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Research Article

Epidemiological, Clinical and Therapeutic Aspects of Sexual Abuse in Children and Adolescents at KAMSAR Hospital, Guinea

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Abstract

Introduction: The incidence of rape and sexual abuse among children is constantly increasing in the world and particularly in Guinea. The objective of this study was to describe the epidemiological, clinical, and therapeutic aspects of sexually abused children admitted to Kamsar Hospital.

Patients and Methods: It was a prospective cross-sectional, study on the sexual abuse of all minors victims admitted at the Kamsar hospital and the incident evaluation was carried out by a multidisciplinary team made up of gynecologists and pediatricians from January to December 2020.

Results: Out of a total of 29 cases of sexual abuse recorded and treated at the Kamsar hospital, 24(82.75%.) cases were minors. The victims were aged 4-10 years (41.66%) and 11-16 years (58.34%). Children were abused at the family's house (54.17%) and mostly between 1 p.m.-5 p.m. (58.17%)often by someone known to the victim (71.84%).The sexual contact (genito-genital) was about 58.3%, the sexual contact with fingers was 12.5%, the genito-anal contact was 12.5% and 1 case of touching (4.35%).Almost all the children presented sexual trauma (99.67%) with different locations: a hymenal (79.16%), anal (16.67%) and extra genital (8.33%). Mutism was present in 99.17% of cases. Preventive antibiotic therapy was used in 100%; preventive antiretroviral (ARV) was used in 58.33%; local antiseptic was used in (54.17%), analgesic was used in 79.17%. Emergency contraception (Levonorgestel) was used in 12.5% of cases.

Conclusion: Sexual violence among children and adolescents remains a reality at the Kamsar hospital; this phenomenon includes both sexes with a female dominance.

Keywords: Sexual Abuse; Children; Hospital; Kamsar

Introduction

Child abuse is any form of physical and psychological mistreatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the health, development or dignity of the child. There are four types of abuse: neglect, physical abuse, psychological abuse and sexual abuse [1]. Child sexual abuse remains an ongoing threat to the well-being of children who may be victimized, to the freedom of individuals who may engage in abusive behavior, and to the reputations and livelihoods of organizations in which the abuse could occur [2]. The WHO defines sexual violence as any sexual act, attempt to obtain a sexual act, comments or

advances of a sexual nature. It is also an act to traffic or otherwise directed against a person's sexuality using coercion, committed by a person regardless of their relationship to the victim in any context, including, but not limited to, home and work [3]. Violence against children covers all forms of violence experienced by persons up to the age of 18, whether committed by parents, caregivers, romantic partners or strangers [3]. About 81% of victims of sexual violence experienced the first violence before the age of 18. Almost all of the child victims will develop psycho-traumatic disorders [4]. Of 204 million children under the age of 18 in Europe, 9.6% experience sexual abuse, 22.9% physical abuse and 29.1% psychological abuse [5]. In 2004, the WHO estimated that the global prevalence of child sexual abuse was around 27% among girls and around 14% among boys [5]. In most African societies, people who are sexually assaulted are found guilty of the acts perpetrated against them. From then on, they remain silent to avoid social rejection, forced marriage with their attacker, incarceration, or even mistreatment or murder [6-9]. Around the world, evidence shows that it is possible to prevent violence against children [2].

Few studies have been conducted in Guinea to measure the extent of child sexual abuse. Therefore, this study aimed to determine the prevalence of child victims of sexual abuse, describe the epidemiological, clinical and management aspects of child victims of sexual abuse admitted to ANAIM Kamsar hospital.

Material and Methods

This was a descriptive type retrospective study lasting 12 months (January 1 to December 31, 2020) which concerned a population of children aged 4 to 16 years who were victims of sexual assault admitted to hospital. ANAIM of Kamsar. We included all the files of children aged 4 to 16 admitted for sexual assault and cared for at ANAIM Kamsar hospital from January 1 to December 31, 2020. This study was carried out in the pediatric department of the hospital. ANAIM of Kamsar located 300 km from the capital Conakry, in the administrative region of Boke. We carried out an exhaustive recruitment of the files of children aged 4 to 16 received in consultation for sexual assault during the study period. For the data collection, we proceeded to the manual analysis of the medical files of the children as well as the examination of the computerized databases of the collection sites for the filling of the survey sheets previously established for the study. The management was multidisciplinary, made up of pediatricians, gynecologists and midwives. The victims were accompanied by parents and/or a security guard. They were first received at the maternity ward, examined and then referred to pediatrics for medical care. The variables studied were socio-demographic (age, sex, residence, occupation of the child, time of aggression, place of aggression, relationship with the aggressor); clinical (duration of admission, mode of admission, type of sexual assault, type of lesion); paraclinical (SRV, BW, ECBU, AgHbs, beta-HCG), abdominopelvic ultrasound.) and therapeutic (preventive antibiotic therapy, anti-retroviral prophylaxis, local antiseptic, analgesic, anti-tetanus serum and contraception of 'emergency).

The data collected was entered and analyzed with the Epi info 7.0 software. Categorical variables were presented in proportions while continuous variables were summarized in mean and standard deviation. We calculated the statistical tests of frequency, averages and extreme values. The data has been anonymized. The study took place after the approval of the scientific committee of the ANAIM hospital in Kamsar.

Results

Sociodemographic characteristics

Out of a total of 29 cases of sexual abuse admitted to the ANAIM Kamsar hospital, 24 cases were minors (82.75%). The age group of 11 - 16 years (58.34%) was the most affected, the average age of patients was 11.04 years and extremes of 4 years and 16 years. The female sex was mainly represented (91.67%) with a sex ratio F/M =11. the majority of victims came from the Kamsar suburbs (66.67%), students were the most numerous (75%). The majority of victims lived with their biological parents (62.5%), aunts (16.66%), stepmothers (10.42%) and grandmothers (10.42%). The patients' guardians were traders (41.66%), saleswomen (37.5%) and housewives (20.82%).

Location and time of sexual abuse

Sexual abuse most often took place in the family home of the victim (54%), in the home of the aggressor (25%), the rest took place in unfinished houses (12.5%) and by the sea (8.5%). More than half of sexual abuse took place in the afternoon between 1 p.m. and 5 p.m. (58.17%) and in the morning between 8 a.m. and 12 p.m. (33.33%), only 4.17% of cases took place after 10 p.m.

Relationship with the aggressor and types of sexual contact: the aggressor was either a family member or a neighbor in (29%) of

cases, a stranger (29%) and a friend (13%). The contact between the aggressor and the victim was sexual genito-genital (58.33%), digito-genital (12.52%) and genito-anal (12.52%).

Sociodemographic Characteristics	Number N = 24	Percentage
Age		
4-10	10	44 .66
11-16	14	58.34
Sexe		
Féminine	22	91.67
Male	2	8.33
Child occupation		
Student	18	75
No occupation	3	12.5
Seamstress	2	8.33
Domestic	1	4.17
Place of résidence		
Kamsar city	8	33.33
Kamsar suburb	16	66.67

Table 1: Sociodemographic characteristics.

Average age: 11.04 years; extreme 4 and 16 years old; sex ratio F/G=11.

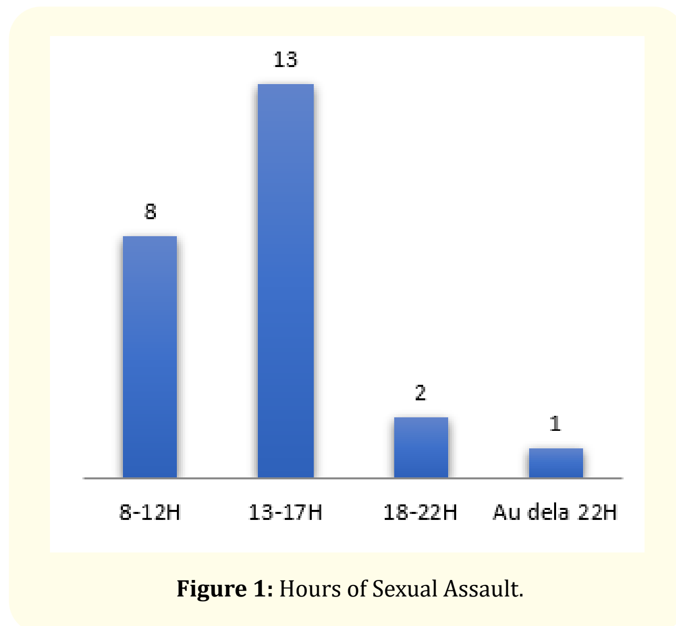

Figure 1: Hours of Sexual Assault.

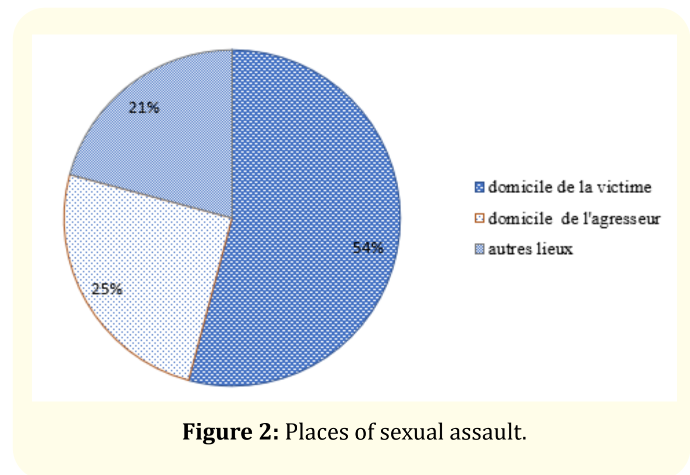

Figure 2: Places of sexual assault.

Clinical characteristics of patients

Mode of admission and time of admission: the children were accompanied by a security officer (95.84%) and 4.16% were accompanied by their dad. The majority of victims had an admission delay of 1 day (33.33%) with extremes of 24 hours and 3 months.

Types of lesions and behavior of the victim: Almost all the children had traumatic lesions (99.67%) with hymenal (79.16%), anal (16.67%) and extra genital (4.16%) localizations. Mutism was present in 99.17% of cases.

Biological characteristics

The cytobacteriological examination of the urine was positive for gonococcus in 16.66% of the cases, on the other hand the retroviral serology, the test for syphilis and the AgHbs were negative in all the children. The pregnancy test was positive in 12.5% of cases. The control HIV test was performed in 12 (50%) at three months, the result was 100% negative.

Therapeutic characteristics

Preventive antibiotic therapy (amoxicillin plus clavulanic acid, erythromycin, doxycillin, ciprofloxacin, fucidic acid ointment depending on age) was used in 100%; antiretroviral prophylaxis (ARV based Zidovudine 300mg or Atripla) for 28 days was used in 58.33%; the local antiseptic (dermobacter) in (79.17%), the analgesic (paracetamol) in 79.17%. Emergency contraception (Levonorgestel) was used in 12.5%. Anti-tetanus serum was administered in 20.83% and suture of extensive lesions in 4.16%.

Clinical, biological, therapeutic characteristics N = 24.

Variables	Number	Percentage
Duration of admission in days		
1	8	33.33
2-10 days	10	41.67
More 10 days	6	25
Mode of admission to hospital		
With a security guard	23	95.83
Single parent	1	4.16
Type of sexual assault		
Genito-genital	16	66.66
Genito-anal	4	16.66
Digito -vaginal	3	12.52
Touching	1	4.16
Type of lésions		
Hymenales	19	79.16
Anale	4	16.66
Extra génitals No lésion	1 1	4.16 4.16
Biology carried out		
SRV négative	24	100
ECBU positive	4	16.66
BW négative	24	100
Test hépatitis B négative	24	100
Beta H CG positive	3	12.52
Therapeutic care		
Antibiotic	24	100
Antirétroviral	14	58.33
Antiseptic	19	79.17
Emergency contraception	5	20.83
Anti -tétanus serum	5	20.83
Analgesic	19	79.17
Surgical trimming	1	4.16

Table 2

Discussion

The study being retrospective, we were not able to obtain all the information (the failure to perform a vaginal swab in recent rapes and the absence of data on the age and profession of the aggressor). Despite these limitations, this study allowed us to determine the frequency of sexual assault and to describe the epidemiological, clinical and therapeutic characteristics of the patients.

Sociodemographic characteristics

Our result (82.75%) is comparable to those found in Senegal by Moreau. C., *et al*. [10] and Mbacké Leye M. M., *et al*. [18] respectively (92.64% and 99.4%). This result is much higher than those found in children before the age of 15 in 3 Central American countries (7.8% in Honduras, 6.4% in El Salvador and 4.7% in Guatemala) [1]. The immature and vulnerable character of the child in African society would explain this high frequency. The female sex (91.67%) was mostly more encountered, the same finding was reported in Cameroon by Menick. M., *et al*. [16] and in Senegal Mbacké Leye M. M., *et al*. [18] (90.74% and 99.4%). More than half of the victims were between 11 and 16 years old, the same age group was found by some authors during their study [1,16,18].

In the literature, certain individual factors have been associated with a greater risk in children of being victims of sexual assault, the most important of which include: being female, being between the ages of 6 and 11 years for intra familial sexual assaults only and aged 12 to 17 for extra familial sexual assaults [20]. Most of the children lived with their biological parents (62.5%) who practiced a commercial activity (79.16%), they left the family home early in the morning and returned late in the evening. The absence of parents at home all day without supervision vis-à-vis their children would be a major risk factor for being the victim of sexual assault. The suburb of Kamsar is the area where aggression was frequent (66.66%), it is a mining and fishing area par excellence where several West African nationalities flock. Some authors report that African suburbs represent areas where poverty and promiscuity coexist, thus making children vulnerable and exposed to the risk of sexual assault [10,17]. The predominance of pupils (75%) in our study can be superimposed on the result of Ngo. U M., *et al*. [17] in Yaoundé with a schooling rate (53.2%) at the primary level. More than half of the children were abused in the family home (54%) during working hours and the victim often knew the aggressor. Our result is similar to some African authors [10,12].

Clinical features

Genito-genital sexual contact was the most frequent (66.66%) with penetration; hymenal localization lesions were the most encountered, our results are similar to those of Moreau C., *et al*. who had found (61%) cases of penetration and (59.9%) hymeneal lesions [10] and Ngo., *et al*. who had found (85.1%) contact by penetration and (28.58%) lesions with hymenal location [17].

The same remarks had been described by P. Pitche in child sexual abuse and sexually transmitted diseases where penetrative sexual abuse was the majority (70%) in Zimbabwe; (72%) in South Africa, 95% in Togo and 97% in Cameroon [15]. Almost all of our patents were brought to the hospital accompanied by security guards. Because of his criminal character, the victim was accompanied by a security guard minus a requisition and addressed to the hospital management. The majority of victims had an admission delay of 2 and 10 days (41.67%). Our result is different from that of Moreau. C., *et al*. who had found that the majority of children (70%) were brought in consultation between the 1st and 4th after the aggression [10]. In Guinea, parents refuse to file a complaint because a raped girl will not have a husband. Or they refuse to file a complaint for the dignity of the family, the stigma. Most often, they resort to mediation and amicable settlements between victims or their families and the alleged perpetrators or their families.

Mutism was present in most of the victims (99.17%), our result is different from that of Moreau. C., *et al*. where (56.9%) of the children suffered from post-traumatic shock and only 5.4% had mutism [10]. As for the study by Rim., *et al*. depressive disorders were encountered in (32%) patients, adjustment disorders with anxiety (21%) and post-traumatic stress in 12% [12]. Psychic traumas during sexual violence are those which, with torture and acts of barbarity, have the most serious and lasting psycho-traumatic consequences on the victims, with almost 80% risk of developing a state of post-traumatic stress in the event of rape in adults and almost 100% in children, whereas during trauma in general there is only a 24% risk of developing such a state of post-traumatic stress [19].

Biological characteristics

Cytobacteriological examination of urine which showed gonococci (16.66%) is comparable to that of Ngo., *et al*. [17]. However Yobi., *et al*. had reported one case of positive SRV, 1 case of positive BW and 1 case of positive hepatitis B [13]. Moreau. C., *et al*. found 22 cases of bacterial vaginosis, 1 case of vaginal candidiasis, 2 HIV-positive cases [10]. Pitch. P., *et al*. encountered gonorrhea, trichomonas, chlamydia and anovaginal warts as the main sexually transmitted infections [15]. Apart from the first year of a child's life, the discovery of an infection with *Neisseria gonorrhoea* (gonococcus) or *Trepanomapallidum* (syphilis) is almost a sign of sexual assault [20].

Therapeutic characteristics

58.33% of the victims had received preventive antiretroviral treatment upon admission. Our result corroborates that of Moreau. C., *et al*. where (20%) of the children had received ARV prophylaxis [10]. The recurrent shortage of ARVs in our structure would be the cause of this low rate of use in our series. All patients had received prophylactic antibiotic therapy; Ngo., *et al*. Yobi., *et al*. had used antibiotic prophylaxis less (38.47% and 31.5). The systematic use of antibiotics in our study could be explained by the fact that sexual contact by penetration was the most frequent modality and that the rapist is most often sexually active; which would facilitate the transmission of sexually transmitted diseases. According to the literature, sexual exploitation and abuse increase the risk of infectious diseases and chronic illnesses later in life. Girls who have been sexually exploited or abused have a higher risk of being infected with HIV and other sexually transmitted infections. Even when a girl is not infected immediately after an act of sexual exploitation or abuse, research indicates that she becomes more susceptible to chronic and infectious diseases later in life [20].

The use of local antiseptic and analgesic (79.17%) in our patients is similar to the treatments used by Yobi. A., *et al*. during their study [13] who had used the antiseptic and the analgesic associated with the anti-inflammatory, respectively 14 cases and 11 cases. The local antiseptic was used to reduce the transmission of sexually transmitted diseases and or bacterial superinfection in children. As for the prescribed analgesic, it was used to relieve pain. While antitetanus serum was administered in (20.83%) of our patients to prevent tetanus in children with genital and extra genital lesions. The use of emergency contraception (Levonorgestrel) was prescribed in some victims (20.83%). Our result is comparable to that of Moreau. C., *et al*. who had reported a prescription for emergency contraception in 29% of children [10]. Surgical trimming was performed in (4.16%). This same result had been reported by Yobi. A., *et al*. [13]. Three cases of pregnancy were recorded in our study (12.52%). Our result is different from that of Ngo., *et al*. who had found no cases of pregnancy [17]. In our case, the signs of pregnancy were the reasons for consultation at the hospital, the case of rape was mentioned only after a positive pregnancy test. According to P. pitche, the large predominance of the female sex victim of sexual abuse in sub-Saharan Africa apart from the immediate risk of contracting sexually transmitted infections, late complications related to infections, the other risk is to contract

prematurely an unwanted pregnancy [15]. Pregnancy and sexual infections communicable diseases are among the immediate consequences of sexual exploitation and abuse. Girls under 15 are five times more likely to die in childbirth than a woman in her 20s, and pregnancy is the leading cause of death worldwide for women aged 15-19 [20].

Conclusion

Child sexual abuse remains a worrying reality at Kamsar Hospital; they are of particular interest to little girls. Primary strategies by setting up awareness units and an effective legal framework could reduce this criminal act.

Conflict of Interest

None.

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