



Medicine, the Law & You

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EXAMINATION OF CHILD SEXUAL ABUSE: Children will rarely report sexual abuse, this is why an examiner must be very thorough in finding out the details.

A mother one morning, noted an abnormal discharge from the private parts of her four year old when giving her a bath. She cleaned the discharge but the little girl kept scratching herself. The following day, the discharge was even much more than the previous day and the alarmed mother rushed with the child to hospital. A swab was taken from the private parts of the little girl, processed and examined under the microscope.

Ask the questions

The examination revealed that the girl had been infected with gonorrhoea. The girl was asked who had been "doing bad manners" with her and she promptly named an uncle who was staying in the neighbourhood. The mother was advised to report the case to police and the "uncle" was arrested and taken for a medical examination. He was also found to have a gonococcus infec-

tion. A few months later, the uncle was arraigned before court and charged with defilement. Court was convinced beyond reasonable doubt that the uncle had committed the crime of defilement and was accordingly sentenced. The uncle appealed the conviction and sentence, on the grounds that medical evidence indicated that the hymen of the little girl had not been ruptured. The appeal, however, failed.

There are many forms of sexual abuse of children and may include non-touching or erotic touching such as inappropriate fondling and digital penetration. Other forms of child sexual abuse may involve exposing the children to inappropriate literature and pornographic videos or films. Child prostitution is a reality, and children have often been traf-

ficked for purposes of prostitution.

Check those habits

Seemingly innocent habits at home such as children taking baths with either of their parents or sharing the same bedroom have invariably expose the children to what may not be befitting to them. A child who used to bath with either of his parents once stunned the father when he asked why the breasts of the mother were on the chest while his were much lower down and smaller!

Children who are sexually abused may show a change in behaviour. This may actually be the first thing to be noticed by an observant parent. The child may make generalised statements about the abuse or even indulge in sexualised play, including perpetrating sexual acts with

or on other children. The children sometimes have sleep and appetite disturbances. The children may also develop phobias and avoidance behaviour. This is associated with feelings of guilt. The children may, out of the blue throw temper tantrums and develop aggressive behaviour. Older male children may engage in acts such as masturbation while the older girl child may develop suicidal behaviour and hysterical or conversion reactions. It is not uncommon for the medical examiner to find evidence of trauma in the genitals, anus or urethra of the child. The children may complain of chronic pain in the genitals or anal region. There may also be evidence of abnormal genital discharge or other evidence of sexual transmitted infections such as ulcers on the private parts. The victims may



also have pain on passing urine or pass urine frequently especially noted during the night. Such children also complain of abdominal pain. Pregnancy is a common finding in the teenage girls. Promiscuity, prostitution and substance abuse gradually set in.

Timing is everything

Physical examination in the majority of abused children is normal but a normal examination does not mean that nothing has happened. Injuries are, however, likely to be found if the children are examined soon after the abusive episode. Friction due to rubbing or fondling may lead to redness, other superficial injuries or swelling in the abused areas. Full penetration may cause extensive tears of the hymen and vaginal walls. The damage may extend up to the anus.

Genital and anal injuries in children usually heal quickly and may not persist if the examination is delayed. Biological evidence is best obtained within 72 hours (3 days) of the assault. The medical examination must be thorough and must be a head to toe examination. The child should be examined in a position that is comfortable for the child and the examiner and which should allow for the best visualisation of the anatomical structures.

Spontaneous disclosure of sexual abuse by children is uncommon and invariably delayed. Care must be initiated on the allegation of sexual assault not the confirmation of such assault as children have no reason to lie.

It always best to assume the worst and aim to minimise secondary trauma to the child. Medical examiners are advised to adopt a worst case scenario based on the history, irrespective of clinical findings and act in the best interests of the child.

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