours. In contrast to our study, Ekabua et al (2006) showed higher mean age i.e., 13.6 years [15,16].

Cases of CSA in this study were distributed between three socioeconomic classes, with majority of victims belonged to the lower class (64.1%), followed by the middle class (27.2%) and upper class (8.7%). These findings were comparable the study conducted by Sowmya et al. (2016) who reported 65%, 25% an d10% cases being upper, middle and lower class, respectively. Most of the parents were living together (67.4%), as also found by Odeyemi et al. (2009) who reported that 62.1% parents living together [17,18].

A large number of children were victimized by someone they closely knew, and all were males in our study. Accordingly, 56.5% were victimized by neighbors, 29.3% by strangers, 8.7% by friends, 3.3% by teachers and 2.2% by family members. Collings et al. (2005) identified neighbor as perpetrators in 20.6% and strangers in 6.9% which were lower proportion as compared to our study [19]. Another study conducted by Girgira et al. (2014) showed that the majority of the abusers were known to the victim (73.0%) and male (98.8%). Neighbors (38.95%), teachers (7.9%) and relatives (13.4%) were the most commonly reported perpetrators [20].

When it comes to sexual abuse, the primary form observed was contact penetrative abuse (64.1%). Among these, vaginal penetration emerged as the most prevalent type (52.2%), followed by anal penetration (6.5%), and orogenital contact (5.4%). Contact non-penetrative abuse was responsible for 30.4% of cases in our study. In a study carried out by Singh et al (2014)[14] showed that most

participants were exposed to various forms of sexual abuse including pornographic material exposed to child (30.2%), forcible kissing (21%), forced to view private parts (17%), forced to touch private parts (14.5%) and sexual assault (5.67%). Most of the victims experienced abuse only once (71.7%) in our study. David et al. (2018) also showed that majority (67.8%) of sexual abuse happened only once. In our study, the primary places of abuse were the neighbor's house (55.4%) and school (19.6%), with fewer cases reported at home (3.3%) and other places (21.7%). Olatunya et al. (2013) also reported that the place of abuse was predominantly in the patient's own neighborhood (57.1%), especially in uncompleted buildings. 25.0% of cases occurred in the victim's home while 10.7% happened at the assailant's home [22].

Most of the CSA victims had physical signs of abuse, mainly genital trauma (55.4%). Bugaje et al (2012) also reported genitourinary findings in 80% cases. Similarly, another study conducted by Ige et al (2012)[16] also reported signs of vaginal penetration in 68.1% cases. All the CSA patients were screened for HIV and hepatitis B and C infections [23], and 95.7% and 92.5% cases were negative respectively which were comparable with the findings of Tefera et al (2017) who reported HIV negative cases in 96.3% and Hepatitis negative cases in 95.4% CSA patients [24].

One of the limitations of the present study was that it was hospital-based and only victims who were presented to the hospital were included. Future research endeavors should adopt a community-based approach. This methodology enables the accurate estimation of the actual population prevalence and patterns of child sexual abuse.

CONCLUSION

In conclusion, this study provides valuable insights into the prevalence and patterns of child sexual abuse among children. The findings underscore the urgent need for comprehensive prevention strategies, early detection protocols, and multidisciplinary support services to address the complex needs of sexually abused children and mitigate the long-term consequences of their trauma.

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