

Sexual abuse in males: An underreported issue

Sir,

Sexual abuse (SA) is a multidimensional problem having legal, social, medical, and psychological implications. It can have lifelong deleterious effects on the victim's physical and mental health.^[1] Conventionally, SA is underrecognized when the victims are males. The significance of the problem is undermined all the more when the abuse is perpetrated by a parent or by a peer. We hereby report two cases of male SA (MSA) who also had the presence of sexually transmitted infections (STIs). The purpose of this report is to enhance awareness among primary care physicians, policy makers, and the community to the neglected issue of MSA in a sexually conservative country like India. In addition, the importance of evaluating such cases for STIs is highlighted.

The first case was of a 7-year-old child who alleged being sexually abused by his father. The second case was of a 19-year-old boy who was sodomized by his seniors. A full sexual health screen was performed on both patients. The first void urine and urethral swab collected from the child tested positive for *Chlamydia trachomatis* by an in-house polymerase chain reaction (PCR) assay targeting the cryptic plasmid of *C. trachomatis*.^[2] In addition, a clinical diagnosis of herpes labialis was made. The family was counselled regarding the child's condition and rehabilitation. He was prescribed azithromycin and acyclovir for the treatment of STIs. The rectal swab collected from the second case also tested positive for *C. trachomatis* by PCR. He was also found reactive for VDRL which was confirmed by a positive *Treponema pallidum* hemeagglutination assay. The patient was prescribed doxycycline and benzathine penicillin.

The issue of MSA is still a taboo in our country, and the majority of the people choose to remain silent about it. Males are usually less willing to report abuse compared to females probably due to shame and self-blame regarding the inability to prevent what happened or being labelled as homosexual. Consequently, sexual offences often go unreported.

The presence of an STI is often used to support the allegations of SA and in some cases, may prompt an investigation of possible abuse. The presence of STIs in a child should prompt an evaluation to exclude SA. Not all STIs may signify transmission from abusive contact. However, postnatally acquired *C. trachomatis*, *Neisseria gonorrhoeae*, and *T. pallidum* are usually diagnostic indicators of SA and identification of STIs in children beyond the perinatal period almost always suggests SA.^[3,4]

This report is a reminder to the medical providers that all cases of suspected or alleged SA should be screened for STIs. It is important to acknowledge that males are also at risk of SA and its repercussions as are females. Programs to address the issue of SA should be comprehensive and should address both males and females. An unassuming, accepting, empathic, and nonjudgmental approach is warranted to deal with male victims of SA. Educating children regarding sexuality, sexual development, and the potential risks and prevention of STDs is essential.

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