Publisher
MEDRESEARCH
www.medresearch.in

Pediatric Review - International Journal of Pediatric Research

2024 Volume 11 Number 3 Jul-Sep

E-ISSN:2349-3267
P-ISSN:2349-5499

Research Article

Sexual Assaults

Assessment of sexual assaults in pediatric settings at the Sourô Sanou University Hospital in Bobo-Dioulasso

Barro M[1*], Naon SE[2], Yonaba C[3], Tinto S[4], Bonzi YFP[5], Nacro SF[6], Kalmogho A[7], Sanogo B[8], Somé DA[9]

DOI:https://doi.org/10.17511/ijpr.2024.i03.01

[1*] Makoura Barro, Department of Pediatrics, Souro Sanou University Hospital, Bobo-dioulasso, Burkina Faso.
[2] Sarah Evlhê Naon, Department of Pediatrics, Sourô Sanou University Hospital, Bobo-dioulasso, Burkina Faso.
[3] Caroline Yonaba, Department of Pediatrics, Yalgado Ouedraogo University Hospital, Ouagadougou, Burkina Faso.
[4] Sidanoma Tinto, Department of Pediatrics, Sourô Sanou University Hospital, Bobo-dioulasso, Burkina Faso.
[5] Y Flavie Pascaline Bonzi, Department of Pediatrics, Sourô Sanou University Hospital, Bobo-Dioulasso, Burkina Faso.
[6] Sahoura Fatimata Nacro, Department of Pediatrics, Sourô Sanou University Hospital, Bobo-Dioulasso, Burkina Faso.
[7] A Kalmogho, Department of Pediatrics, Yalgado Ouedraogo University Hospital, Ouagadougou, Burkina Faso.
[8] Bintou Sanogo, Department of Pediatrics, Sourô Sanou University Hospital, Bobo-Dioulasso, Burkina Faso.
[9] Der Adolphe Somé, Department of Gynaecology, Obstetrics and Reproductive Medicine, Sourô Sanou University Hospital, Bobo-Dioulasso, Burkina Faso.

Introduction: Sexual assault is a worldwide public health problem. It is one of the most appalling forms of child abuse. The aim is to take stock of sexual assaults in pediatric settings at the Souro Sanou University Hospital in Bobo-Dioulasso.

Methods: This was a descriptive, prospective study covering the period from 2013 to 2021. All children victims of sexual abuse aged between 0 and 15 years were included. Descriptive statistics were used.

Results: we had a sample of 32 patients, 31 females. The mean age was 9.23 years. The children were most often abused during working hours (68.75%), outside the family environment (90.62%), by a single aggressor (78.125%) belonging to the victim's entourage (68.75%). For most of our victims, this was the first episode (87.5%), and genital contact was the most frequent form of sexual contact, with vaginal penetration in (71.87%) of cases. In half the cases, the assailant had used physical force; in 18.75% of cases, a knife was used, and in 6.25% of cases, the assailant was under the influence of drugs. Less than half the victims had consulted within 72 hours, and the genital examination revealed vulvar ulcerations in 37.5% of cases and hymenal damage in 28.12%. HIV serology was carried out in all patients, 75% had hepatitis B serology and 62.5% had syphilitic serology. Pregnancy tests were performed on 7 patients. None of these tests came back positive.

Conclusion: Sexual assault of children, a very sensitive subject often hushed up, remains a reality in our country.

Keywords: child, sexual assault, Africa

Corresponding Author

Makoura Barro, , Department of Pediatrics, Souro Sanou University Hospital, Bobo-dioulasso, , Burkina Faso.
Email: mak.barro@yahoo.fr

How to Cite this Article

Barro M, Naon SE, Yonaba C, Tinto S, Bonzi YFP, Nacro SF, Kalmogho A, Sanogo B, Somé DA, Assessment of sexual assaults in pediatric settings at the Sourô Sanou University Hospital in Bobo-Dioulasso. Pediatric Rev Int J Pediatr Res. 2024;11(3):15-21.
Available From https://pediatrics.medresearch.in/index.php/ijpr/article/view/769

To Browse

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
2024-08-02	2024-08-08	2024-08-11	2024-08-15	2024-08-21

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	yes	14.32	

Introduction

Child abuse represents a significant global public health concern. It is pervasive across all age groups, socioeconomic groups, and societies [1]. In 2022, the World Health Organization (WHO) estimated that one billion children between the ages of 2 and 17 worldwide suffered from some form of maltreatment and would require healthcare and social protection services [2]. In their 2016 study, Hillis estimated that over 500 million cases of child abuse occurred in Africa. Sexual abuse or sexual assault represents the most egregious form. Historically, sexual abuse was more prevalent in Europe than in Africa [3]. However, recent years have seen an increase in reported cases of sexual abuse in Africa, which are often challenging to address [4]. This form of violence undermines the honour and intimacy of the individual and the family, which may explain why it is often considered taboo in our societies. It is an extremely tragic and cruel fact that is a serious violation of the child's right to health and protection [5].

It is considered a crime or a misdemeanour, depending on the form of aggression [6]. In Africa, and particularly in Burkina Faso, sexual assault against children is underestimated because children rarely have the words to describe such incidents and are therefore unable to disclose sexual offences [7]. In addition, sexuality is a taboo subject due to socio-cultural habits, so child victims do not complain and remain silent [8]. Most reported cases are discovered when the genitals are injured or infected, or when there are bloodstains on clothing. In Burkina Faso, few studies have been conducted on pediatric sexual assault. To break the silence surrounding this issue, we conducted this study to describe the population affected and the types of sexual assaults encountered in the pediatric department of the Souro Sanou University Hospital (SSUH) in Bobo-Dioulasso, Burkina Faso.

Materials and Methods

The study was descriptive and prospective, with data collection occurring over eight years between April 2013 and March 2021. Patients aged 0 to 15 years who were sexually assaulted and consulted at SSUH were included. An exhaustive sampling was performed, including all children who met the inclusion criteria during the study period.

The following variables were collected: socio-demographic variables of the victim (age, sex, education level, place of residence), of the aggressor (age, sex, marital status); variables related to the victim's description of the sexual assault, the victim's physical examination, the paraclinical tests ordered for the victim, the therapeutic approach, legal aspects. The data were entered and analyzed using Excel software. Symmetric quantitative variables were described by means and standard deviations, and asymmetric quantitative variables by medians and percentiles. Qualitative variables were described by proportions.

Results

Table 1: Socio-demographic characteristics of sexual assault victims and their aggressors at SSUH

Characteristics	Frequency	%
Victims		
Age group (years)		
0-5	6	18.75
5-10	11	34.37
10-15	15	46.87
Sex		
Male	1	96.84
Female	31	3.12
Residence		
Bobo-Dioulasso	24	75
Outside Bobo-Dioulasso	8	25
Level of education		
No schooling	10	31,25
Primary	16	50
Secondary	4	12.5
Koranic school	2	6
	Aggressors	
Age (year)		
6-12	7	21.87
13-19	6	18.75
20-26	6	18.75
27-33	6	18.75
34-40	4	12.5
Unknown	9	28.12
Marital status		
Single	23	71.87
Married	6	18.75
Divorced	0	0
Status unknown	28	87.5

Table 2: Breakdown of victim interview data at SSUH

Characteristics	Frequency	(%)
Reason for consultation		
Suspected sexual assault	28	87.50
Anal incontinence after sexual assault	1	3.12
Vaginal trauma after sexual assault	1	3.12
Gang rape	1	3.12
Anal pain after sexual assault	1	3.12
Mode of entry		
Transfer from DGOMER	30	93.75
Referral from other health facilities	1	3.12
Police requisition	1	3.12
Consultation time (days)		
< 3	14	43.75
3 - 7	9	28.12
7 - 30	8	25.00
> 30	1	3.12
Companion		
Mother	24	75
Father	2	6.25
Grandmother	1	3.12
Father-in-law	1	3.12
Uncle	1	3.12
Aunt	2	6.25
Sister	1	3.12
Circumstances of discovery		
Facts recounted by the child	24	75
Dysuria and crying	2	6.25
Genital bleeding	4	12.50
Found tied up by relatives	1	3.12
Seen at night in the aggressor's home	1	3.12
Place of attack		
Victim's home	3	9.37
Attacker's home	18	56.25
Third party's home	1	3.12
Abandoned house	1	3.12
School	6	18.75
Fields	3	9.37
Time of attack		
Morning	10	31.25
Afternoon	12	37.50
Night	10	31.25
Types of violence		
Physical force	16	50
White weapons (knife, wood)	6	18.75
Narcotics (alcohol, drugs)	2	6.25
No force	8	25

Relationship with aggressor		
Close neighbor	15	46.87
Family acquaintance	2	6.25
Classmate	3	9.37
Neighbourhood boys	2	6.25
None	10	31.25

Table 3: Examination of victims' genital lesions at SSUH

Genital examination	Frequency	%
Vulvar bleeding	1	3.12
Abundant whitish leucorrhoea	1	3.12
Effraction of the hymen	5	15.62
Perforation of hymen	4	12.50
Vulvar ulceration	12	37.50
Anal ulceration	1	3.12
Anal incontinence/absences lower rectum	1	3.12
Vaginal redness	2	6.25
Absence of genital lesions	10	31.25

The mean age of victims was 9.23 years, with a range of 2.5 to 15 years. A total of 46.87% of the victims were between the ages of 10 and 15. One-half of the victims were enrolled in elementary school. The youngest perpetrator was six years of age, while the oldest was 40. The age of the nine aggressors was not ascertainable. All of the perpetrators were male (see Table 1).

In 93.75% of cases, the victims were first seen in the Gynecology department of SSUH before being referred to Pediatrics.In 43.75% of cases, the consultation period was less than three days, while in 3.12% of cases, it exceeded one month. In 75% of cases, the aggression was discovered when the child victims informed a close relative about the incident. In 56.25% of cases, the sexual assaults occurred in the perpetrator's residence and at any time of the day (31.25%). In 46.87% of cases, the perpetrators were close neighbours of the victims. (Table 2)

The types of sexual assault reported in the study were as follows: vaginal-penile penetration (71.87%); sexual touching (9.37%); vaginal finger penetration (6.25%); anal-penile penetration (3.12%); and both vaginal and anal penetration (3.12%). The number of perpetrators was four (6.25%), two (15.62%), and one (78.12%).The majority of perpetrators (90.62%) did not utilize condoms during the commission of their crimes. Excoriations of the exposed parts of the body (back, face, arms, legs) were observed during the physical examination in 21.875% of cases.

Traumatic lesions observed on genital examination were mainly vulvar ulcers (37.5%) and hymenal damage (28.125%). A detailed breakdown of the victims' physical injuries is provided in Table 3.

All 32 victims underwent HIV testing, which yielded negative results. However, one assailant was found to be HIV1 positive. HBsAg testing yielded negative results in 75% of the victims. Twenty victims underwent syphilitic serological testing, with all results returning a negative diagnosis. The immunologic pregnancy test was conducted on seven victims, none of whom exhibited a positive result. Twenty-four victims received HIV prophylaxis, while four received pregnancy prophylaxis. Two weeks later, the children were brought back to the hospital for a follow-up examination to evaluate the efficacy and tolerability of the administered prophylaxis. At this visit, they received another report card for a retroviral serology test to be performed in two months. Based on this final result, the child was classified as either HIV-negative or HIV-positive after exposure to the virus. Among the perpetrators apprehended by the police, 34.37% were identified as such.

Discussion

The youngest victim in our study was less than three years of age, a result that is consistent with those obtained in Burkina Faso in 2009, Senegal in 2015, and Cameroon in 2016 [9][10]11]. In these studies, the ages of the victims were 2.5 months, 20 months, and one month, respectively. It is an act of great cruelty. This represents an extreme form of mistreatment, given the vulnerability of the victims, who are unable to defend themselves. Nevertheless, it represents a concrete form of abuse.

The dearth of published material on this subject gives rise to concerns as to whether a significant number of instances of this abuse remain unaddressed. The majority of victims of sexual violence during childhood are girls, as evidenced by this study and the scientific literature [8], [11] [12]1[3]14]. In Dakar and Nigeria, all victims were female [10, 15].

This situation reflects gender as a social structure, which has resulted in historical inequality between men and women, thereby rendering women more vulnerable to all types of violence. The dominant social construct of women is one of fragility and submissiveness, wherein women are viewed as mere objects for men's gratification. Furthermore, it is proposed that the prevalence of male victims is underreported due to the prejudices and stigmas they face after violence perpetrated against them on the grounds of their masculinity and gender identity. As a result, this bias effectively silences their experiences. The study revealed a higher prevalence of underage aggressors. According to Arcom in 2023, 51% of boys aged 12-13 and 21% of boys aged 10-11 consult pornographic websites at least once a month [16]. The content in question trivializes a fantasized, domineering sexuality in which women are always presented as willing prey and men are reduced to mere objects defined by their capacity for erection. "Young people reproduce what they see and are unable to distinguish between the real and the virtual"[17]. Furthermore, the lack of a defined framework and strict rules within families and institutions serves to exacerbate this situation.

In our study, only 14 victims (43.75%) sought assistance within three days. The protracted interval between the occurrence of sexual assault and the subsequent seeking of medical attention in Burkina Faso can be attributed to a dearth of awareness and guidance among parents. There is a paucity of awareness-raising campaigns and specialized support structures within hospitals. It is of the utmost importance to consider the example set by countries that have established specialized structures for the sexually abused. These centres provide medical, forensic, and psychological assistance, as well as subsequent care, even in instances where patients choose not to pursue criminal charges. In 56.25% of cases, the aggression occurred in the residence of the perpetrator. In a series conducted in Senegal by Soumah et al., the locations of aggression were found to be practically identical [8]. In our study, 68.75% of the children were most often subjected to assault during daylight hours. The study by Cisse et al in Senegal also reports a period corresponding to working hours [10]. This could be explained by the fact that children are available during this time to go to school and also to run errands for relatives and acquaintances.

In our study, penile-vaginal penetration was the most common type of assault, accounting for 71.875% of cases. This finding is comparable to those reported by Bagayoko et al. in Mali, Cisse et al. in Senegal, and Mbassa Menick et al. in Cameroon [9][10][11]. This appears to be a typical occurrence, given that the vagina is the typical sexual route. In contrast, the Tunisian study by Soussia indicated that majority of assaults (47%) involved sexual touching [14]. Such a course of action would constitute a deviation from established norm. In this context, we are referring to the cultural values of our respective countries. As in other studies conducted in Africa [8,10,20], perpetrators were most often known to the victims or their parents in our study. It is recommended that parents refrain from leaving their children unsupervised. In both Tunisian study and the Cameroonian study, all intra-family cases were identified as 28% and 85.2%, respectively [11] [14].

These final two results, particularly the one obtained in Cameroon, are indicative of the markedly incestuous nature of sexual assault in certain countries. The most prevalent genital lesions were vulvar ulcerations (37.5%) and hymen damage (28.125%). These findings are consistent with those reported by other researchers in Africa [19] [20]. The occurrence of these lesions may be attributed to the severity and hastiness with which the sexual act was carried out, in a context where the perpetrator sought to swiftly complete their actions before being discovered by a third party. A review of the relevant literature revealed a dearth of judicial recourse. Similarly, Bagayoko in Mali and Cissé in Senegal have made a comparable observation[10,19]. Indeed, it is often observed that the families of victims and aggressors in Africa tend to seek amicable solutions, which may be attributed to the cultural context and the role of family in African society.

Conclusion

The issue of sexual assault on children is a highly sensitive topic that is frequently not discussed in public. However, it remains a significant problem in our country. The perpetrators are individuals with whom the victims are acquainted and who commit offences in locations with which victims are familiar, primarily during daylight hours. The majority of these incidents involved vaginal penetration.

The absence of a defined pathway and structured framework for the reception of these victims frequently results in delayed or absent consultations. Further action must be required to achieve the desired outcome. This will necessitate a multifaceted approach, encompassing training of healthcare providers, intersectoral collaboration, awareness campaigns, and the development of a revised manual that is aligned with current legislation [21].

Acknowledgements: The authors thank Prof Boubacar Nacro for his assistance with the preparation of this article.

Conflicts of Interest: None

Financial Support and Sponsorship: Nil.

Ethical Considerations: Before the collection and publication of the results, the verbal consent of the victims' parents was obtained. Additionally, authorization from the SSUH General Management was also obtained.

References

1. Biney AAE, Dodoo FNA. What are the characteristics of sexually ready adolescents? Exploring the sexual readiness of youth in urban poor Accra. BMC Public Health. 2015 ;16 :9. *[Crossref][PubMed][Google Scholar]*

2. OMS. Violence à l'encontre des enfants [Internet]. 2022 [cited 2023 Dec 12]. Available from: https://www. *who.int/fr/news-room/fact-sheets/detail/violence-against-children [Crossref] [PubMed][Google Scholar]*

3. Hillis S, Mercy J, Amobi A, Kress H. Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. Pediatrics. 2016;137(3):e20154079. *[Crossref] [PubMed][Google Scholar]*

4. Agossou T, Centre de recherche interdisciplinaire pour l'enfance (Cotonou, Bénin), editors. Regards d'Afrique sur la maltraitance. Paris: Karthala; 2000. 277 p. *(Questions d'enfances) [Crossref][PubMed] [Google Scholar]*

5. Rivara F, Adhia A, Lyons V, Massey A, Mills B, Morgan E, et al. The Effects Of Violence On Health. Health Aff Proj Hope. 2019 ; 38 :1622–9. *[Crossref] [PubMed][Google Scholar]*

6. Smaniotto B, Melchiorre M. Quand la construction de la sexualité adolescente se confronte à la violence du voir pornographique. Sexologies. 2018 ;27 :177–83. *[Crossref][PubMed][Google Scholar]*

7. Diallo A, Diallo Y, Magassouba AS, Bah IK, Sy T. Rapports sexuels chez les élèves de la commune de Matoto à Conakry en Guinée. Pan Afr Med J. 2020 ;35:113. *[Crossref][PubMed][Google Scholar]*

8. Soumah M, Bah H, Ndiaye M, Savy D, DIA S, Gaye F, et al. Epidemiologie Des Agressions Sexuelles Sur Mineur A Dakar. Annales De La Soggo. 2022 ; 7 :1-8. *[Crossref][PubMed][Google Scholar]*

9. Some DA, Ouattara S, Sioho N, Dembele A, Da EG, Bazie AJ, et al. Agressions sexuelles à Bobo-Dioulasso, Burkina Faso: Sexual aggresions in Bobo-Dioulasso, Burkina Faso. Sci. Santé. *2009;32(1 et 2) [Crossref][PubMed][Google Scholar]*

10. Cisse CT, Niang MM, Sy AK, Faye EHO, Moreau JC. Aspects épidémiocliniques, juridiques et coût de la prise en charge des abus sexuels chez les mineurs à Dakar, Sénégal. J Gynécologie Obstétrique Biol Reprod. 2015;44:825–31. *[Crossref][PubMed][Google Scholar]*

11. Mbassa Menick D. Violences sexuelles envers l'enfant et lien de parenté en Afrique. Analyse poolée des études réalisées au Cameroun. Neuropsychiatr Enfance Adolesc. *2016;64:102– 112 [Crossref][PubMed][Google Scholar]*

12. Pedroso MRO, Leite FMC. Prevalence and Factors Associated with Sexual Violence against Children in a Brazilian State. Int J Environ Res Public Health. 2022 ;19:9838. *[Crossref][PubMed][Google Scholar]*

13. Akila Bassowa , Ketevi AA, Fiagnon K, Ajavon D, Douaguibe B, Aboubakari AS et al. Viol Des Mineurs De 10 A 15 Ans Recus Au Chu-So De Lome. European Scientific Journal. 2018 ;14 :73-84. *[Crossref][PubMed][Google Scholar]*

14. Soussia RB, Omezzine RG, Bouali W, Zemzem M, Bouslah S, Zarrouk L, et al. Aspects épidémiocliniques et suites judiciaires des abus sexuels chez les mineurs à Monastir, Tunisie. Pan Afr Med J. 2021 ; 38 :105. *[Crossref][PubMed][Google Scholar]*

15. Badejoko O, Anyabolu CH, Badejoko OB, Ijarotimi OA, Kuti O, Adejuyigbe AE, Sexual assault in Ile-Ife, Nigeria. Niger Med J. 2014 ;55 : 254-9. . *[Crossref][PubMed][Google Scholar]*

16. Arcom. La fréquentation des sites « adultes » par les mineurs – mai 2023 ;P28. https://www.arcom. *fr/sites/default/files/2023-05/La_frequen… · Fichier PDF [Crossref][PubMed][Google Scholar]*

17. Sarton O, De Gatellier C : Violences sexuelles entre mineurs. Agir, prévenir, guérir. . . *Les spécialistes répondent. Date de parution : 06.09.2023 Nb. de pages : 240 EAN : 9791033614364 [Crossref][PubMed][Google Scholar]*

18. Eogan M, McHugh A, Holohan M. The role of the sexual assault centre. Best Pract Res Clin Obstet Gynaecol. 2013 ;27:47-58. *[Crossref][PubMed] [Google Scholar]*

19. Bagayoko TB. Aspects cliniques et judiciaires des violences sexuelles sur le genre féminin à Ségou. Mali Santé Publique. 2021 ; 4 ;5–10. *[Crossref][PubMed][Google Scholar]*

20. Faye Dieme ME, Traore AL, Gueye SMK, Moreira PM, Diouf A, Moreau JC. Profil épidémioclinique et prise en charge des victimes d'abus sexuels à la clinique gynécologique et obstétricale du CHU de Dakar. J Gynécologie Obstétrique Biol Reprod. 2008 ;37:358–64. *[Crossref][PubMed][Google Scholar]*

21. Alkhattabi F, Askar G, Arefi A, Saber R, Alhuthil R, Alrabiah A. Assessment of current child abuse policies in Saudi Arabia within the healthcare context: a comprehensive review. Int J Pediatr Adolesc Med 2024;11:2-9. . *[Crossref][PubMed] [Google Scholar]*