European Journal of
**Health Sciences**
*(EJHS)*

# Clinical and Medicolegal Management of Sexually Assaulted Children in Yaounde

*Mboua Batoum Véronique, Metogo Junie Annick, Ngapout Ngoutane Natacha, Essiben Félix, Nseme Etouckey Eric, Christiane Nsahlai, Epée Jeannette, and Koki Ndombo Paul*

AJP

European Journal of Health Sciences
ISSN 2520-4645 (online)
Vol.8, Issue 1, pp 11 - 18, 2023

www.ajpojournals.org

# Clinical and Medicolegal Management of Sexually Assaulted Children in Yaounde

**Mboua Batoum Véronique[1,2], Metogo Junie Annick[2], Ngapout Ngoutane Natacha[4], Essiben Félix[2], Nseme Etouckey Eric[3], Christiane Nsahlai[2], Epée Jeannette[5], Koki Ndombo Paul[5,6]**

[1]University Hospital of Yaoundé, Cameroon

[2]Obstetrician and Gynecologist, Department of Obstetrics and Gynecology. Faculty of Medicine and Biomedical Sciences University of Yaounde I, BP: 1364, Yaounde, Cameroon

[3]Department of Anatomopathology and Legal Medicine. Faculty of Medicine and Biomedical Sciences, University of Yaounde I, BP: 1364, Yaounde, Cameroon

[4]Faculty of Medicine and Biomedical Sciences

[5]Department of Pediatrics. Faculty of Medicine and Biomedical Sciences, University of Yaounde I, BP: 1364, Yaounde, Cameroon

[6]Mother and Child Center of the Chantal Biya Foundation

Corresponding Author's Email: vbatoum@gmail.com, veronique.mboua@fmsb-uy1.cm

**Abstract**

**Purpose**: Sexual violence against children is ultimately harmful for child's survival, development, and dignity. The purpose of this study was to describe the clinical and medico-legal management of child victims of sexual violence, 30 years after the first works on the issue.

**Methodology:** A retrospective multicentre cross-sectional study was conducted from November 2019 to May 2020. A consecutive and non-exhaustive recruitment was done. Children aged less than 18 years, admitted for sexual assault in the 04 reference health facilities of the city of Yaoundé were included. The analysis of the collected data was done using the software: Epi-info ™ version 7.2.

**Findings:** Of the 19187 children received in 5 years in the study's host hospitals, 88 child survivors of sexual assault were identified. The prevalence of sexual assault was 0.45%. About 87 (98.86%) of the victims were female. All 88 (100%) children received medical-surgical treatment of the physical injuries. Psychological care was received by 60 (68.18%) of them. In 46 (52.27%) of the cases, the perpetrators of sexual assault were known to the victims. For 39 (44.31%) of the victims, a report was made. The alleged perpetrator was arrested in 6 cases (6.81%). One of the alleged perpetrators was convicted. In 86 cases (97.72%), the victim was returned to his or her family. One of the victims was placed in a foster home.

**Recommendation:** It would be useful to optimise the medico-psychological and medico-legal care of child victims of sexual assault and to facilitate their judicial support.

**Keywords:** *Sexual assault, children, victims, Yaoundé, medico-psychological care, medico-legal care, legal support.*

## INTRODUCTION

Sexual violence against children is one of a range of forms of child abuse that ultimately harms the child's survival, development and dignity. Sexual violence against children also has deleterious effects on their mental and physical health in adulthood, causing socialisation disorders, psychological disorders, addictions, delinquency, and self-destructive behaviour. According to Plan International, the World Health Organisation (WHO) estimated in 2002 that 150 million girls and 73 million boys had been sexually abused in the world (1).

In the 1990s in Cameroon, Menick et al revealed a 2.05% incidence of sexual violence among children. The majority of victims were girls (92.2% against 4.8%), and rape was the main type of sexual violence suffered (97.1%) (2). According to Koki Ndombo et al in 1992 in Yaoundé, one rape victim in two (57.05%) was aged between 7 and 15 years and lived in disadvantaged areas (3). Faced with these alarming statistics, this study was conducted with the aim of describing the treatment of child victims of sexual violence 30 years after the first studies on the subject.

The objective of this study was to determine the frequency of cases of sexual violence against children, to report the different modes of clinical presentation and to describe the care offered to these patients in the referral hospitals of the city of Yaounde.

## METHODOLOGY

A retrospective cross-sectional study was conducted from November 1, 2019 to May 31, 2020, in all the pediatric departments of four referral hospitals in the city of Yaoundé, namely: the Centre Hospitalier et Universitaire de Yaoundé (CHUY), the Centre Mère et Enfant de la Fondation Chantal Biya (CME/FCB), the Hôpital Gynéco-Obstétrique et Pédiatrique de Yaoundé (HGOPY), and the Centre Hospitalier d'Essos (CHE). These four hospital structures are university hospitals with an identical circuit

The research protocol was previously submitted to the ethics committee of the Faculty of Medicine and Biomedical Sciences of the University of Yaoundé 1 for approval. Research authorisation was obtained from each of the directors of the hospitals chosen for the study. The sampling was non-probabilistic. For the purposes of the study, all records of children under 18 years of age who were hospitalized, seen in consultation or in emergency during the period from January 1, 2015 to December 31, 2019, and who were victims of sexual violence were included. Records with poor information on the circumstances of a possible sexual trauma were excluded.

Data were collected from patient records and recorded in a pre-tested questionnaire. For each file, the following parameters were collected: In the child, age, sex, sibling rank, perinatal history, hospitalizations, presence of an illness or disability were recorded. In the parents/guardians, data on age and profession were recorded. Clinical information on the child such as reasons for consultation, check-ups, diagnosis, treatment (physical, psychological and medico-legal) were collected. Once collected, the data were recorded in a database. The analysis was done using the software: Epi-info ™ version 7 .2 and Microsoft Office Excel 2010.

The limitation of this study is to some extent its retrospective nature which is associated with missing data in some of the records consulted. Strict confidentiality of all information obtained had been ensured, from collection to interpretation to analysis.

## RESULTS

A total of 271 cases represented the population of children identified as being at risk out of 19187 cases consulted. 132 (0.68%) of them were victims of various types of abuse and 88 (0.45%) were specifically victims of sexual abuse; that is, three out of four abused children. It was found that 87 (98.86%) of the victims were female, for a sex ratio of 1 boy to 87 girls.

### Socio-demographic Factors

Most of the sexually abused children were between 3 and 5 years of age (37%). Adolescents in this population represented 26 (29.54%) of the sexually abused victims. The majority of children, up to 63 (71.59%), lived only with their mother, just 1 (1.13%) of them lived with both parents, 16 (18.18%) of the children were orphans. After the sexual assault, 64 (72.72%) of the children were brought to the clinic by their mothers.

**Table 1: Socio-demographic characteristics of the study population (N = 88)**

| Variable | Frequency (n) | Percent (%) |
|---|---|---|
| **Gender** | | |
| Male | 01 | 1.14 |
| Female | 87 | 98.86 |
| **Age** | | |
| [0-2] | 3 | 3.40 |
| [3-5] | 32 | 36.36 |
| [6-10] | 29 | 32.95 |
| [11-14] | 18 | 20.45 |
| [15-17] | 6 | 6.81 |

### Medical and Psychological Care for Survivors of Sexual Assault

#### *Reasons for Consultation and Consulting Personnel*

Among 71 (80.68%) children were seen in emergency consultations. In 57 (64.77%) of cases. the initial consultations were carried out by gynaecologists. The reasons for consultation were diverse. with the same patient having several reasons at the same time. All the patients. 88 (100%). were admitted for sexual assault; among them. some also consulted for injury 5 (5.68%). dehydration (2.27%). Trauma 3 (3.40%) and 2 (2.27%) for behavioural problems.

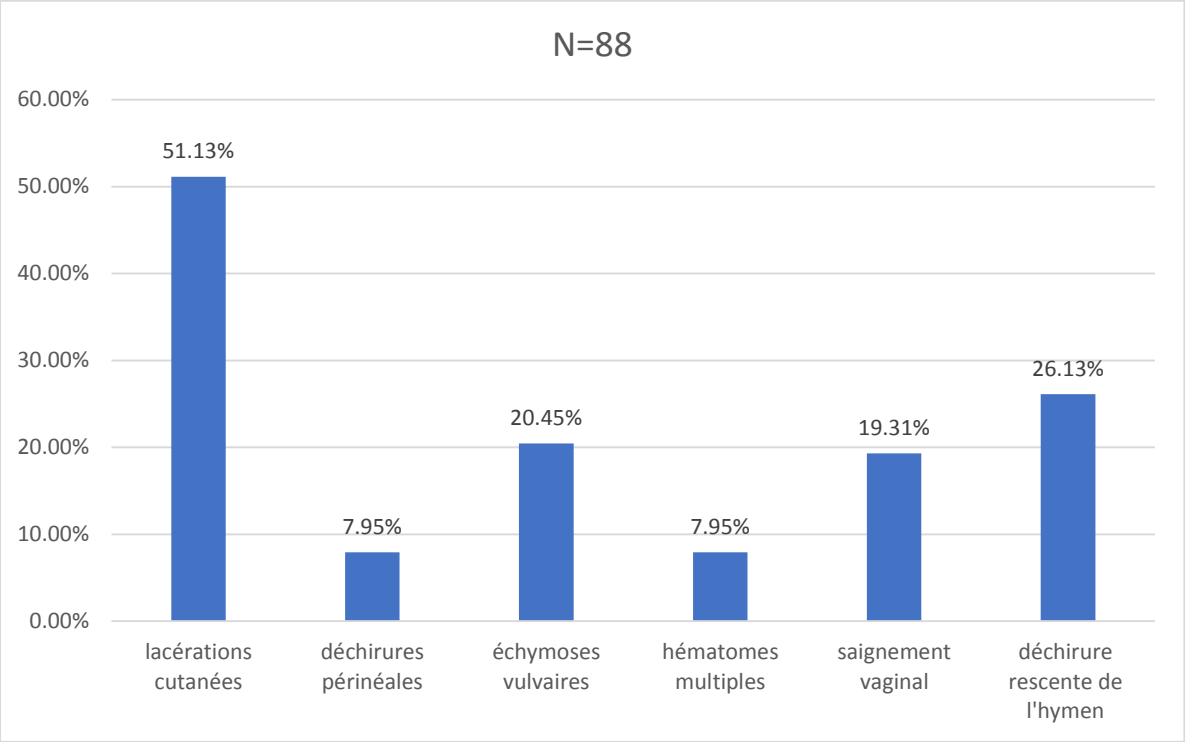


**Figure 1: Distribution of the population according to the types of lesions observed**

***Types of Injuries***

The children examined had lesions in different locations: 86 (97.72%) had lesions in the anogenital area; 4 of the children had lesions in the lower limbs. Several types of lesions were identified. Very often the same child had lesions in different parts of his body. Skin lacerations 45 (51.13%). vulvar bruising 18 (20.45%). vaginal bleeding 17 (19.31%) and/or destruction of hymenal integrity 23 (26.13%) were the most common injuries. Among the perpetrators who were known and in the majority of cases: a parent (27.14%). a teacher or classmate (16.75%) or a neighbour (21.14%) was indexed as an alleged perpetrator of sexual assault.

***Types of Abuse***

Several of the children in addition to being sexually abused were also subjected to other types of abuse including 5 (5.68%) suffering from physical abuse. About 3 (3.40%) suffering from psychological abuse and 1 (1.13%) from gross neglect.

***Care of Survivors***

Hospitalization was done for 80 (90.90%) of the children admitted for sexual abuse. All the 88 (100%) children received care for physical injuries which consisted of painkillers, sutures for tears, and hemostasis for bleeding. One child was put on anti-retroviral treatment. In the study's sample 60 (68.18%) children received psychological care and in 24 cases (27.27%) psychological care was not provided.

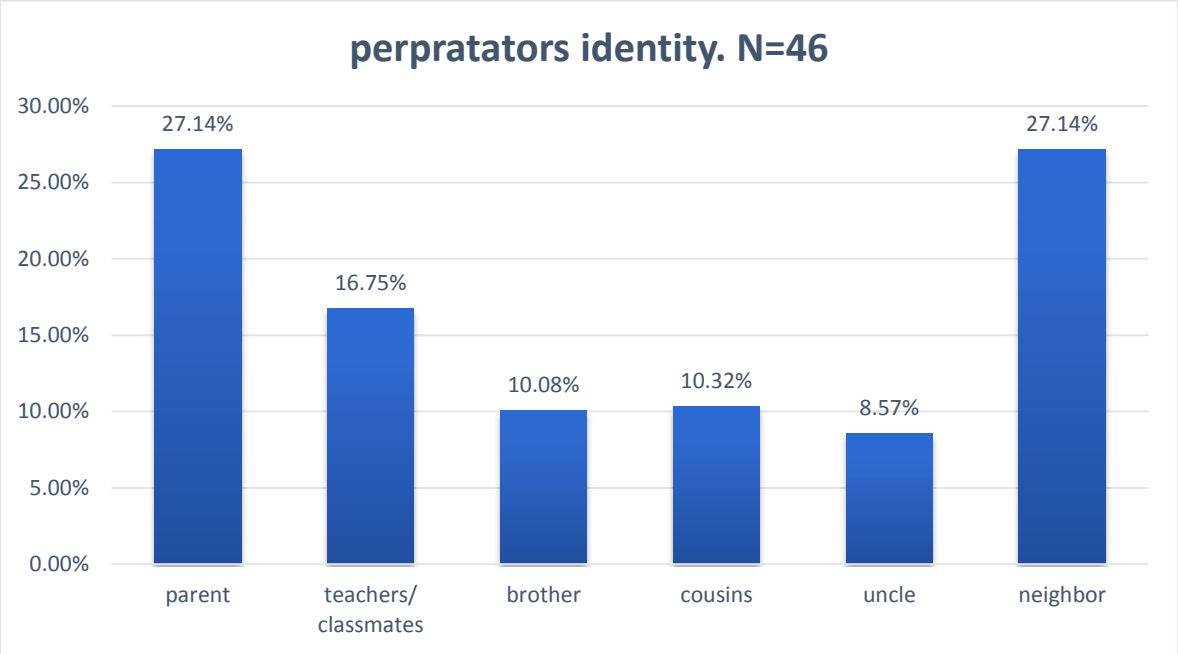


**Figure 2: Distribution of the population according to the identity of the alleged perpetrators of sexual assault**

**Forensic Care**

***Alleged Perpetrators and Identities***

In the study sample, 52.27% (46 cases) of the perpetrators were known. Among the perpetrators who were known and in the majority of cases, a parent (27.14%), a teacher or classmate (16.75%) or a neighbour (21.14%) was indexed as a presumed perpetrator of sexual assault.

***Reporting Procedure***

Among the 88 victims, a report was made for 39 (44.31%) cases. However, no report was made for 49 cases (55.68%).

***Type of Report***

For 14 cases (15.90%) of patients an administrative reporting procedure was done (drafting of medical certificates and reporting to the hospital administration) and in 13 cases (14.77%) of patients a judicial procedure (gendarmerie. police) concomitantly with the administrative procedure was done.

***Follow-up to the Report***

In the institutions that took charge of the children, the social action service was the most frequently contacted followed by the law enforcement agencies. The follow-up to the report was entrusted to the police in 4 cases (4.54%). to the gendarmerie in 8 cases (9.09%). and to child welfare in 27 cases (30.68%).

***Legal Follow-up to the Procedure***

In the majority of cases, the legal consequences and the possible arrest of the alleged perpetrator of sexual assault were not known. The perpetrator was arrested in 6 cases (6.81%), 3 perpetrators were tried, 1 of the alleged perpetrators was convicted, and 3 of the alleged perpetrators were punished.

***Fate of Child Victim of Sexual Violence***

In 86 cases (97.72%), the child returned to the original family with an adult accompanying him/her. Only 1 victim was placed in a foster family.

***Conditions for Returning to the Family***

Of those who returned to their families, many returned with their parents (79.54%). About 7 (8.43%) returned with their uncles/aunts, and 6 (6.81%) with their grandparents. Among the patients whose siblings were known. Protective measures in the rest of the siblings were effective in 22 cases (25%).

## DISCUSSION

The management of sexual assaults both preventive and curative requires an evaluation of their frequency in our environment. A knowledge of the profile of the victims as well as that of the presumed perpetrators as well as a description of the survivor's pathway and an identification of the different interveners. On socio-demographic characteristics, 88 children survivors of sexual assault were included. The prevalence of sexual assault was 0.45%. This finding is lower than what found by Menick et al which was 2.05% (2) but higher than the prevalence revealed by Chiabi et al which was 0.25% in 2019 (4).

Many survivors (98.86%) were female, which is the same as described by several authors (2-5). In this study, the age groups most affected by sexual assault were 3 to 5 years (36.36%) and 6 to 10 years (32.95%). Koki et al found 30 years ago that 57.05% of children aged between 7 and 15 in their series were victims of sexual assault (3). The results are also similar to those of Chiabi et al who found among the victims of sexual assault in 2019 were mainly children under 5 years of age (32%) and children aged between 10 and 15 years (32.9%) (5). Young girls remain the most vulnerable population to sexual abuse.

### Medical and Psychological Care

### Reason for Consultation

All the children were admitted for treatment after sexual assault, 71 (80.68%) children were seen in emergency consultations. According to Daignault et al. sexual assault during childhood is a criminal act that requires assessment. intervention and often immediate protection (6). Indeed. the immediate care of survivors allows for efficient prophylactic and curative treatment. This emergency care limits the risk of contracting pathologies such as HIV infection, viral hepatitis, unwanted pregnancies, and allows psychotherapy to be initiated. In 57 (64.77%) of the cases, the initial consultations are carried out by gynaecologists. This demonstrates a certain coordination of partnership links within hospital training between the different emergency services (paediatric, gynaecological) as recommended by the work of authors such as Fremy et al (7). This collaboration should be extended to psychiatry and forensic medicine departments.

### Type of Lesions

The most frequent lesions were skin lacerations 45 (51.13%), vulva bruising 18 (20.45%), vaginal bleeding 17 (19.31%), and/or destruction of hymenal integrity 23 (26.13%). These results are identical to those reported by Koki et al (3) and may be justified by the fact that the majority of survivors were girls. The assault was done in a context of physical coercion and the penetration was mainly vaginal as described by Foumane et al (8). These findings support the need to systematically prevent sexually transmitted infections and HIV as well as unwanted pregnancies in survivors of sexual.

**Forensic Management**

***Links with the alleged perpetrator of the sexual assault***

About 46 (52.27%) of the cases, the perpetrators of sexual assault were known. This differs from the findings of Foumane et al for whom in the majority of cases the perpetrator was unknown to the victim (8) but is similar to that described by Koki et al (3). Among the alleged perpetrators, the following were listed; a parent (27.14%), a teacher or classmate (16.75%) or a neighbour (21.14%). Sexual assaults are often committed by people in the victim's immediate environment as demonstrated by Menick et al (2). This explains the high risk of recurrence and the need for short-term hospitalisation to ensure a psychosocial assessment.

**Reporting Procedure**

In 39 (44.31%) cases, a report was made. However, no report was made in 49 cases (55.68%). Child sexual abuse is under-reported in all countries of the world (9). According to some authors, improving the care of minors who are victims of sexual assault requires collaboration between medical and psychological services, forensic services and judicial services (7).

***Type of reporting***

According to the results. 14 cases (15.90%) of patients had recourse to an administrative reporting procedure (drafting of medical certificates and reporting to the hospital administration) and 13 cases (14.77%) of patients had recourse to a judicial procedure (gendarmerie. police) concomitantly with the administrative procedure. According to the work of Daignault et al, in certain circumstances, the judicial implications have a beneficial effect on the well-being of children. Greater psycho-therapeutic gains were observed for children who testified in court and for those for whom there were legal proceedings than for those for whom there was no legal involvement (6). Legal proceedings not only help to stop perpetrators of sexual abuse. but also prevent further sexual abuse. They help to improve self-esteem and to reduce guilt, anxiety and depression in child victims (6).

***Follow-up to the report***

The alleged perpetrator of the sexual assault was arrested in 6 cases (6.81%), 3 perpetrators were tried, 1 of the alleged perpetrators was convicted, and 3 of the alleged perpetrators were punished. According to Menick et al. the frequency of sexual offences dealt with in the courts is higher than that reflected in the activity of hospital consultations (10).

**Fate of the Sexually Abused Child**

In 86 cases (97.72%), the child returned to the original family with his or her carer while one victim was placed in a foster family. In view of this, it can be observed that it remains risky to return a child to his or her family especially when the perpetrator of the aggression is one of relatives. However, they do not have sufficiently equipped reception structures working in a network with other sectors to guarantee appropriate care for these children.

## CONCLUSION

Sexual assaults are still frequent in our environment with female children being the main victims. Medical care is not yet optimal and many aspects especially prophylactic require greater attention. Medico-legal care is gradually being put in place but legal support still needs to be boosted and organised. It would be useful to increase the continuous training of those involved in the various sectors in the holistic care of survivors and to emphasise on the importance of working together. The creation in reference's hospital. of medico-judicial unit or "one stop unit" will improve the management of sexual assaulted children.

**REFERENCES**

1. Learn Without Fear. Campaign Progress Report | Resource Centre [Internet]. [cité 20 sept 2021]. Disponible sur:https://resourcecentre.savethechildren.net/node/3804/pdf/3812_0.pdf
2. Menick DM. Ngoh F. [Sexual abuse in children in Cameroon]. Med Trop (Mars). 1998;58 (3):249‑52.
3. Koki Ndombo PO. Biyong IF. Eteki Tamba N. Grüselle G. Lantum D. Makang-Ma-Mbog M. [Child victims of sexual abuse in Cameroon]. Ann Pediatr (Paris). févr 1992;39(2):111‑4.
4. Chiabi A. Sama J. Meten E. Tchouamou A. Nolna S. Dongmo F. et al. The Epidemiological and Clinical Profile of Sexually Abused Children: A Hospital-Based Study. Asp J Pediatrics Child Health [Internet]. 3 juill 2021 [cité 5 août 2021];3(1):33‑9. Disponible sur: https://asploro.com/the-epidemiological-and-clinical-profile-of-sexually-abused-children-a-hospital-based-study/
5. Chiabi A. Sama JD. Meten E. Tchouamou A. Nolna SK. Dongmo FN. et al. The Epidemiological and Clinical Profile of Sexually Abused Children: A Hospital-Based Study [Internet]. Asploro Open Access Publications. [cité 20 sept 2021]. Disponible sur: https://asploro.com/the-epidemiological-and-clinical-profile-of-sexually-abused-children-a-hospital-based-study/
6. Daignault I. Hébert M. Pelletier M. L'influence du système de justice sur le rétablissement d'enfants victimes d'agression sexuelle et suivis dans un centre d'appui aux enfants. crimino [Internet]. 2017 [cité 20 sept 2021];50(1):51‑75. Disponible sur: https://www.erudit.org/en/journals/crimino/1900-v1-n1-crimino03059/1039796ar/abstract/
7. Fremy D. Amélioration des soins des mineurs victimes d'agression sexuelle ou de maltraitance : un centre d'accueil et partenariat entre l'hôpital universitaire et l'hôpital psychiatrique. Sante Publique [Internet]. 2003 [cité 20 sept 2021];Vol. 15(HS):179‑84. Disponible sur: https://www.cairn.info/revue-sante-publique-2003-HS-page-179.htm?contenu=resume
8. Clinical Study of Rape against Females at the Yaoundé Gyneco-Obstetric and Pediatric Hospital. Cameroun [Internet]. [cité 20 sept 2021]. Disponible sur: https://www.scirp.org/html/1-1990052_44537.htm
9. Bourgou S. Meddouri SL. Ben Hamouda A. Ben Mustapha H. Charfi F. Hamza M. et al. Enfants victimes de violences sexuelles en consultation de pédopsychiatrie. L'Encéphale [Internet]. juin 2021 [cité 20 sept 2021];47(3):221‑6. Disponible sur: https://linkinghub.elsevier.com/retrieve/pii/S0013700620302001
10. Mbassa Menick D. [Judicial proceedings involving sexual abuse of minors in Cameroon]. Med Trop (Mars). 2000;60(2):193‑6.