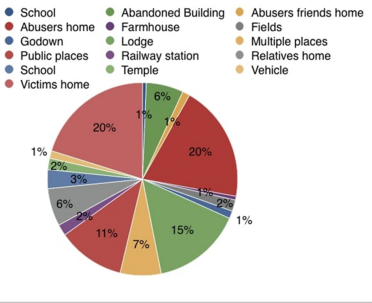
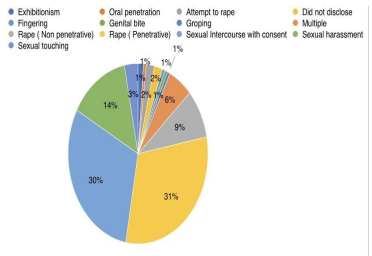


MATERIAL AND METHODS

This is a 5 -year descriptive retrospective study from January1, 2017 to December 31, 2021 at the Karnataka Institute of Medical Sciences Hubballi. Included in this study were all of the patients admitted during our investigation period who were the victims of female child sexual abuse. For each case, the following parameters were studied: the epidemiological and socio-demographic characteristics (age, socio-economic status , family structure , occupation and place of residence) of the victims , the circumstances of the abuse (time , place and context), the characteristics of the aggressor (age, link with the victim, number of aggressor) the frequency of the abuse, the type of sexual contact, the possible lesions found during the physical examination (genital and extra-genital), the mode of admission, the informant during the admission , the delay of the consultation, the reason for the delay in reporting , the attitude after the sexual abuse, the gynecological and obstetrical status of the victim, the repercussions and psychological follow-up, the paraclinical assessment, the treatments administered. Data were collected and analysed with SPSS software.



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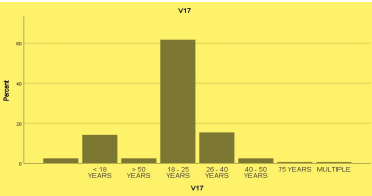
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EPIDEMIOLOGICAL,CLINICAL ASPECTS AND TREATMENT OF VICTIMS OF FEMALE CHILD SEXUAL ABUSE .

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RESULTS

During the study period, 158 victims of female child sexual abuse were received and cared for at our hospital.. The age of the victims ranged from 1 to 17 years with an average of 15.5 years. The 15 - 17 age group was the most represented (67.3%)..Around 41 cases of victims presented with pregnancy (Primigravida) and was the only reason the abuse came to light .Around 82.2 % of the cases reported had a low socio-economic status. 3.1 % of family impairment was noted. 10.1 % had absence of one/both parents, 1.2 % had presence of a stepfather.Students represented around 72.7 % of the victims who underwent sexual abuse. The next highest group being the school drop outs representing 14.55%. Infants were also targeted at a rate of 2.5% We identified 2 cases of female CSA with mental retardation The majority of the perpetrators were younger men from 18 years to 25 years of age constituting around 62.02%..100% of child sexual abuse perpetrators were men. For most victims, the offenders remained their boyfriends (44.6%). Strangers accounted for 16.1% of the offenders. 2 of the victims were abused by boyfriend, boyfriend's brother and the father of the boyfriend.Most of the sexual abuse occurred between 6 AM to 6 PM accounting for about 57.6% .The highest incidence of sexual assault was reported in abusers home and victims home.Most of the sexual abuse occurred outside the family.Penetration was by far the most frequent type of sexual contact with an estimated 62.3%. Around 2% of the patients did not want to disclose the type of assault. Clinical examination was normal in 87.7% of cases as they presented many days after the incident; it showed in the remaining cases non specific findings such as vulvovaginitis, erythema, genital wound , inflammation of genitalia . Majority if the female children were abused multiple times contributing around 45.6% of the cases and a single episode of abuse was noted in around 36 % of the cases . All the patients were brought to the hospital through police authority for examination and further evaluation and management.We noted extremes of consultation period ranging from one hour and one year. Retroviral serology, HBs Antigenemia and syphilitic serology were requested in 100%, 100% and 12.6% of cases respectively. Vaginal sampling for bacteriological examination (Gonococci) was requested in 89% of cases. After the clinical examination, 50% of the victims had received antibiotic prophylaxis; 50% and 50% had received analgesic and antiseptic treatment respectively. Antitetanus serovaccination concerned only 9.5% of them. Psychological care was provided to only 7% of victims.



CONCLUSIONS

Prevention requires vigilance in out-of-school times, child education, early involvement of healthcare professionals, and adjustment of the administration of justice.Prevention calls for attention at all levels of child education, observation at off-school times, early involvement of health professionals, applying standardized medical guidelines and the modification of jurisdiction.Child Sexual abuse is currently a real socio-cultural drama.Obstetricians and other specialists should be aware of their early management and should adapt proper treatment protocols in order to prevent sexually transmitted infections and psychological consequences Sexual abuse is a complex and ubiquitous phenomenon. Based on its current definition on the principle of consent, it enshrines the possibility of the individual to decide on his (non)-engage in sexual activity, and identifies a category of people who cannot validly use this faculty: children, who therefore deserve to be subject to special protection against sexual interactions in which adults would engage them and who, in all cases, will be considered sexual abuse.The care requires multidisciplinary coordination Vigorous enforcement of the law will help reduce the source