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ABSTRACT

Background: Child sexual abuse is a major threatening problem to child health which predispose to different distressing short-term and long-term complications including psychic, cognitive, physical and social hazards. **Aim of the study:** To evaluate all alleged child sexual abuse cases that presented to Forensic Medicine Authority in Sohag Governorate of Egypt during 2020.

Patients and Methods: There were (69) alleged cases of child sexual abuse presented to the Forensic Medicine Authority in Sohag Governorate during 2020. A history were taken from children to analysis and identify the situation of the assault then general and local examinations were done for detection of any positive findings.

Results: In our study male cases were higher than female cases (70.7 % to 29.3% respectively) and male children in school group (6-12 y), represent the highest percentage of sexually abused children (47.7%). Anal abuse was the most common local injury findings among male cases (73.4 %).

Conclusion: Male cases were higher than female cases and anal assault was the most common site of injury among study cases.

Keywords: *Histopathological; Pregabalin; Ibuprofen; Musculature; Albino Rats.*

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INTRODUCTION

Child sexual abuse (CSA) is a major threatening problem to child health which predispose to different distressing short-term and long-term complications including psychic, cognitive, physical and social hazards.¹

Sexual assault among children is one of the most widespread abuses that puts children in a danger around the world and against children's rights. Young children are more vulnerable for sexual abuse since they are unable to defend themselves. Furthermore, abuse frequently occurs in private areas, with the assailant being the children's caregivers.²

Child sexual abuse occurs when a child is forced to engage in sexual behaviour for which he or she cannot consent, and it can take the form of oral, vulvo-vaginal, or anal assault.³

This study aimed to evaluate all alleged child sexual abuse cases that presented to Forensic Medicine Authority in Sohag Governorate of Egypt during 2020.

PATIENTS AND METHODS

Medico-legal assessment:

History: age, gender, the condition of assault, the manner of abuse, number of perpetrators and place of assault.⁴

General examination: children were examined for detection of any signs of violence all over the body and for reporting any positive data.

Local examination: Vulvo-vaginal and anal areas were examined carefully for detection of any injury or evidence.

Semen swab analysis: is done to all positive finding cases for detection of semen.

After examination of alleged cases, they divided according to presence or absence of findings to:

Alleged cases: if there are no injuries or evidence detected to confirm sexual abuse.

Positive finding cases: if injuries or evidence detected after examination. Child sexual abuse is proved by the presence of any visible injuries that prove abuse contact.⁵

Statistical analysis

The results of the study were tallied statistically and shown graphically. SPSS for Windows version 10 was used to analyse the data. The frequency and percentages of nominal variables were presented.

RESULTS

Gender: male cases were higher than female cases (70.7 % to 29.3% respectively) (Fig.1).

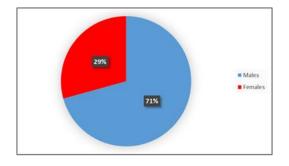


Fig.1: gender distribution of study cases.

As regard age group: school group (6-12 y) were the most sexually abused children followed by adolescent and preschool age groups (45.7%, 30.7% and 23.6% respectively) (Fig.2).

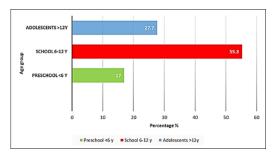


Fig.2: Age grouping distribution of study cases.

Residence distribution: victims from rural area were more common than cases from urban area (81.5% to 8.5 respectively) (Table 1).

Number Residence	Number (N=65)	of	victim	cases
	Ν		%	ó
Rural	53		81.5	
Urban	12		8.5	

Table 1: Residence distribution of studied cases.

Relations between victims and perpetrators: Extra-familial assailant (87%) were higher than familial assailant (13%) in our study (Fig 3).

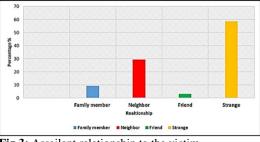


Fig.3: Assailant relationship to the victim.

Time of notification about sexual assault: Highest percentage of sexual assaults notification was recorded in the same day, 39 cases (60%), 9 cases (13.9%) notify after one day, and 15 case (23%) notify after 3 days, 2 cases (3.1%) notify after one week (Table 2).

Number (N=65)	of	victim	cases
Ν		%	
39		60	
9	13.9		
15		23	
2		3.1	
	(N=65) N 39 9 15	(N=65) N 39 9 15	N % 39 60 9 13.9 15 23

 Table 2: Time of notification.

Age of assailant: assailants age of 2nd, 3rd and 4th decades were higher than those above 40 years old who were the least offenders, while the highest offenders were of 2nd decade (45.5%) (Fig 4).

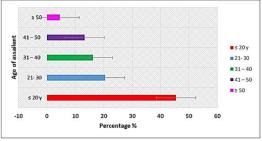


Fig.4: Age of assailant.

Exposure to threatening: the majority of sexually abused victims (60 %) don't exposed to threatening while; 36.3 % of cases exposed to threatening by weapons and 4.6 %. of cases exposed to blackmail (Table 3).

Number		Number cases (N	of victim I=65)
Threatening		Ν	%
No threatening		39	60
	Weapons	23	35.4
Threatening	Blackmail	3	4.6

 Table 3: Distribution of studied cases as regard exposure to threatening.

Local injuries finding in relation to sex: anal assault was the most common site of sexual abuse injury among male cases (73.4 %) (Table 4).

Gender	Number Site	Number finding c N	of positive ases =28 %
Female	Vaginal Both	4 2	14.3 7.2
Male	Anal	22	78.5

 Table 4: Distribution of studied cases as regard exposure to threatening.

DISCUSSION

Childhood is a stage of development when children are particularly vulnerable to physical and psychosocial dangers. Child sexual abuse is one of life's most distressing situations, and it's caused by a complex of familial, societal, psychological, and economic elements.⁶

In our study there were 69 cases of alleged child sexual assault that occurred in the year 2020. A prospective study examining sexual assault against children in Cairo governorate from 2012 to 2016 reported 740 cases.⁷ Much lower prevalence of sexual assault cases reported in Sohag Governorate was due to the population density in Cairo was higher than Sohag and the culture of people in upper Egypt governorates. In the Arab world, child abuse is a silent hazard that might result in serious consequences.⁸

According to age and gender, our study showed that male cases were common than females (70.7 % to 29.3% respectively), males in school group (6-12 years); 47.7 %, were higher than females, while in adolescent age (\geq 12 year) females predominate (17%). Boys seem to resist disclosure of sexual abuse for the fear of punishment or humiliation. Also young males are often playing outdoors, not under the supervision of their families; females of a young age group tend to stay at home close to their mothers.

In agreement with Mwaheb, study which reported that 80% of sexually abused child were males in Fayoum Governorate in Egypt.⁹

Also Males represented nearly three-quarters (71.64 %) of the children with suspected sexual abuse, according to Sobh and Menessi.⁷ Al-Zayed et al, study showed that male cases exposed to sexual assault represented 71% in Riyadh, Saudi Arabia. The boys are more active than females which put them at risk of being assaulted. Furthermore, sodomy is the most common kind of sexual assault among prepubescent victims, which explains why they are more vulnerable to sexual abuse than females.¹⁰

As regards residence distribution, this study demonstrated that cases from rural area were more common than cases from urban area (81.5% to 8.5 respectively). The higher prevalence of CSA in rural than urban areas may be due to the difference in

culture, education and social levels between rural and urban areas.

In agreement with Aboul-Hagag et al, study that reported that overall prevalence rates for CSA were 47.6% for rural cases and 23.3% for urban.¹¹ Also Mwaheb, study showed that, child sexual abuse rise in rural areas (60%) while in urban areas, it was $40\%.^9$

In contrast with Hagras et al, who reported that all CSA victims in 2008 and 55.6% of victims in 2004 were lived in urban areas in Suez Cana areas, Egypt. 12

In the present study assailant's age of 2nd, 3rd and 4th decades were higher than those above 40 years old who were the least offenders, while the highest offenders were of 2nd decade (45.5%). In agreement with Elgendy and Hassan, who reported that the age group 18 to 29 years was the most common age of perpetrators.¹³

Metwaly et al, study reported that the assailant was in age group (14-18) represented 33.8%.¹⁴

Our study reported that anal assault was the most common site of sexual abuse injury among study cases (73.4 %). The pattern of CSA detected in this study is in agreement Elgendy and Hassan and Abo-Seria et al, who revealed higher frequency of anal sex in Cairo governorate (37.7% and 55.0% respectively).^{13, 15} Another study conducted by Metwaly et al, in Quena, Egypt reported similar result.¹⁴

Hagras et al, study reported that the most frequently reported type of sexual assault was anal assault, reported in 67 cases (52.3%), where 8 of them were against girls and 59 were male sodomy.¹²

In contrast Maqsood et al. and Sarker et al, studies which reported that vaginal penetration was the most frequent. ^{16, 17} Adams et al, found that only 2.2% had signs of genital or anal injury of non-acute cases, whereas acute cases had the prevalence of injuries of 21.4%.¹⁸

CONCLUSION

Sexually abused male cases were predominate than female cases and anal assault was the most common site of sexual abuse injury among study cases.

Conflict of interest : none

REFERENCES

- 1 Chen J, Cai Y, Cong E, et al. Childhood sexual abuse and the development of recurrent major depression in Chinese women. *PLoS One.* 2014, 9.1: 87569.
- 2 Elghossain T, Bott S, Akik C, et al. Prevalence of key forms of violence against adolescents in the

Arab Region: a systematic review. Journal of Adolescent Health. 2019, 64.1: 8-19.

- **3** Morris MC, Marco M, Maguire-Jack K, et al. Connecting child maltreatment risk with crime and neighborhood disadvantage across time and place: A Bayesian spatiotemporal analysis. *Child maltreatment*. 2019, 24.2: 181-92.
- **4** Adams JA, Kellogg ND, Farst KJ, et al. Updated guidelines for the medical assessment and care of children who may have been sexually abused. *Journal of pediatric and adolescent gynecology*. 2016; 29.2: 81-7.
- **5** Adams JA, Farst KJ, Kellogg ND. Farst, Karen J.; Kellogg, Nancy D. Interpretation of medical findings in suspected child sexual abuse: an update for 2018. *Journal of pediatric and adolescent gynecology*. 2018, 31.3: 225-31.
- **6** Wahab, Suzaily, et al. Intrafamilial Sexual Abuse in an Asian Society: Understanding the Victim's Internal Conflicts. International Medical Journal, 2013, 20.2.
- 7 Sobh, Zahraa K.; Menessi, Heba M. A prospective medico-legal study of physical and sexual child abuse in Alexandria governorate, Egypt, 2020, 12(6):592-597.
- 8 Zaki, Mamdouh Kamal, et al. Knowledge, awareness, and attitude about sexual harassment among Saudi preparatory and secondary school students in Western Region, Kingdom of Saudi Arabia. The Saudi Journal of Forensic Medicine and Sciences, 2019, 2.1: 1.
- **9** Waheb, MA. Child sexual abuse in Fayoum governorate, Egypt (2010-2014). J Forensic Res, 2016, 7: 332.
- 10 Al-Zayed B, Alshehri AA, Alshanawani H, et al. Reported child maltreatment in the Riyadh region of Saudi Arabia: A retrospective study. *Forensic science international: reports*. 2020, 2: 100125.
- 11 Aboul-Hagag KE, and Hamed AF. Prevalence and pattern of child sexual abuse reported by cross sectional study among the University students, *Sohag University, Egypt. Egyptian Journal of Forensic Sciences*, 2012, 2.3: 89-96.
- 12 Hagras AM, Moustafa SM, and Barakat HN. Medico-Legal evaluation of child sexual abuse over a six-year period from 2004 to 2009 in the Suez Canal area, Egypt. *Egyptian journal of forensic sciences*. 2011, 1.1: 58-66.
- 13 Elgendy IS, and Hassan NA. Medicolegal study of child sexual abuse in Greater Cairo, Egypt, during a 7-year period: 2005–2011. The American Journal of Forensic Medicine and Pathology. 2013, 34.4: 335-41.
- 14 Metwaly M, Ismail MA, Sherif MM, et al. Study about sexual offences in Qena governorate. *Zagazig University Medical Journal*. 2015; 19: 2.
- **15** Abo-Seria M, AbdelRahman A, Mostafa H, et al. Study of child sexually abused cases in Cairo governorates in the period from (2012) to (2016). *Ain Shams Journal of Forensic Medicine and Clinical Toxicology*. 2019, 32.1: 31-9.
- 16 Maqsood M, and Butt MA. Incidence of Alleged Sexual Assault Cases in Lahore: It's Medicolegal and Social Aspects. *Journal of Fatima Jinnah Medical University*. 2014;8(1).
- 17 Maqsood M, and Butt MA.. Incidence of Alleged Sexual Assault Cases in Lahore: It's

Medicolegal and Social Aspects. *Journal of Fatima Jinnah Medical University*. 2014, 8.1.

- 18 Sarkar SC, Lalwani S, Rautji R, et al. A study on victims of sexual offences in South Delhi. *Journal of family welfare*. 2005, 51.1: 60.
- **19** Adams JA, Farst KJ, and Kellogg ND. Interpretation of medical findings in suspected child sexual abuse: an update for 2018. *Journal of pediatric and adolescent gynecology*. 2018, 31.3: 225-31.