

**ASSESSMENT OF PREVALENCE OF SEXUAL ABUSE  
& PREDISPOSING CONDITIONS OF CHILD SEXUAL  
ABUSE AMONG CHILDREN TREATED IN TIKUR  
ANBESA SPECIALIZING HOSPITAL DEPARTMENT OF  
PEDIATRICS & CHILD HEALTH**



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## **Abstract**

### **Background**

Child sexual abuse is becoming more common public health issue, only reported cases of the incidence are common source of information to get insight on how to understand the problem. The objective of this study was to assess the prevalence of child sexual abuse and predisposing conditions among children treated in Tikur Anbesa specialized hospital from a period of 2003 E.C—2005 E.C.

### **Methods**

The research was conducted by collecting reported child sexual abuse cases from the records of patients who presented to all Out Patient department as a case of Child sexual abuse from September 2003 E.C—July 2005E.C treated in Tikur Anbesa specialized hospital. A total 300 selected samples of victim children were included from the three years period then completed a semi-structured questionnaire and data were analyzed.

### **Results**

All children are at risk of sexual abuse irrespective of their age, sex, socioeconomic status and degree of relationship between the perpetrators and victims. The prevalence of child sexual abuse at Tikure Anbesa specialized hospital is estimated 0.56%, Majority of the victim's females, their peak age is middle child hood age (6-11yr). 2/3<sup>rd</sup> of the victims live with their both parents, followed by single parent care taker and presence of family problem is prone for CSA. Nearly half of the cases were victimized at their neighbourhood followed by their own home. Even though half of them have normal physical finding at presentation, minor laceration and major bleedings were also common. Almost all the perpetrators are male and majority of the perpetrators are known by the child and most of them use force during attack.

### **Conclusion:**

From the study it shows all children are at risk of sexual abuse irrespective of their age, sex, socioeconomic status and degree of relationship between the perpetrators and victims. The prevalence of child sexual abuse at Tikure Anbesa specialized hospital is estimated 0.56%, Majority of the victims females, their peak age is middle child hood age(6-11yr). 2/3<sup>rd</sup> of the victims live with their both parents , followed by single parent care taker and presence of family problem is prone for CSA. Almost all the perpetrators are male & known by the child.

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## **ACRONYMS**

**AAU**- Addis Ababa University

**AIDS** - Acquired Immunodeficiency syndrome

**CSA**- Child sexual abuse

**HIV**- Human Immunodeficiency Virus

**IRB**-institutional research review board

**TASH**-Tikur Anbesa specialized hospital

**WHO**- World Health Organization

**NPSS**-National Society for the Prevention of Cruelty to Children

**SSA**- Sub-Saharan Africa

**STI**-- Sexually transmitted infection

**PSRC**-\_Pediatrics surgical referral clinic

**PTSD**-Post traumatic stress disorder

# CHAPTER ONE

## Introduction

Child sexual assault: is unwanted physical contact with a child for sexual gratification. Child sexual assault (CSA) can include fondling or touching of private parts and non-touching experiences such as exposing private parts for the purpose of sexual gratification. CSA has become the great community concern. This is evidenced by the expanding body of literature on sexual abuse, public declaration and increased media coverage of sexual abuse issues.<sup>1</sup> The definition of child sexual abuse formulated by the 1999 WHO Consultation on Child Abuse Prevention which stated that:

*“Child sexual abuse : is 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. CSA is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”<sup>1,2</sup>*

### **Sexual abuse may include:**

- Contact abuse: genital/anal fondling, masturbation, oral sex, object/ finger Penetration in the anus and /or /vagina r encouraging the child to perform such acts on the perpetrator.
- Non-contact abuse: exhibitionism, suggestive behaviours or comments, exposure to sexual activity, pornographic materials or producing visual depictions of such conduct. Involvement of a child in activities for the purpose of pornography or prostitution.
- Rape, indecent assault, prostitution and incest with children<sup>3</sup>

CSA is a human rights and developmental issue with serious negative public health consequences including psychological, emotional, physical and social effects. Long-term effects of CSA include depression, post-traumatic stress disorder ( PTSD ) , eating disorders, poor self-esteem, dissociative and anxiety disorders, somatisation, neurosis and chronic pain. Other consequences of CSA include sexually transmitted diseases, drug abuse, alcohol dependence, psychiatric disorder and physical consequences, including internal lacerations, bleeding and damage to internal organs leading in some cases to death.<sup>1</sup>

The effect of abuse during early childhood have also shown to negatively affect the development of brain, with consequent cognitive, psychological and social impairment.<sup>1</sup>

Child sexual abuse is a worldwide concern. It is an insidious, persistent and serious problem. The global evidence base concerning CSA is growing, with an estimated 150 million girls and 73

million boys under the age of 18 having experienced forced sexual intercourse or other forms of sexual abuse involving physical contact.<sup>1</sup>

The United States Department of Health and Human Services report that more than 100,000 children are sexually assaulted annually. This data shows that it is a rapidly growing main problem. Each year 1% of children experiences sexual abuse.

Globally an estimate 25% of girls and 9% of boys are exposed to any form of sexual abuse during childhood.<sup>3</sup> Although sexual violence is predominantly perpetrated by men against women and girls, currently sexual abuse of young boys is a growing concern internationally. Very little is known about the scale and nature of sexual abuse of boys, however, emerging research in South Africa estimate that one in 10 men in adulthood, report having been sexually abused by other men.<sup>5</sup>

Conventions on the right of child explicitly states that sexual acts are assumed to be crime and punishable by the law. It stated that the child's right to be protected against all forms of sexual abuse and exploitation including being forced to engaged in unlawful sexual activities. There is lack of data regarding CSA in developing nations.

Research evidence on child sexual abuse incidence in, our country, Ethiopia is scarce but researchers believe that CSA dangerously growing worldwide. A cross-sectional study conducted in Addis Ababa identified child sexual abuse prevalence rate of 38.5 % among the general public, out of which 29% were committed by victims' family members and 68% of them were victimized by adults the children knew. There are too little reports on child sexual abuse as seen in health facilities in our communities, particularly at TikurAnbesa Specialized Hospital, which is number one referral hospital, where no such previous study has been undertaken. This study is designed to determine the prevalence and associated risk factors of individuals involved in child sexual abuse at the TASH over 3 years period of time , 2003EC -2005E.C.

# CHAPTER TWO

## LITRATURE REVIEW

Before the late 1970's child sexual abuse was regarded as rare. In the following decades, the incidence based on official statistics increased dramatically.<sup>6</sup> Studies of both the incidence and the prevalence of sexual abuse of children in the United States began emerging in the 1960s and gained greater urgency after the cluster of day care centre child abuse cases in the 1980s made the issue one of acute public interest. Although we do not have data reflecting the prevalence of abusers, there are data from several studies reporting the prevalence of victimization.<sup>7</sup>

Researchers believe that CSA is dangerously growing worldwide, prevalence rate of cases vary depending on studies done in different places and time. A survey conducted on adults asking if they were sexually abused as children identified that approximately 20% of adult women and 5% to 10% of adult men in the United States (U.S) experienced sexual abuse at some time in their childhood. Most survey findings seem consistent.<sup>6</sup> When compared with their male counterparts, females were more likely to have been sexually abused during childhood. Furthermore, females were more likely than males to disclose such information; however, disclosure rates are quite low regardless of the victim's gender.<sup>7</sup>

In U.S, the risk of sexual abuse towards girls is two times greater than boys, for instance a study conducted on 796 college students indicated that 19% of women and 9% of men had experienced some form of sexual abuse as children.<sup>6</sup> When we see some of the National Statistics of U.S on the Prevalence of Child Sexual Abuse: In 1995 telephone survey, conducted by the Gallup Poll, indicated that as many as 19 per 1,000 children have suffered sexual abuse. The results indicate that more children are abused (all types of abuse) and neglected than are found in Child Protective Services reports.

In 1999, the child advocacy group Child Protect collects the following figures regarding child sexual abuse within Alabama: a total of 763 cases of child abuse and neglect were reported and 566 of these cases were indicated; 54% of the cases involved neglect, 25% involved physical abuse, 12% involved sexual abuse, and 9% were unspecified.

Another research in U.S also shows females are more likely than males to experience child sexual abuse. Estimates of prevalence range widely, with studies suggesting that 12-40 percent of females and 4-16.5 percent of males in the U.S. have experienced at least one instance of sexual abuse in childhood or adolescence.

On the other hand youth with physical, emotional, or cognitive disabilities are over three times more at risk for child sexual abuse than their non-disabled peers, and may not be able to disclose to a trusted adult because of a disability which impairs communication.<sup>8,9</sup>

Children who live with only one parent are at elevated risk of child sexual abuse, particularly by males who are sexually involved with the mothers. Most perpetrators of child sexual abuse are relatives, the vast majority, 90%, are male adults and youth who are known to the child, in particular relatives and acquaintances. Although perpetrators are more likely than others to have experienced sexual abuse during their own childhood, most victims of sexual abuse do not go on to commit sexual abuse later in life.<sup>9</sup> In most substantiated cases of child sexual abuse, there are no physical symptoms of harm to alert adults. CSA most often comes to the attention of adults when children disclose. The impact of sexual abuse may not become evident for some individuals until later in adulthood.<sup>9</sup>

Child abuse and neglect in the UK today is a major piece of National Society for the Prevention of Cruelty to Children, NSPCC, research which interviewed 1,761 young adults aged 18-24 years; 2,275 children aged 11-17 years and 2,160 parents of children aged under 11. Then the result was nearly a quarter of young adults (24.1%) experienced sexual abuse, including contact and non-contact, by an adult or by a peer during childhood. One in six children aged 11-17 (16.5%) have experienced sexual abuse. Almost one in 10 children aged 11-17 (9.4%) have experienced sexual abuse in the past year. The highest of sexual abuse was reported in teenage girls aged between 15 and 17 years of age.<sup>10</sup>

When we come to Africa, the magnitude of CSA in Sub-Saharan Africa, (SSA) is unknown. The difficulties in establishing the extent of the problem are largely related to the measurement issue and also related to the fact that CSA is seriously under-reported, as noted by a number of authors.<sup>11</sup> The fact that few researches being conducted; negative societal attitude of reporting the incidence and limited access to health facilities created difficulty in presenting accurate estimation of child sexual abuse in developing countries including sub-Saharan Africa.<sup>24</sup>

The earliest study of CSA in Africa was by Westcott (1984), who described 18 cases of CSA at Cape Town hospital victims range 2-12yr and 80% were female. In over half of the case the offender was a relative, a neighbour or others known by the child. <sup>11</sup>In SSA prevalence levels are comparable with studies reported from other regions. The high prevalence level of HIV/AIDS in the region exposes sexually abuse children to high risk of infections. <sup>1</sup>

Most of the research on CSA in SSA has been conducted in South Africa, a small number of studies have been conducted elsewhere. A research on CSA done in Matabeleland, Zimbabwe shows the extent, nature, causes and consequences of child sexual abuse are explored by an intersectoral working group. Methods used in this study are record review, focus group discussions, structured and in-depth interviews. CSA cases from between 40-60% of the rape cases brought to the attention of hospitals, police and court and many more are believed to remain unreported. Half of the sexual abuse in children is detected through STDs and some have HIV. The majority of offenders are mature men known to the child. Factors influencing child sexual abuse are male dominance in society, men's professed inability to control sexual desire, and magic beliefs. Victims are traumatized by the abuse itself as well as by subsequent problems in family, health and in court. Since CSA may endanger the life and well-being of the child, it is a serious problem that requires urgent action.<sup>12</sup>

A review literature from 1980 to 2003 on CSA and medical consequences of child sexual abuse (CSA) include sexually transmitted infection (STI) and human immune virus (HIV) infection in SSA shows the mean age of the child victims was 8 years. The incidence of penetrative sex in the studies ranged from 70 to 97%. Physical signs of CSA included genital or anal injuries, perineal trauma, and vesico-vaginal or recto-vaginal fistula.<sup>13</sup>

The incidence of STD varied according to whether the study was retrospective or prospective. Ten percent to 67% of children with STD had been sexually abused while 15 to 30% of sexual abuse incidents were associated with STD. The prevalence of HIV ranged from 3% in Togo to 37.5% in Cameroon. Most alleged child abusers were adult males known by the child, i.e., family members (30-60%), instructors or teachers, household personnel or neighbours. Some of the acts were motivated by traditional practices such as early, forced marriage and beliefs such as presumed benefits of sex with virgin children (cure for STI/HIV/STD, magic powers or wealth). This study shows that CSA is widespread throughout sub-Saharan Africa.<sup>13</sup>

Countries in East Africa like Tanzania CSA are widely perceived that it may be increasing as a result of AIDS sufferers' attempts to "cleanse" themselves. In addition there is also breakdown of traditional childcare systems, foreign influences, poverty, and the lowly position of girls in society are implicated.<sup>14</sup>

Data's shows that in West and Central Africa Since 2004, it would appear that sexual abuse and exploitation of children has continued to grow. All the forms of sexual abuse, violence and exploitation of children noted in 2004 still occur today, in various degrees; nevertheless, a number of emerging trends can be identified.

There are a host of determining factors combine and inter-connect, leading to increased risk for children and persistent child sexual exploitation. These factors are grounded in the social context in which the child lives and develops, and relate to certain social norms (perceptions, practices, traditions and behaviour); Endemic and structural poverty, humanitarian crises created by conflicts and natural disasters; and the global development of the sex industry.<sup>16</sup>

Another comparative study of the socioeconomic factors associated with childhood sexual abuse in sub-Saharan Africa. Demographic and Health Surveys in six sub-Saharan African countries conducted between 2003 and 2007 were used to assess the relationship between CSA and socio economic status using multiple logistic regression models. The result shows there was no association between CSA and education, wealth and area of settlement. However, there was contrasting association between CSA and working status of women. This study agrees with other western studies which indicate that CSA transcends across all socio economic group. It is therefore important that effective preventive strategies are developed and implemented that will cross across all socio-economic groups.<sup>17</sup>

The demographic features of individuals involved in sexual abuse and the pattern of presentation of cases were seen by a review of Child sexual abuse cases seen at General Hospital Suleja, Niger State. ( a retrospective analysis of case records of patients who presented to the Out Patient Department of General Hospital Suleja) All cases of sexual abuse seen over an 18 month period, a total of 81 cases of sexual abuse were recorded over the period of review where children (77 cases) accounted for 95.1% of the cases. There were 41 cases of sexual abuse seen in 2007, while 40 cases were documented within the first half of 2008.

All the victims of sexual abuse were girls and all the perpetrators were males of whom six adolescent boys constituted 7.6%. There was no documentation on evaluation and management of sexually transmitted infections, HIV infection, emergency contraception, or scheduled follow-up.<sup>18</sup>

Even though research evidence on child sexual abuse incidence in Ethiopia is scarce. Despite this, the rate of reports accentuates serious concern. A cross-sectional study conducted in Addis Ababa identified child sexual abuse prevalence rate of 38.5 % among the general public, out of which 29% were committed by victims' family members and 68% of them were victimized by adults the children knew.<sup>25</sup> Another cross-sectional study was conducted among Jirren high school female students in April 2005 on Child sexual abuse and its outcomes among high school students in southwest Ethiopia; CSA is a major contributing factor to the burden of disease among children and adolescents. The results revealed that the prevalence of CSA was 68.7%. Among the different forms of sexual abuses, verbal harassment was the most common (51.4%) followed by sexual intercourse, 18.0% and unwelcome kissing, 17.1%. The commonly indicated abusers in this study were unknown persons (36%) followed by school-mates (31.5%). Among victims of sexual abuse, 7.2% had an unwanted pregnancy and 5.9% had sexually transmitted diseases. The rate of other psychological effects of CSA, such as suicide ideation, suicide attempt, and sexual dysfunction, was high. The overwhelming majority (86.4%) considered sexual abuse to be a major social problem. The study revealed that the prevalence of CSA is high.<sup>19</sup>

A research on the Child Sexual Abuse Epidemic in Addis Ababa was conducted by collecting reported child sexual cases from child protection units of Addis Ababa police commission between July 2005 & 2006. C of the total reported cases 23% of them were sexual victimization, where majority of them were committed against female children.<sup>20</sup>

Other study was done on the psychosocial consequences of sexual abuse among child survivors in Ethiopia who were abused mainly through early marriage, rape, and child prostitution. The results reveal the CSA survivors to be significantly more symptomatic than the control group. They demonstrated a lower degree of social support, a lower degree of empowerment, as well as a higher degree of guilt and increased likelihood of viewing the world as dangerous and a lower degree of positive self-worth.<sup>21</sup>

The mental health effects of CSA are profound, as the perpetrator is most likely someone known to the child and the abuse manifests in a relationship of trust and affection. Evidence has shown that child victims are at increased risk of depression, anxiety, dissociation and PTSD.

CSA is also associated with an increase in behavioural problems, sexual risk behaviour as well as re-victimization of the child. Other factors such as gender, age when abused, type and severity of abuse, cognitive abilities, and relationship to the perpetrator also influence the child's immediate and long-term mental health response to victimization.<sup>22</sup>

There is a tendency for under-reporting of sexual abuse. The reasons for non-reporting are complex and multi-faceted. These reasons may 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. Girls are more likely to report sexual abuse than boys and more importantly when the perpetrator is a relative, there is fewer tendencies to report abuse. Others may choose not to report due to fear of negative consequence of the disclosure, which may range from more abuse and injury to fear of retribution or ridicule, stigmatization and a lack of confidence in investigators, police and health workers.<sup>23</sup>

In brief child sexual abuse is a universal phenomenon, factors and consequences of the incidences in developing countries like Ethiopia is scanty because of socio-cultural reasons. In general, the objectives of the study is to assess the prevalence of child sexual abuse and associated factors among children treated at Tikur Anbesa specialized hospital from a period of 2003 E.C—2005 E.C.

# CHAPTER THREE

## **OBJECTIVES**

### **General objective**

-To Assess the prevalence of child sexual abuse and predisposing conditions for CSA among children treated in TikurAnbesa specialized hospital from a period of 2003 E.C—2005 E.C

### **Specific objectives**

- To determine the prevalence of sexual abuse in children
- To assess predisposing conditions for child sexual abuse

# CHAPTER FOUR

## 4. Methods and Materials

### 4.1. Study area and period

The study was done at TikurAnbesa specialized hospital, department of pediatrics and child health, Addis Ababa University, Medical faculty, where majority of pediatrics cases seen. TASH is the biggest referral hospital in Ethiopia. *The Department of Pediatrics and child Health has seven major wings: Casualty and emergency admission services, out patient department, neonatal ICU, Pediatric ICU, over five years admission unit, haematology & oncology ward, under five and a paediatrics surgical admission unit. There are a total of 170 patient beds; 50 in NICU, 4 in PICU and 116 in the rest of the wards. The number of patients per room varies 2-8 on average. Patients of all categories of diseases are admitted and treated; infection taking the Lion's share.*

*In this study the records of patients who presented to the Out Patient department as a case of sexual abuse from a period of 2003 E.C—2005E.C will be analyzed.*

### 4.2 Study design

Quantitative Cross-sectional retrospective study

### 4.3. Population

4.3.1. **Source population** – All cases of sexual abuse children seen at Tikur Anbessa specialized hospital over 3 years period

4.3.2. **Sample population**- all children diagnosed and managed as cases of sexual abuse & who have full medical record like age, sex, sociodemography of perpetrator...etc.

#### 4.4. Sample size and sampling techniques

All sexually assaulted children qualifying the sample population.

The sample size was calculated using single population proportion with the following assumption

- 95% CI(z=1.96)
- Margin of error 5%(w)
- Prevalence of child sexual abuse 23% (20)

$$n = \frac{z^2 p(1-P)}{w^2}$$
$$= \frac{1.96 \times 1.96 \times 0.23 (1-0.23)}{0.05 \times 0.05}$$
$$= 272$$

By adding 10% non-respondent sample size become 299.2 = 300.

#### 4.5. VARIABLES

##### *Independent*

- Age
- Gender
- Socioeconomic status
- Environment
- Disability
- Family constellation

##### *Dependent*

-Sexual abuse

-

## **4.6. CRITERIA**

### **Inclusion criteria**

- Age<18yrs
- CSA seen b/n 2003—2005E.C at TASH

### **Exclusion criteria**

- lost chart
- Chart's with no documentation

## **4.7. Data collection**

Data was collected by trained nurses, trained by investigator, manually from the medical records of the hospitals after Consent for conducting the study was obtained from the department research and publication and Institutional research review board (IRB). Based on the inclusion and exclusion criteria sated data was collected from records of patients who presented to all Out Patient department as a case of sexual abuse from September 2003 E.C—July 2005E.C The data collection task was accomplished in the following two steps. The data were collected only by the staff members from the respective organizations, under the supervision of the principal investigator. In addition, strict confidentiality was assured through anonymous recording, and computer based coding of questionnaires, data analysis and kept in safe place.

-Data regarding the overall reported as a cases of child sexual abuse, was collected from all paediatrics OPD's , Gynaecologic OPD's &Paediatrics surgical referral clinic(PSRC) from medical registration based on the criteria.

-During the time of data collection around 544 cases collected over a period of 3 years. Among the Cassese300 cases were selected by systemic sampling method .Then start completing questionnaires by nurses after brief orientation on the purpose and method of completion was given. The study variables, which included the sociodemographic variables, the relationship between victim and perpetrator, time and place of the initial sexual abuse incidence were assessed.

-Then the data was analyzed using SPSS version 20.

## CHAPTER FIVE

### Results

Overall a total of 97,682 children were seen at TASH between September 2003 and July 2005. Out of these, 544 cases of child sexual abuse were reported during the stated period. This is an average of 15 children who reported that they were sexually abused each month.

Data from 300 selected sample size of victim children was examined to see the demographic variables of Age and Sex. Result shows as follows;

Table 1. Victims of sexual abuse by age and sex in Tikure Anbesa hospital from September 2003 to July 2005 (n=300)

#### Sex (Gender)

Age in year	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Under 1 yr	0	0%	0	0%	0	0%
2-3yr	0	0%	3	1.5%	3	1%
Preschool 3-5yr	15	14.2%	44	22.7%	59	19.7%
Middle childhood 6-11yr	75	70.8%	103	53.0%	178	59.3%
Adolescent 12-18yr	16	15.1%	44	22.7%	60	20%
Total	106	100%	194	100%	300	100%

The mean age of the victim was 8.5 years, with SD of 3.45 years.

### Address of the victim

Among the 300 selected cases 268 (89.33%) are from urban area & the rest 32 (10.67%) are from rural part of the area.

The most common residency place of the victims that came from Addis Ababa are the following based on kifle ketema.

**Table 2:** Alleged sexual abuse by residence ,kifle ketema that came from Addis Abeba inTikure Anbesa hospital from September 2003 to july 2005 (n=268)

Kifleketema	Frequency	Percent
Addis Ketama	18	6.0
yeka	40	13.3
Akakykality	15	5.0
Arada	22	7.3
Bole	13	4.3
Gullele	11	3.7
kirkose	10	3.3
kolfekeranio	46	15.3
Lideta	26	8.7
Nifasilklafto	35	11.7

### Educational status of the victims

Educational status of the victims from the data shows majority of the respondents (59.7%) are elementary students, 16.7% are KG, & 16% are not yet started school.

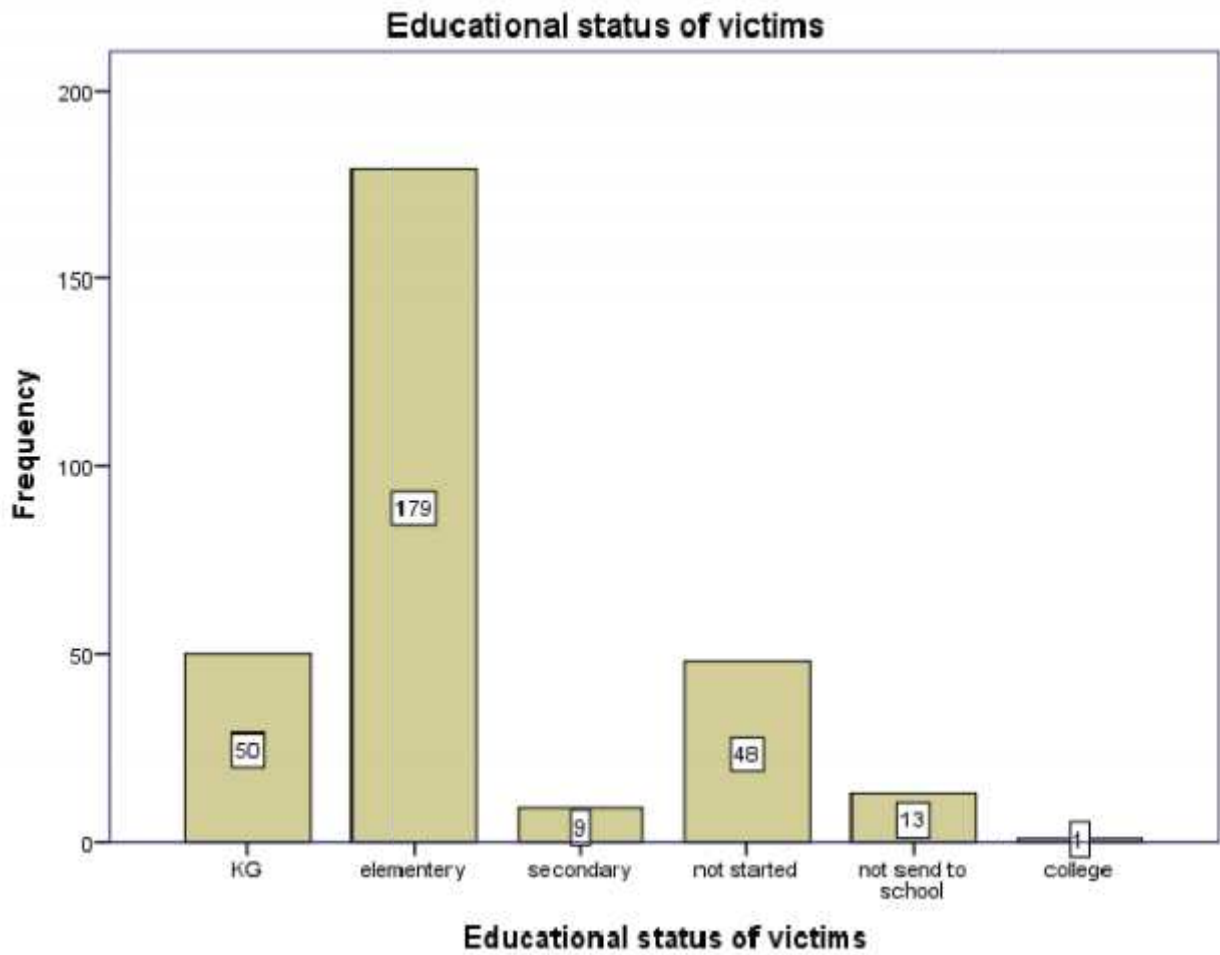


Figure 1. Shows educational status of the victims

### Religion of the victims

Almost half of the victims 167 (55.7%) cases documented as orthodox Christian. Muslims account 59 cases (19.7%) , protestant 26 case (8.7%) and about 48 cases 16% unknown, not documented.

### Living Condition of victims

Care takers of the victims are documented on the following table.

Table 3.Shows living condition of the victims (n=300)

care taker	Frequency	Percent
Both parents	203	67.7
Adopted	14	4.7
Relative	38	12.7
Only father	9	3.0
Only mother	24	8.0
No care taker+	11	3.7
Unknown*	1	.3

\*no documentation about care takers on the chart  
+ Living lonely (lives alone)

### **Income of the parents / care takers**

When we were evaluated the income of the parents / care takers per month

About 106 (35.3%) of the care takers have low income according to WHO less than \$ 1.5 /day, the others 76 (25.3%) got greater than \$ 1.5/day & the rest 118 (39.3%) are no documentation about the income of care takers.

### **Family problem**

When we see the family problems of the victim child it is described on the following pie chart.

Figure 2.Common family problems of the victim

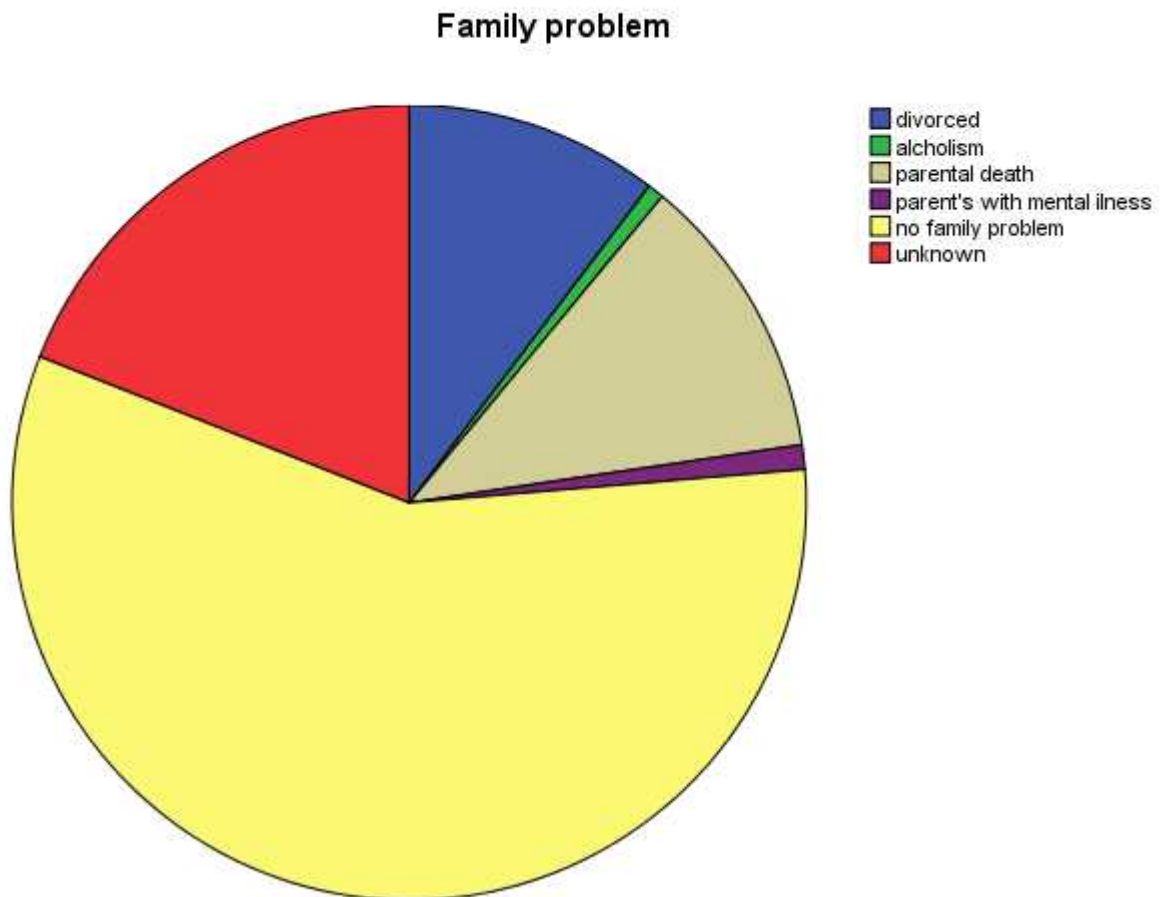


Table 4: Sociodemographic status of victims family.(n=300)

	Frequency	Percent
Divorced	31	10.3
Alcoholism	2	.7
Parental death	35	11.7
Parent's with mental illness	3	1.0
No family problem	172	57.3
Unknown	57	19.0

### **Victim's previous history of sexual abuse**

Among the sample size majority of them 252cases (84%) has no prior sexual abuse, but the rest 47 cases (15.7%) has previous history of sexual abuse by the same or different perpetrator.

### **Presence of underlying disabilities among the victims**

To evaluate the presence of underlying disabilities among the victims like physical , cognitive, emotional... the result shows only 4 cases (1.3%) have disability majority are physical disabilities (blind,prostetic leg, amputated arm). In almost 2/3<sup>rd</sup> ( 69%) of the victims have no documentation about the disabilities.

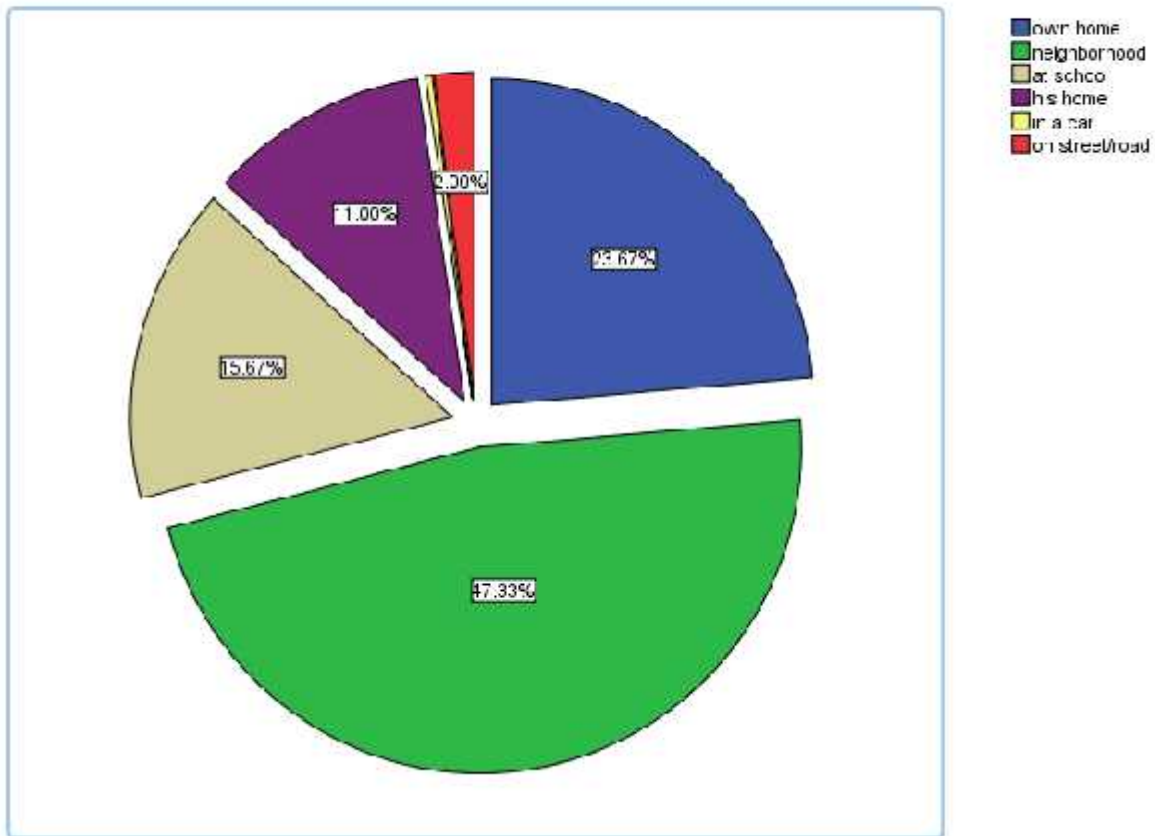
Table 5, Underlying disabilities in sexually abuse children (n=300)

Disability	Frequency	Percent
Yes	4	1.3
No	89	29.7
Unknown	207	69.0

**Time & place of attacks**

Most of the attack occurs during day time 267 cases (89%) and around 10% (30 cases) are during the night time. The rest 1% occurs both day and at night  
 When we describe the Place of Incident , almost half of them happen in the neighbourhood.

Figure 3: shows place of attack  
**place of attack**



### Number of perpetrators

When we see the number of, perpetrators, to a victim: in about 274 (91.3%) of cases only one perpetrator was involved, the rest 26(8.7%) of cases two or more attackers were reported

## Type of sexual contact

The type of sexual contact is described in the following tables:

Table 6: Described type of sexual contact (n=300)

Type of contact	Frequency	Percent
Anal	116	38.7
Vaginal	165	55.0
Both( anal & vaginal )	15	5.0
Oral	1	.3
vaginal & oral	1	.3
Penile	2	.7

The type of contact versus sex of the victims is described by cross tabulation.

Table 7: shows type of contact vs sex of victim

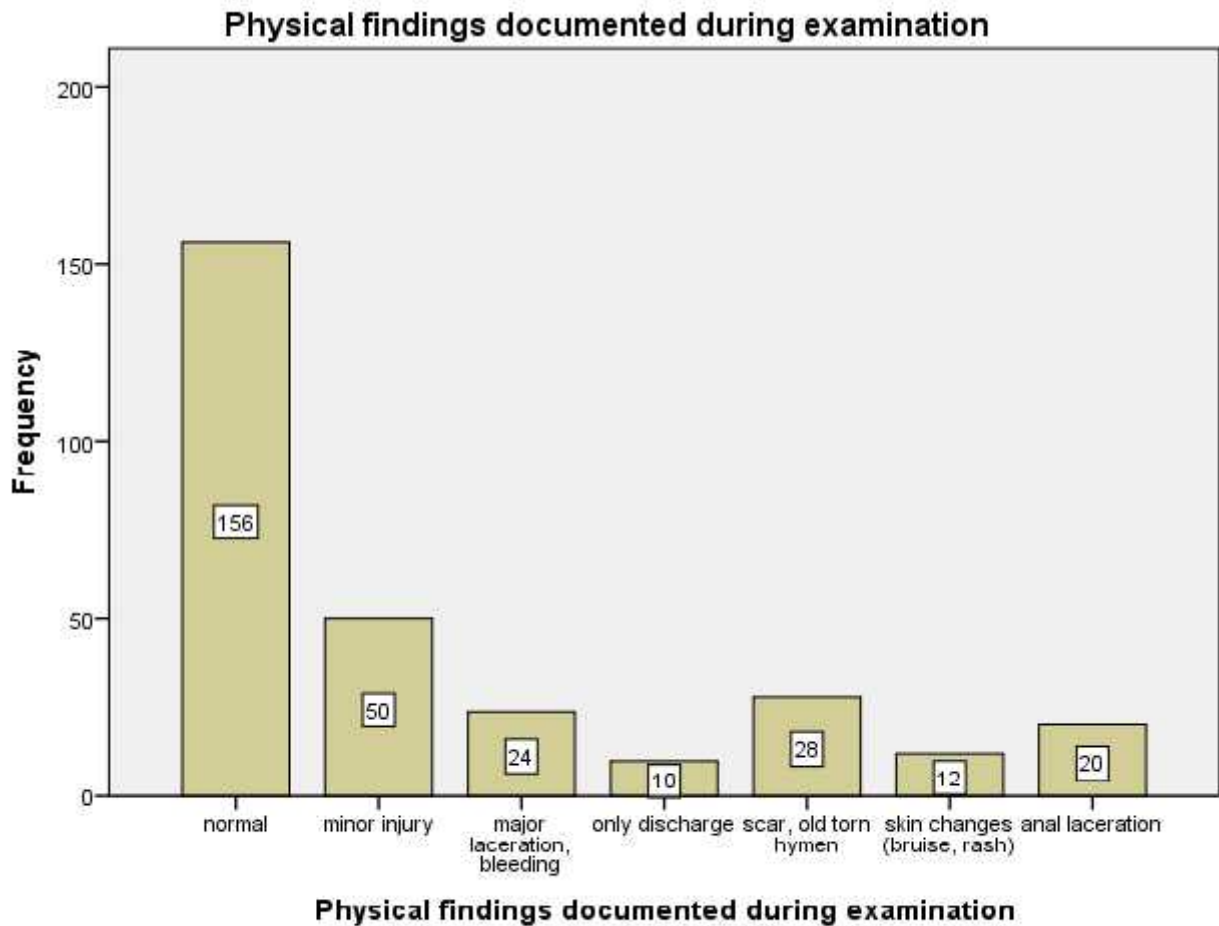
type of contact \* sex of the victim Cross tabulation

			sex of the victim		Total
			male	female	
type of contact	anal	Count	102	14	116
		% within sex of the victim	96.2%	7.2%	38.7%
	vaginal	Count	2	163	165
		% within sex of the victim	1.9%	84.0%	55.0%
Both (anal& Vaginal)		Count	0	15	15
		% within sex of the victim	.0%	7.7%	5.0%
oral		Count	0	1	1
		% within sex of the victim	.0%	.5%	.3%
vaginal & oral		Count	0	1	1
		% within sex of the victim	.0%	.5%	.3%
penile		Count	2	0	2
		% within sex of the victim	1.9%	.0%	.7%
Total		Count	106	194	300
		% within sex of the victim	100.0%	100.0%	100.0%

## Physical examination documented during time of arrival

The common findings are minor injury ( injury involving only mucosal layer or skin) 50 (16.7), major ( injury beyond the mucosal layer) 24 (8%), old torn hymen 28 (9.3%), anal laceration 20(6.7%) . so 102 case (34%) were lost their virginity.

Figure 4: Documented physical examination findings at presentation for evaluation in the outpatient department.



### **When asses who brought the victims to the health centre**

Almost 3/4<sup>th</sup> 230 (76.7) of the victims brought by the family members (i.e father, mother or siblings) , 54 cases (18%) by the police & child care, 11 cases (3.7%) by care givers & 5 cases (1.7%) by her/himself.

### **Time presentation to the health centre**

Table: 8 Time of presentation to the health centre after the abuse in hours

<b>Descriptive Statistics</b>					
	N	Minimum	Maximum	Mean	Std. Deviation
time of presentation to healthcare(hr)	300	2	54,432	904.89	3,787.493
Valid N (listwise)	300				

### **Age & sex of the perpetrator**

Out of 300 the age was documented only in 268 of the perpetrators. Mean age of 22.6 years, maximum 73yrs and minimum 11yrs

### **Relationship of the victim to the perpetrator**

The relationship of the victims with the perpetrator is described as follows: The result shown in the following bar chart neighbour 139 (46.3%), stranger 49(16.3%)& family member 33 (11%).

**Relationship of victim to perpetrator**

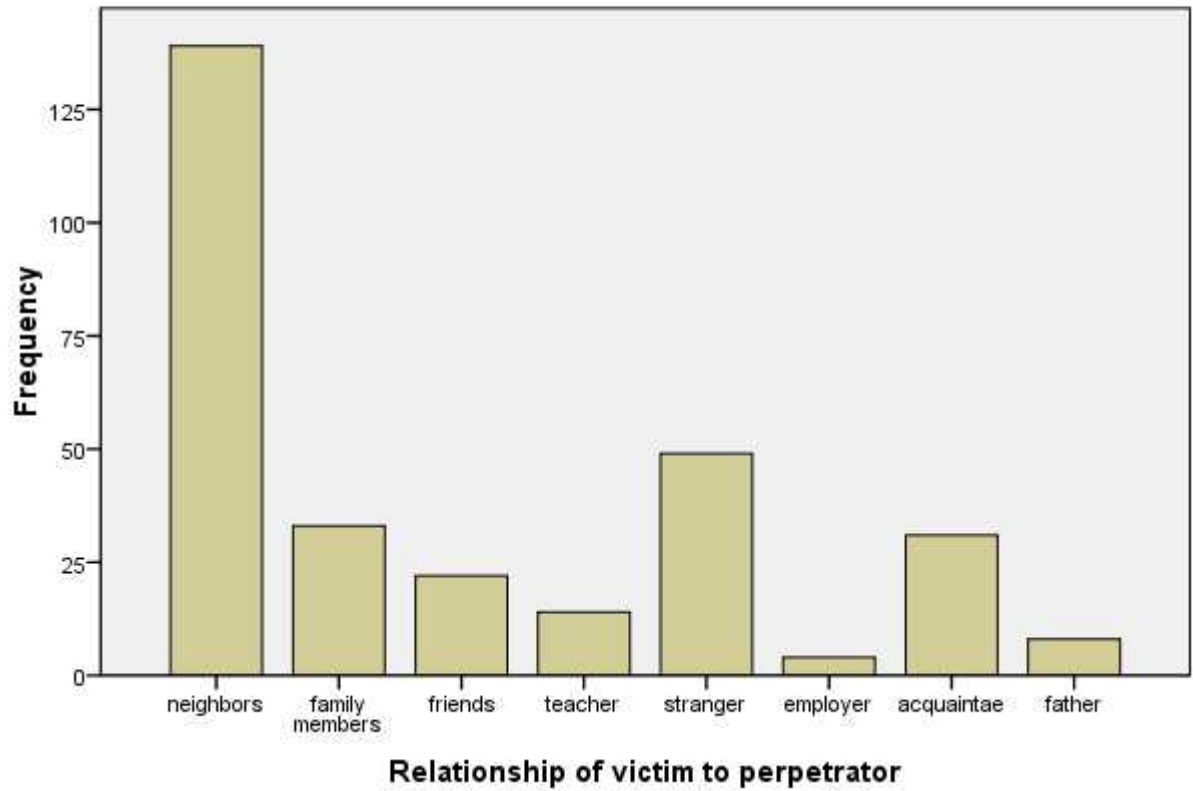


Figure 5 : Relationship of victim to the perpetrator

**Does the perpetrator has similar history of sexual abuse**

Will be demonstrated by the following frequency distribution table:

Table 11: History of previous sexual abuse of a child

Perpetrators similar attack's				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
yes	43	14.3	14.3	14.3
No	24	8.0	8.0	22.3
unknown	233	77.7	77.7	100.0

### Materials used by the perpetrator during attack

The majority uses physical violence (force) during the attack; others will be described by the following table:

Table 12: Type of mechanisms (materials) used by the perpetrator

the perpetrator used				
Mecha nisms	Frequency	Percent	Valid Percent	Cumulative Percent
Weapon	15	5.0	5.0	5.0
Alcohol/drug	8	2.7	2.7	7.7
<b>Force<sup>1</sup></b>	201	<b>67.0</b>	<b>67.0</b>	74.7
<b>Cheat<sup>2</sup></b>	49	<b>16.3</b>	16.3	91.0
Verbally frustrated <sup>3</sup>	27	9.0	9.0	100.0
Total	300	100.0	100.0	

1. Involving physical conflict, violent (i.e kick, hit ,blow...)

2. A false direction, mislead(e.g calling to their home to help for work but sexually abused)

3. Verbally disappointed, tendig to fear (not to tell to any one)

## Crosstabs

sex of the victim \* Rape Cross tabulation

			Rape	
			Yes	Total
sex of the victim	male	Count	106	106
		% within sex of the victim	100.0%	100.0%
	female	Count	194	194
		% within sex of the victim	100.0%	100.0%
Total	Count		300	300
	% within sex of the victim		100.0%	100.0%

## CHAPTER SIX

### Discussion

As we observe from the three years result a total of 97, 682 children were seen over a three years period out of these 544 cases of CSA seen then this makes the prevalence of child sexual abuse at Tikure Anbesa specialized hospital to be 0.56%. The result is less than reported in other studies (Africa, Europe or North America). This is probably of under reporting of sexual abuse children due to multiple reason like age of abused child , relationship between attacker & child, severity of abused & consequence of disclosure, awareness of the care taker about reporting were observed in similar study<sup>23</sup>.

Data from selected samples of victim children was examined to see the demographic variables of victim children, from the total of 300 children, females account 64.7 %( n=194) and males 35.3 %( n=106) females account approximately 2/3<sup>rd</sup> of the cases of CSA. This result is consistent with research done in UK by NSPCC ,which is the highest of sexual abuse were reported in teenage girls , CSA in Addis Ababa and in SSA by Westcott (1984)which reveals females vulnerability for CSA , 80% & 89% respectively<sup>10,20</sup>.

The peak age for CSA shows in middle child hood age (6-11yr) accounts 59.3 %( n=178) followed by adolescents age (12-18yr) is about 20 %(n=60) & rare below 3yrs about 1%. From the age distribution of victims the minimum age 1.67yr and maximum age 17 yr& the mean age is 8.5yr. This result is also is similar (with a review of literature by Pitche P. Child sexual abuse and sexually transmitted infections in sub-saharan Afric,Nov 2005, *the mean age of the child victim was 8 yrs*)<sup>13</sup> .The data clearly show that 89.33% (n=268) are from urban area & the rest 10.67(n=32) are from rural area. From those victims came from Addis Abeba kifleketema, kolfekeranio is top on the list , which account about 15% of all cases of CSA , followed by Yeka 13.3% &Lafto 11.7%. Why these area's account more CSA need further study.

According to the figures obtained more than half (59.7%) of victims are elementary school students, 16.7% from KG, 16% not yet started school..

When we assess the risk for CSA almost 2/3<sup>rd</sup> of the victims live with their both parents, 12.7% with relatives, 8% with only with the mother and 3% with their fathers . Therefore 11% of the cases live only with one parent, which is also associated factor for CSA.

Children living with their biological parents have a greater advantage of being protected as compared to those who live with relatives, legal guardians and those living on the street. The result may contradict other researches which support living with both parent is protective, we need to know further like care of the parents, parental impairment (illness), parental substance abuse etc...to predispose these children for CSA.<sup>26</sup> Among those living with one parent more predispose those living with only mother(8% vs 3%). This result is similar with a research done in US which showed an increased risk of abuse in children with only one parent particularly those living only with their mother.<sup>9</sup>

Regarding the income of care takers the data shows that 35.3% have low income (< \$ 1.5/day) , 25% got greater than \$ 1.5/day and the rest 39.3% have unknown income. From this incomplete documentation difficult to conclude the relationship CSA & socioeconomic status but according to DHS report of 2007 in six SSA countries conducted between 2003-2007 to assess the relationship between economic status and CSA there was no association between CSA & economic status. This indicates that CSA transcends across all socioeconomic groups.<sup>17</sup>

According to the result presence of family problem is greater risk for CSA. Among all cases 23.7% has documented family problem (i.e. parental death=11.7%, divorced=10.3%, mental illness=1% & 0.3% alcoholic), 19% of the cases no documentation & 57.3% documented as no problem. From this at least parental death & divorce are common predisposing factors of CSA. Result also shows previous history of sexual abuse (15.7%) & though poor documentation on disability, presence of underlying disabilities (1.3%), mainly physical in our cases, are predisposing factors for CSA. This finding coincides with previous study by Maniglio, R. (2009) Severe mental illness associated with victimization.<sup>22</sup> US study also shows disabled children are at more risk than non-disabled peers.<sup>9</sup>

Child sexual abuse can vary along a number of dimensions including time, place, type of contact, and time to present to the health center. The majority attack (89%) takes place during day time & 10% at night. Nearly half (47.3%) reported that they were victimized in the neighbourhood, 23.7% in their own home, 15.7% at school & 11.0% at perpetrator's own home. In most of the victims 91.3% attacked by a single perpetrator, the rest 8.7% caused by more than two attackers. These results are also similar with a study by Pitche P. Child sexual abuse and sexually transmitted infections in sub-saharan Africa ,Nov 2005.<sup>13</sup>

From the type of sexual contact vaginal account 55%, followed by anal 38.7% (male account 96.2% & females 7.1%) and in 5% of the cases both ,anal & vaginal. The common physical findings are : minor laceration over vagina 16.7% , major bleeding 8% ,old torn hymen 9.3%, anal laceration 6.7% and normal finding in 52% of cases. From the data 34% lost their virginity. Among all victims 3/4<sup>th</sup> of them were brought to the health care by the family members, 18% by the police & 3.7% by their care givers. The mean time of presentation at the health care was 37.7 days, minimum time 2hr & maximum time of six years.

Generally child sexual abuse can happen anywhere and anytime. It also shows clearly there is delay in presentation to healthcare, similar study was done by Lakew Z. There was significant delay in reporting to the health care mean delay of 18.4 days majore causes were fear of the offender & guardians.<sup>27</sup> In our case need further research.. Majority of the results are similar in a reviews of literature on CSA in SSA, physical sign of include genital & anal injury.<sup>13</sup> A literature by Kurt Conklin, Child sexual , Advocates for Youth , February 2012 shows in most of CSA, there are no physical symptoms of harm to alert adults.<sup>9</sup>

Regarding the demographic variables of perpetrator and relationship of victim to perpetrator ;almost all are males 99.3%, with mean age of 22.6yrs, minimum age 11yr ,maximum age 73yr with SD =8.5. In 83.6 % of cases the perpetrators are known by the child , among them neighbours accounts for 46.3%, family members 11.0%, friends 7.3% , acquaintances 10.3% , father 2.7%. and the remaining 16.3% of the case the perpetrators are not known by the victims . These results are consistent with a literature by Kurt Conklin, Child sexual, February 2012 most perpetrators are known to the child<sup>9</sup> and also similar to study SSA(1999-2003).<sup>13</sup>

Almost 2/3<sup>rd</sup> of the perpetrators use physical force during the attack, 16.3% was cheated(mislead), 9% verbally frustrated, 5% & 2.7% use weapon & alcohol respectively.

## CHAPTER SEVEN

### **Limitation of the study**

- Incompleteness of the medical records of CSA may not give complete burden of the problem.
- under reporting of sexual abuse children due to multiple reason (age of abused child , relationship between attacker & child, severity of abused & consequence of disclosure, awareness of the care taker about reporting)

## CHAPTER EIGHT

### Conclusions

From the study it shows all children are at risk of sexual abuse irrespective of their age, sex, socioeconomic status and degree of relationship between the perpetrators and victims. The prevalence of child sexual abuse at TikureAnbesa specialized hospital is estimated 0.56%, Majority of the victims females, their peak age is middle child hood age(6-11yr). 2/3<sup>rd</sup> of the victims live with their both parents , followed by single parent care taker. Presence of family problem is one of the risk identified for CSA.

Nearly half of the cases were victimized at theirneighbourhood followed by their own home. From the type of contact vaginal account almost half. Even though half of them have normal physical finding at presentation, minor laceration and major bleedings were also common.

Majority of the perpetrator are males and 83.6% of the perpetrators are known by the child neighbours accounts for 46.3%, family members 11.0%, friends 7.3% ,&acquaintances 10.3% . Most of the perpetrators use force (physical violent) during the abuse .

# CHAPTER NINE

## Recommendations

As we observed CSA is becoming one of problem of the public health problem so it is important that effective preventive strategies must be developed and implemented.

Establishment of child protection center is mandatory.

Further study need to be carried out to examine the multidimensional impact of CSA.

Nationwide research on CSA gives the whole picture of the problem for prevention and policy makers.

We should enhance CSA data documentation to utilize for the promotion of evidence based CSA policy & programming.

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