



## Retrospective analysis of sexual abuse reports made by the department of child and adolescent psychiatry

Çocuk ve ergen psikiyatrisi bölümü tarafından yapılan cinsel istismar bildirimlerinin retrospektif analizi

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### ABSTRACT

**Objective:** Child sexual abuse remains a serious situation in every region of the world. In this study, it was aimed to examine the data of cases with suspected sexual abuse reported from the child and adolescent psychiatry department to the judicial authorities.

**Methods:** 74 children and adolescents who applied to child psychiatry outpatient clinics between September 2013 and September 2023, who were suspected of sexual abuse based on the history taken from themselves and their parents, and who were reported to the judicial authorities, were included in the study.

**Results:** 51 of the cases were girls, and 23 were boys. The age of both sexual abuse and reporting was younger in boys than in girls. Sexual abuse reports were at its lowest level in 2020. Sexual touching was the most frequently reported method, with 42 cases. The most common abuser was male cousin (20.3%). 22.9% of the cases were followed-up in the outpatient clinic before reporting the abuse. 81% of the patients received at least one psychiatric diagnosis after the psychiatric examination. Psychiatric diagnoses as a consequence of child sexual abuse were identified in 27 cases, and the most common diagnosis was major depressive disorder with 33.3%.

**Conclusions:** Reporting child sexual abuse is not only a legal responsibility, but also important to protect the child victim of abuse and prevent the development of psychiatric disorders.

**Keywords:** Child sexual abuse, sexual abuse report, mental illness

### ÖZET

**Amaç:** Çocuk cinsel istismarı dünyanın her bölgesinde ciddi bir durum olmaya devam etmektedir. Bu çalışmada çocuk ve ergen psikiyatrisi polikliniğinden adli makamlara bildirilen cinsel istismar şüphesi olan olguların verilerinin incelenmesi amaçlandı.

**Yöntem:** Eylül 2013-Eylül 2023 tarihleri arasında çocuk psikiyatrisi polikliniğine başvuran, kendilerinden ve ebeveynlerinden alınan anamneze göre cinsel istismar şüphesi bulunan ve adli makamlara bildirim yapılan 74 çocuk ve ergen çalışmaya dahil edildi.

**Bulgular:** Olguların 51'i kız, 23'ü erkekti. Erkeklerde hem cinsel istismar yaşı hem de bildirim yaşı kızlara göre daha küçüktü. Cinsel istismar bildirimleri 2020 yılında en düşük seviyedeydi. En sık bildirilen yöntem ise 42 vakayla cinsel dokunmaydı. En sık istismarcı erkek kuzendi (%20.3). Vakaların %22.9'u istismar bildiriminden önce poliklinikte takip edilmekteydi. Psikiyatrik muayene sonrasında hastaların %81'i en az bir psikiyatrik tanı aldı. 27 vakada çocuğun cinsel istismarı sonucu psikiyatrik tanı saptandı, en sık tanı %33.3 ile majör depresif bozukluktu.

**Sonuçlar:** Çocuğun cinsel istismarını bildirmek sadece yasal bir sorumluluk olmayıp, aynı zamanda istismar mağduru çocuğu korumak ve psikiyatrik bozuklukların gelişmesini önlemek açısından da önemlidir.

**Anahtar Kelimeler:** Çocuğun cinsel istismarı, cinsel istismar bildirimi, ruhsal hastalık

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## INTRODUCTION

Child sexual abuse includes many acts of sexual exploitation of children, including sexual assault, incestuous rape, and commercial sexual exploitation of children (1). In the United States, about 1 in 4 girls and 1 in 13 boys experience child sexual abuse (2). The lifetime prevalence of child sexual abuse was reported as 7.6% in males and 18% in females (3). Many risk factors belonging to the child, family, and the abuser can be identified in child sexual abuse. Previous exposure to sexual abuse, being abused at home, and having a family member sexually abused were found to be strong risk factors. It was stated that having a stepfather, partner violence in the family, the child having a chronic physical or mental illness and being female are also risk factors (4).

The consequences of sexual abuse is more than a physical injury, including the increased likelihood of mental and chronic physical illness/disorders (5). In addition to anxiety, depression, impaired self-perception, cognitive problems such as attention deficit and dissociation, sexual problems, physical problems like urinary tract infections and sexually transmitted diseases, and interpersonal difficulties are the important consequences of sexual abuse (6). There are strong findings for psychiatric disorders, particularly mood disorders, post-traumatic stress disorder (PTSD), anxiety disorders, and substance use disorders, and mixed evidence for personality disorders (7). Also, the development of mental illness was associated with characteristics of the abuse (8).

Child sexual abuse can be prevented and its effects can be reduced by primary, secondary and tertiary protection. Child and adolescent psychiatrists have important duties in both preventing and recognizing sexual abuse and making the necessary notifications after the abuse occurs. There are serious sanctions in the Turkish Penal Code (TPC) if sexual abuse is not reported. Articles 279 and 280 of the TPC concern public officials and healthcare professionals who do not report crimes (9). According to Article 279, any person who fails to report a crime who learns about in connection with his duty or who delays reporting it to the competent authorities is punished with imprisonment from 6 months to two years. Healthcare professional who do not report the situation to the

competent authorities despite encountering any indication of a crime being committed during their duties, or who delay in reporting the situation to the competent authorities, are punished with imprisonment for up to one year in accordance with Article 280 (9).

Following the evaluations and referrals of judicial authorities, the sociodemographic and clinical characteristics of children who were victims of sexual abuse have been evaluated in many studies before (10-13). Unlike other studies in Turkey, in this retrospective study, it was aimed to evaluate cases in which sexual abuse was suspected after examination at the child psychiatry outpatient clinic, and reported to the judicial authorities. In this study, which includes data from ten years, we aimed to examine the change in the number of sexual abuse reports over the years, the time between the experience of abuse and reporting, clinical data such as age, gender, psychiatric diagnoses before and after abuse, abuse methods and characteristics of abuse suspects. Thus, it is expected to contribute to the literature with the characteristics of sexual abuse cases that were told for the first time by children or revealed by clinicians' questioning during the examination, unlike sexual abuse cases with ongoing legal process.

## METHODS

### Participants and procedure

74 cases of both genders between the ages of 2-18 who applied to child and adolescent psychiatry outpatient clinics of a university hospital between September 2013 and September 2023, had suspicion of sexual abuse in the history taken from the child and adolescent and their caregivers, and were reported to the judicial authorities, were included in the study. The study center is one of two child psychiatry centers in a city with a population of over one million in the Central Anatolia Region of Turkey. Cases of sexual abuse were selected from the notification file submitted to the Chief Public Prosecutor's Office and the records of the cases were reviewed from the hospital management system. The ICD-10 codes of the cases, which were examined in detail by a child and adolescent psychiatry resident and a specialist according to Diagnostic and Statistical Manual of

Mental Disorders (DSM)-5 diagnostic criteria, were obtained from the hospital system. Of the 79 reported cases in total, five were excluded due to insufficient data. Age, gender, age of abuse, report year, abuser, abuse method, DSM-5 diagnoses before and after the sexual abuse, treatments, and suicide attempts were recorded. 51 of the cases were girls (68.9%) and 23 (31.1%) were boys. Ethics approval of this study was taken from the Erciyes University ethics committee (2023/737), requirement for consent was waived by the ethics committee and the procedures conformed Declaration of Helsinki.

### Statistical analysis

The IBM Statistical Program for Social Sciences was used to analyze the data. Summary statistics of the data were given as mean, standard deviation, percentage (%) and number (N). For distribution the Shapiro-Wilk test and Q-Q plot normality were used. Mann-Whitney U test was used to compare the ranks of two independent groups without normal distribution. The statistical significance level for all analyzes was  $p < 0.05$ .

## RESULTS

The mean age of abuse was  $10.57 \pm 4.63$ , while the mean age at report was  $11.95 \pm 4.42$  when all children analyzed together. The age of both reporting and sexual abuse was younger in boys than in girls (Table 1). While sexual abuse reports have increased over the years, they seem to have decreased in 2019. In 2020, when there was the COVID-19 pandemic, it was at its lowest level. It started to increase again after this year (Figure 1). Sexual touching was the most frequently reported method of sexual abuse with 42 cases (Figure 2). The most common abuser was male cousin with 20.3%, 4 of the victims were boys and 11 were girls. The incest rate was 12.1% (Figure 3).

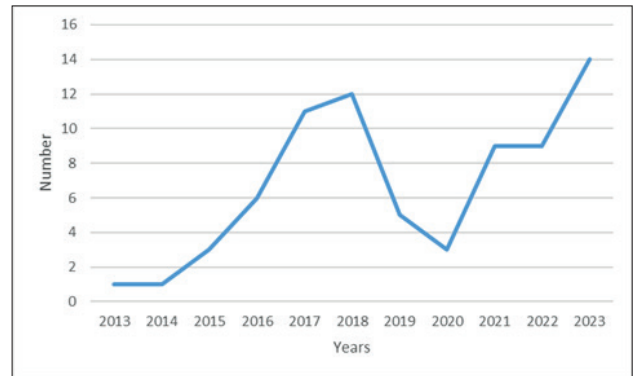
A 2-year-old girl and a 5-year-old boy were consulted from the dermatology clinic due to perianal warts. A 3-year-old girl was consulted due to genital wart detected after vaginal bleeding. The method of sexual abuse was unknown in these cases.

22.9% of the cases were followed up in the outpatient clinic before reporting abuse. 60 (81%) of the victims received at least one psychiatric diagnosis after the

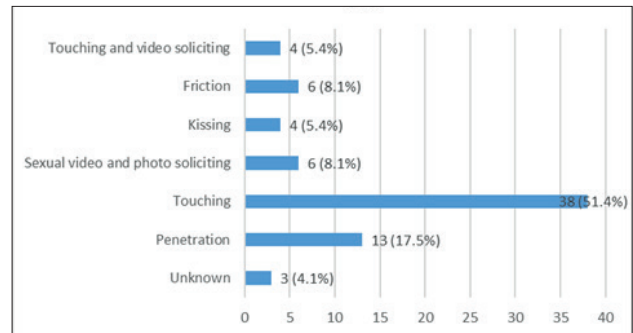
**Table 1.** The comparison of reporting and sexual abuse age between genders

Variable	Male N:23 Median (25th-75th)	Female N:51 Median (25th-75th)	p
Age	8 (6-12)	15 (13-16)	0.000
Abuse age	7 (6-9)	13.5 (10-16)	0.000

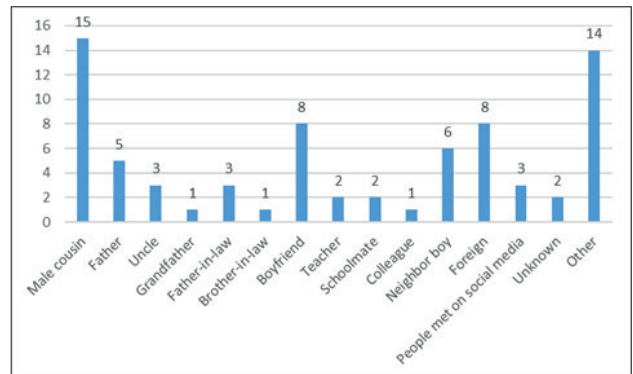
Mann-Whitney U test  
N: Number



**Figure 1.** Change in the number of sexual abuse reports over the years



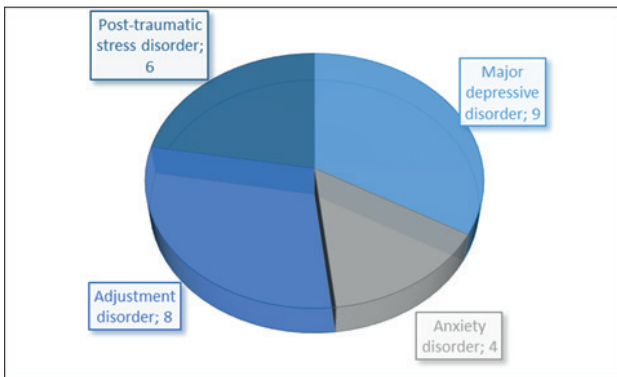
**Figure 2.** Reported methods of child sexual abuse



**Figure 3.** Distribution of sexual abuse suspects

**Table 2.** The distribution of psychiatric diagnoses among all cases

Diagnoses	Number	%
Attention-Deficit Hyperactivity Disorder	16	21.6
Major Depressive Disorder	14	18.9
Post-traumatic Stress Disorder	10	13.5
Adjustment Disorder	8	10.8
Conduct Disorder	8	10.8
Anxiety Disorders	6	8.1
Bipolar Affective Disorder	4	5.4
Obsessive-Compulsive Disorder	1	1.3

**Figure 4.** Diagnoses as a consequence of child sexual abuse

examination. The most common diagnosis of patients was attention-deficit hyperactivity disorder (ADHD) (Table 2). Drug treatment was recommended for 57 of the patients, and the most commonly used drug group was selective serotonin reuptake inhibitors (49.1%). Psychiatric diagnoses after sexual abuse were identified in 27 cases, and 23 of them were girls. The most common diagnosis was major depressive disorder with 33.3% (Figure 4). Suicide attempts due to sexual abuse were detected in 11 cases.

## DISCUSSION

In this study, sexual abuse reports from the last 10 years were evaluated. The age of both sexual abuse and reporting was younger in boys than in girls. Reporting of sexual abuse was lowest in the first year of the COVID-19 pandemic. Sexual touching was the most frequently reported method of sexual abuse and the most common abuser was male cousin. Diagnoses as a consequence of child sexual abuse were identified in 27 cases and 23 of them were girls.

Consistent with the literature, reports of abuse were more frequent in girls than in boys. In our study, girls reported sexual abuse approximately twice as much as boys. There were also studies reporting a 2-3 times difference (14,15). While boys were victims of abuse at earlier ages, the abuse of girls increased during adolescence. The development of secondary sexual characters in girls may contribute to this situation. The decrease in reports among boys during adolescence may also be due to concerns about homosexuality. It is not easy for children and adolescents to share the sexual abuse they were exposed. Being threatened, the abuser being a member of the family, the idea that their families will not support them, and feelings of shame may delay children's disclosure of sexual abuse. As a matter of fact, in our study, there was a difference between the age of abuse and the age of reporting.

Reports of sexual abuse seem to be increasing over the years in our study. In addition to the increase in the number of patients applying to outpatient clinics, the awareness of children and families due to increasing public service announcements and training given in schools may also be a reason for this. The fewest reports were made in 2020. It is thought to be because it was the first year of the pandemic. The number of patients applying to child psychiatry outpatient clinics decreased significantly during this period in Turkey (16). During this period, schools were closed and curfews were imposed to prevent the transmission of the disease. At the same time, individuals' fear of disease transmission may also be associated with a reduction in hospital admissions. However, there are studies reporting an increase in sexual abuse rates after the COVID-19 pandemic (17,18).

Sexual touching was the most common method of sexual abuse in our study. In a study from Turkey, it was reported that 46.8% of the cases were exposed to sexual abuse in the form of touching (12). Touching the body was the most reported type of sexual abuse, reported in 45.7% of cases, in another study from Turkey (11). Because sexual touching is difficult to understand and define for young children, it is possible that some children may not be reported at all. Penetration was reported in 17.5% of the cases in our study, and it was found to be as high as 46% in another study (10). This difference may have been

caused by the fact that, that study was conducted on cases that were victims of sexual abuse and evaluated for the purpose of preparing a forensic report. It is also possible that children who are victims of penetrative sexual abuse may apply directly to law enforcement before psychiatric examination.

There were many different suspected abusers in the history in the current study. Sometimes they can be a family member who can approach the child more easily and gain a sense of trust, while sometimes they can be a friend of the child or someone they don't know. Someone the child or family members know and trust commits 91% of child sexual abuse (2). The most reported abusers were male cousins. Reasons such as cousins knowing each other from an early age, the abuser gaining the trust of the victim, being together more due to holidays and special occasions may cause this situation. The incest rate was 12.1%, so abusers such as fathers, uncles, and grandfather were also found in our study. If there are signs of sexual abuse during the interview, it is useful to keep incest, which is more difficult to reveal, in mind. With the increase in the use of the Internet and social media, people met through these platforms can also become abusers.

Existing psychiatric disorders have been found to be risky for sexual abuse (4). As a matter of fact, almost quarter of the cases included in our study had a psychiatric disorder before. Also, 81% of the patients received at least one psychiatric diagnosis after the examination. The most common diagnosis was ADHD with 21.6%. Most studies have found a significant relationship between sexual abuse and ADHD, in which sexual abuse was found to be a precursor to ADHD (19). In the study including 4910 adolescents, any sexual abuse experience was found to be 28.7% for females and 13.3% for males. 48% of male adolescents and 47% of female adolescents with co-occurring ADHD and depression reported a history of sexual abuse in this study (20). Longitudinal studies are needed in order to determine whether ADHD occurs as a result of sexual abuse, or whether children and adolescents with ADHD are more likely to be victims of abuse.

Mental disorders that occur after sexual abuse are also important. Depression, anxiety, PTSD, and

adjustment disorder emerged as a cause and effect relationship between the event. Childhood sexual abuse has been associated with many psychiatric disorders such as PTSD, depression, eating disorders, behavioral disorders, panic disorder, borderline personality disorder and alcohol use (21). Suicide attempts occurred in approximately 15% of cases after sexual abuse in our study. Sexual abuse was linked to risky behavior and impulsivity, as well as an increase in suicidality. It is thought to contribute both directly and indirectly to suicidal behavior. The direct effect of sexual abuse, resulting psychopathologies and personality traits seem to be related to suicide (21). In our study, gender difference was found in psychiatric disorders detected after sexual abuse. In the literature, there are studies reporting gender differences in psychiatric disorders after sexual abuse (22,23). More PTSD, depression and dissociation symptoms were reported by caregivers after trauma in females (24). This difference may be related to biological factors such as genetic, the interaction between the endocrine system and neuronal networks after trauma, as well as the difference in coping mechanisms and social support between the genders (25-28).

There is another important issue in this study. Sometimes suspicion of sexual abuse arises during an examination in another department. In this context, interdepartmental cooperation is also important. The first sign of sexual abuse may be a spontaneously detected infection. Three patients were referred from dermatology outpatient clinics due to Human Papilloma Virus infection. It is noteworthy that these children are quite young. The presence of this sexually transmitted infection in a young child first brings to mind sexual abuse. It should be kept in mind that in such infections, the abuser may be a family member.

### Limitations

The retrospective nature of the study and the small number of sample were the limitations of the study.

## CONCLUSIONS

In this study, both sexual abuse age and age at reporting were younger in boys than in girls. The reduced number of reports in COVID-19 restrictions

suggests that such important events that concern the whole community can reduce the number of reports, which can lead to reduced hospital admissions. Although there were many suspected abusers, the fact that most of them were male cousins supports that the abusers were mostly people who had close relationships with children. The fact that the majority of the cases with psychiatric disorders after abuse were female supports the difference between genders in terms of the development of psychiatric pathology. And finally, sexually transmitted infections may be the first sign of sexual abuse in young children.

Child sexual abuse continues to be an important phenomenon. In addition to the history of sexual abuse obtained from children and adolescents and their families, clinicians should be questioning for possible sexual abuse in cases with some psychiatric symptoms such as depressive symptoms, fear, anxiety, aggression, intense preoccupation with sexual issues, decreased school performance, sleep problems and regressive behaviors such as sucking thumb, bedwetting, using baby talk. Reports to the judicial authorities are important for both the legal responsibility of the clinician and the protection of the child victim of abuse, preventing the repetition of abuse and similar actions of the abuser against other children. Although child psychiatrists have important responsibilities in this regard, in order to reduce sexual abuse, it will be useful to educate children starting in the family and continuing at school and effectively implement preventive programs.

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