



Study of Child Sexual Abused Cases in Cairo Governorate in the Period from (2012) to (2016)

Thesis

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Abstract

Introduction

Child sexual abuse (CSA) is a serious violation of human well-being and of the law. It is, sadly, an international problem of great magnitude that can affect children of all ages, sexes, races and socioeconomic classes. CSA is outlawed nearly everywhere in the world, generally with severe criminal penalties, including, in some jurisdictions, life imprisonment or capital punishment

Aim of the study

to examine the incidence, risk factors and pattern of sexual assault in children to provide grounds for effective preventive measures and to heighten awareness of the health professionals.

Methods

This is both retrospective and prospective study evaluating sexual assault against children that were referred to Medico-legal Office and violence against women and children clinic in the Medico-legal department of Ministry of Justice, Cairo, Egypt from 2012 to 2016.

Results

The total number of CSA cases was 740 in the age range from 1 to 18 years, females 391 (52.8%) were more predominant than males 349 (47.2%). The age group from 11 to 18 years accounted for the highest rate (56%), mostly in females (62.6%). El-Salaam was the most common district of reporting cases of child sexual abuse (9.7%). Most CSA cases were committed by single perpetrator (87 %) and most perpetrators were non-relative (89.1%). The most frequently reported type of child sexual abuse was anal assault (55%). Physical violence (27.7%) was the most common threat used against child cases. Majority of cases were examined after the sexual assault by more than one week (40.4%). Ecchymosis (6.1%) was the most frequent wound seen upon examination of CSA cases. Head and neck were the most common site of traumatic lesions (5.1%).

Conclusions

Family doctors and other health professionals should be minded with suspecting signs of CSA and its short and long-term deleterious consequences to refer them to specialized authorities to overcome the delay of reporting and loss of forensic evidence.



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List of Abbreviations

AAP	American Academy of Pediatrics
ACEP	American College of Emergency Physicians
ACOG	American College of Obstetricians and Gynecologists
ADHD	Attention deficit hyperactivity disorder
APA	American Psychological Association
CDC	Centers for Disease Control and Prevention
CSA	Child sexual abuse
DNA	Deoxyribonucleic acid
FSL	Forensic Science Laboratory
HB	Hepatitis B
HIV	Human immunodeficiency Virus
HPV	Human papilloma virus
hrs	Hours
HS	Highly significant, P value < 0.01
IRC	International Rescue Committee
IV	Intra-venous
MLC	Medico Legal Case
NIDA	National institute on drug abuse
No.	Number

NS	Non-significant, P value >0.05
NSPCC	National Society for the prevention of Cruelty to Children
NSVRC	National Sexual Violence Resource Center
OVW	Office on Violence against Women
P-value	Significant probability
PEP	Post exposure prophylaxis
PTSD	Post-traumatic stress disorder
RAINN	Rape, Abuse and Incest National Network
S	Significant, P-value< 0.05
Sig	significance
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
U.S	United States
WHO	World Health Organization
X²	Chi-square statistically analysis

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Introduction

Childhood is considered a developmental period with high vulnerability to physical and psychosocial risks. Child sexual abuse (CSA) is one of the most heinous crimes. It is a main public health and social problem of great magnitude that can affect children of all ages, sexes, races and socioeconomic classes. Since the 1970s, sexual abuse of children has been recognized as deeply damaging to children and unacceptable for society as a whole (**Tan Susan et al., 2012**).

CSA is a serious breach of basic human rights and is responsible for numerous adverse sequelae. These sequelae include depression, substance abuse, suicide, sexual transmitted infections, unwanted pregnancy and physical injuries all over the body (**Wahab et al., 2013**).

The global prevalence of child sexual abuse has been estimated at 19.7% for females and 7.9% for males, according to a 2009 study published in Clinical Psychology Review based on review of 65 studies from 22 countries. The highest prevalence rate geographically was found in Africa (34.4%), mainly because of high rates in South Africa; Europe showed the lowest prevalence rate (9.2%); America and Asia had prevalence rates between 10.1% and 23.9% (**WHO, 2014**).

CSA is outlawed nearly all over the world, generally with severe criminal penalties, including in some jurisdictions, life imprisonment or capital punishment (**El-Sadeg et al., 2017**).