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Examining the Prevalence of Sexual Abuse and Associated Factors Among Adolescent Girls Receiving Inpatient Psychiatric Treatment: A Retrospective Analysis

Psikiyatri Kliniğinde Yatan Ergen Kızlarda Cinsel İstismar Yaygınlığı ve İlişkili Faktörlerin İncelenmesi: Retrospektif Bir Analiz

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Öz

Amaç: Her Çocukluk çağı cinsel istismarı (Cİ), ciddi fiziksel, psikolojik, adli ve hukuki sonuçları olan çok boyutlu bir sorundur ve en sık travma sonrası stres bozukluğu (TSSB) ile ilişkilendirilmektedir. Bu çalışmanın amacı, bir psikiyatri kliniğinde yatarak tedavi gören ergen kızların Cİ öyküsünü incelemek ve bunun adli ve psikiyatrik sonuçlarını değerlendirmektir.

Yöntem: Bu retrospektif çalışmada, bir psikiyatri kliniğinde yatarak tedavi gören ergen kızlara ait iki yıllık tıbbi kayıtlar incelenmiştir.

Bulgular: Katılımcıların yaş ortalaması 15.8 yıl (SS = 1.29) olarak bulunmuştur. Örneklem %27.4'ünde Cİ öyküsü tespit edilmiştir. En sık bildirilen istismar türü penetrasyon olup (%42.1), faillerin çoğunluğu aile üyeleri (%44.4) veya tanıdık kişiler (%31.1) olarak belirlenmiştir. Cİ'nin, TSSB için önemli bir risk faktörü olduğu saptanmış (OR = 53.3) ve Cİ mağdurlarında TSSB oranlarının, diğer hastaneye yatırılan ergen kızlara kıyasla anlamlı derecede yüksek olduğu görülmüştür (p < 0.001). Ayrıca, vakaların %20'sinin hastaneye yatış öncesinde yasal bildirimde bulunulmadığı tespit edilmiştir. Cİ mağdurlarının hastanede kalış süreleri de anlamlı derecede daha uzun bulunmuştur (p = 0.019).

Sonuç: Bu bulgular, psikiyatri kliniğinde yatarak tedavi gören ergen kızlarda Cİ yaygınlığına ilişkin önemli epidemiyolojik ve betimleyici veriler sunmaktadır. Araştırma, mağdurlar için güçlendirilmiş hukuki koruma mekanizmaları, özel terapötik müdahaleler ve multidisipliner destek sistemlerinin gerekliliğini vurgulamaktadır.

Anahtar Kelimeler: Adli psikiyatri, Cinsel istismar, Epidemiyoloji, TSSB, Yataklı tedavi

Abstract

Aim: The increasing Child sexual abuse (CSA) is a multifaceted issue with serious physical, psychological, forensic, and legal implications, primarily associated with post-traumatic stress disorder (PTSD). This study aims to investigate the history of CSA among adolescent girls admitted to a psychiatric inpatient unit and examine its forensic and psychiatric associations.

Methods: This retrospective study analyzed two years of medical records of adolescent girls admitted to a psychiatric inpatient unit.

Results: The mean age of the participants was 15.8 years (SD = 1.29). A history of CSA was identified in 27.4% of the sample. The most frequently reported form was penetration (42.1%), and the majority of perpetrators were family members (44.4%) or acquaintances (31.1%). CSA was found to be a significant risk factor for PTSD (OR = 53.3), with PTSD rates being significantly higher among victims of CSA compared to other hospitalized adolescent girls (p < 0.001). Additionally, 20% of cases had not been legally reported before hospitalization. Moreover, victims had significantly longer hospitalization durations (p = 0.019).

Conclusion: These findings provide important epidemiological and descriptive data on adolescent girls receiving inpatient psychiatric treatment. This research underscores the need for enhanced legal protections, specialized therapeutic interventions, and multi-disciplinary support systems for survivors.

Keywords: Forensic psychiatry, Sexual abuse, Epidemiology, PTSD, Inpatient unit

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INTRODUCTION

Child sexual abuse (CSA) is defined as exposing a child to sexual behaviors that are inappropriate for their developmental level, with the perpetrator using the situation for their own sexual gratification (1) Article 103 of the Turkish Penal Code No. 5237 classifies all sexual acts against children as “sexual abuse,” regardless of the child’s consent, and considers them a criminal offense (2). Articles 19, 34, and 39 of the Convention on the Rights of the Child mandate the protection of children from sexual abuse and the rehabilitation of victims (3).

A meta-analysis on childhood sexual abuse prevalence reported a global rate of 32% among women in clinical samples and 24% across all genders (4). Earlier meta-analyses estimated CSA prevalence rates of 18% and 19.7% for female samples (5,6). Turkish Statistical Institute reported that 11.8% of the 217,915 children who were recorded as victims in security units were affected by sexual offenses (7). However, considering unreported cases, the actual prevalence of CSA is likely significantly higher (8,9). Globally, women are found to be 2 to 3 times more likely than men to experience CSA (5,10). In Türkiye, the gender disparity in child sexual abuse appears to be even more pronounced. A meta-analysis and a more recent large-scale study that retrospectively examined legal records found that the prevalence of CSA was approximately four times higher in girls compared to boys. (9,11).

CSA is associated with not only physical and medical conditions but also serious mental health consequences such as post-traumatic stress disorder (PTSD), depression, anxiety, dissociative disorders, and suicide attempts (12,13). One of the most common psychiatric consequences of CSA is PTSD, with research demonstrating that CSA is one of the strongest risk factors for PTSD development (14). The prevalence of PTSD among individuals exposed

to CSA ranges between 23.4% and 49.3% (15–18), a rate significantly higher than the general population prevalence of PTSD. Furthermore, victims of incestuous abuse are at an even greater risk of developing PTSD, depression, and dissociative disorders (19,20). Studies have shown that the duration of abuse and the perpetrator’s proximity to the victim exacerbate the severity of traumatic symptoms (21,22)

The majority of sexual abuse cases are committed by individuals within the victim’s close social circle, which significantly reduces the likelihood of legal reporting and delays the initiation of protective interventions. (9,20,23). CSA is often disclosed gradually, with adolescents initially confiding in peers, girls more likely to seek emotional support, and boys often concealing the abuse or reporting it only for practical reasons (24). The concealment of sexual abuse exposes the child to repeated harmful effects, hinders efforts to prevent further abuse, and obstructs the development of necessary policies for addressing the damage and ensuring the perpetrator is held accountable. For this reason, recognizing the physical, psychological, and behavioral signs of abuse, as well as identifying the barriers that prevent children from disclosing their experiences, is of critical importance (23).

CSA is a severe physical and mental health issue that requires integration across the healthcare, education, security, and legal systems due to its destructive impact on children and adolescents. Considering that female adolescents hospitalized in psychiatric settings are a highly vulnerable population, studying CSA within this demographic could provide critical insights with both individual and societal benefits. However, research on this population remains limited worldwide, including in Türkiye.

This study aims to examine the prevalence of CSA, the nature of abuse, the relationship between the perpetrator and

the victim, and the reporting process among hospitalized adolescent girls in a psychiatric clinic. Additionally, the study investigates the relationships between CSA, PTSD, and hospitalization duration. By focusing on the mental health needs of adolescent CSA survivors in Türkiye, this study seeks to contribute to improving legal and mental health services and informing early intervention models in psychiatric care.

METHODS

Study Design and Sample

This research was conducted using a retrospective design. Digital patient records of adolescent girls who received inpatient treatment at the Child and Adolescent Psychiatry Unit of a tertiary care hospital in Istanbul between February 1, 2022, and September 1, 2023, were reviewed retrospectively. This inpatient unit provides care for adolescents presenting with risk of harm to self or others, including individuals with suicidal or homicidal tendencies, as well as those requiring differential diagnosis of certain psychiatric conditions or short-term hospitalization due to psychosocial crises. Additionally, patients identified as requiring inpatient treatment in emergency departments across various regions of Türkiye are also admitted. Individuals requiring rehabilitation for alcohol or substance use disorders are referred to specialized inpatient units designated for addiction treatment. Inclusion criteria comprised (1) having undergone inpatient psychiatric treatment during the specified period, (2) having patient files with data regarding a history of sexual abuse, and (3) being female patients aged 0–18. A total of 250 case files were reviewed, and 179 cases with documented records of sexual abuse were included in the study. The mean age of the sample was 15.8 years (SD = 1.29), with ages ranging from 11.1 to 18.2. All participants were female. The presence of PTSD was determined using data from the K-SADS (Schedule for Affective Disorders and Schizophrenia for

School-Age Children – Present and Lifetime Version) during hospitalization.

This study was approved by the Ethics Committee of Istanbul Medeniyet University (2025/3-11). Due to its retrospective nature, individual informed consent was not required; all analyses were performed on anonymized data, and the study was conducted using those de-identified records.

Data Analysis and Statistical Methods

Data were analyzed using the Jamovi 2.6 statistical software package. First, descriptive statistics were computed. For continuous variables, the mean, standard deviation, median, minimum, and maximum values were reported; for categorical variables, frequencies and percentages were presented. The relationship between sexual abuse history and PTSD was analyzed using Pearson's chi-square (χ^2) test. To compare the length of hospital stay between groups with and without a history of sexual abuse, the Mann-Whitney U test was used. The level of statistical significance was set at $p < 0.05$.

RESULTS

Descriptive Statistics

A total of 179 individuals were included in this study. The mean age of the sample was 15.8 (SD = 1.29) years, ranging from 11.1 to 18.2. The mean length of inpatient stay was 13.7 (SD = 9.95) days. Of the participants, 27.4% ($n = 49$) reported a history of sexual abuse. Among those who reported having been abused ($n = 33$), the mean age at the time of abuse was 11.3 (SD = 3.40) years; however, data for this variable were missing in 146 cases.

Regarding parental educational status, 38.2% of mothers had completed primary school, 33.3% had completed high school, and 15.7% had completed

university. Among fathers, 36.7% had completed primary school, 23.3% had completed high school, and 20.0% had completed university. Only 1.0% (n = 1) of mothers were illiterate, whereas there were no illiterate fathers.

Sexual abuse most frequently involved penetration (42.1%) and non-penetrative form (39.5%), while in 18.4% of cases, the form of abuse was unknown. With respect to the perpetrator's relationship to the victim, 44.4% were family members/incest, 31.1%

were acquaintances, 20.0% were strangers, and 4.4% were classified as unknown. Similarly, whether the abuse occurred once or multiple times was reported at similar rates (44.4% single incident vs. 35.6% multiple incidents).

In 80.0% (n = 36) of the cases where an abuse history was reported, legal proceedings were initiated, whereas 20.0% (n = 9) had no legal report or investigation. See Table 1 for details.

Table 1. Descriptive Characteristics of the Sample

Continuous Variables	N (Missing)	Mean (SD)	Median	Min – Max
Length of Inpatient Stay (days)	178 (1)	13.7 (9.95)	12.0	1.0 – 53.0
Age (years)	179 (0)	15.8 (1.29)	15.9	11.1 – 18.2
Age at Abuse (years)	33 (146)	11.3 (3.40)	13.0	6.0 – 16.0
Categorical Variables	Category	n	%	
Mother's Educational Level	Illiterate	1	1.0	
	Primary School	39	38.2	
	Middle School	12	11.8	
	High School	34	33.3	
	University	16	15.7	
	Total	102	100.0	
Father's Educational Level	Illiterate	0	0.0	
	Primary School	33	36.7	
	Middle School	18	20.0	
	High School	21	23.3	
	University	18	20.0	
	Total	90	100.0	
History of Sexual Abuse	Yes	49	27.4	
	No	130	72.6	
	Total	179	100.0	
Form of Abuse	Penetration	16	42.1	
	Non-penetrative abuse	15	39.5	
	Unknown	7	18.4	
	Total	38	100.0	
Perpetrator's Relationship	Incest/Intra-Family	20	44.4	
	Acquaintance	14	31.1	

	Stranger	9	20.0
	Unknown	2	4.4
	Total	45	100.0
Abuse Frequency	Single Incident	20	44.4
	Multiple Incidents	16	35.6
	Unknown	9	20.0
	Total	45	100.0
Legal Process Initiated?	Yes	36	80.0
	No	9	20.0
	Total	45	100.0

Table 2. Relationship Between Sexual Abuse History and PTSD

Sexual Abuse	PTSD Present (n)	PTSD Absent (n)	Total (n)	χ^2	df	p	OR	95% CI (Lower–Upper)
Yes	22	26	48	58.1	1	< 0.001	53.3	-11.8 – 241
No	2	126	128	–	–	–	Ref.	–
Total	24	152	176	–	–	–	–	–

Notes: The chi-square test (χ^2) indicated a statistically significant relationship between sexual abuse history and PTSD ($\chi^2(1) = 58.1, p < 0.001$).

Relationship Between Post-Traumatic Stress Disorder (PTSD) and Sexual Abuse

A significant difference was found in the presence of a PTSD diagnosis between the group with a history of sexual abuse (45.8%) and the group without such a history (1.6%) ($\chi^2(1) = 58.1, p < 0.001$). The risk of PTSD was approximately 53 times higher (OR = 53.3; 95% CI: 11.8–241) in individuals with a history of sexual abuse compared to those without. See Table 2.

Differences in Length of Hospital Stay

Among participants with a history of sexual abuse, the mean length of inpatient stay was 17.8 (SD = 12.9) days; for those without such a history, the mean was 12.2 (SD = 8.09) days. The nonparametric test (Mann-Whitney U = 2443, p = 0.019) revealed a statistically significant difference between the two groups in terms of hospital stay, indicating that individuals with a history of abuse had an

Table 3. Length of Hospital Stay: Groups With vs. Without a History of Abuse

Variable	Mann-Whitney U (Z)	p Value	Mean Difference	95% CI Lower	95% CI Upper	Effect Size (Rank Bise-rial)
Length of Inpatient Stay (days)	2443	0.019	4.00	1.00	7.00	-0.227

average stay approximately 4 days longer (effect size, rank biserial correlation = -0.227). See Table 3.

DISCUSSION

This study examined the prevalence of sexual abuse among adolescent girls hospitalized in a psychiatric unit and its associations with post-traumatic stress disorder, length of hospitalization, perpetrator identity, type of abuse, and rates of legal reporting. The findings revealed that more than one in four adolescent girls in the inpatient psychiatric setting had experienced sexual abuse. Penetration was the most frequently reported form of abuse, with perpetrators primarily being family members or individuals within the

In this study, the average age at which sexual abuse occurred was 11.3 years. This finding is consistent with previous research indicating that girls the ages of 10 and 14 are at the highest risk for experiencing sexual abuse (16,26,27,27–29). Similarly, a study conducted at the Sakarya Child Advocacy Center reported a mean age of 11.39 years, with the highest prevalence observed in the 12–17 age group (8). Although victims of sexual abuse can be found across all age groups, these findings provide valuable insights specifically regarding this age range. Such data can be particularly beneficial for healthcare professionals, policymakers, and the legal system in efforts to prevent sexual abuse and inform legislative regulations.

The data also revealed that 44.4% of cases involved incest, 31.1% involved acquaintances, and 20% were perpetrated by strangers. Studies conducted in Türkiye similarly report that most perpetrators are family members, relatives, or individuals from the victim's close social network (9,11). In a review conducted with studies in Türkiye which analyzed 1,740 cases, 354 (20.34%) of the perpetrators were strangers, while 1,386 (79.66%) were known to the victim. Among them, 177 cases (10.17%) involved a boyfriend or partner, and 89 cases (5.11%) involved a friend or peer. Additionally, in a sample of 1,922

cases, 257 (13.37%) were identified as incest (9). The notably high prevalence of incest in our inpatient sample suggests that victims in this group experience more severe functional impairments, necessitating more intensive psychiatric care.

In our study, 45.8% of sexual abuse survivors met the criteria for post-traumatic stress disorder, reinforcing the well-established association between sexual abuse and PTSD documented in previous literature (12–14). Data from studies conducted in Türkiye indicate that approximately 27% of cases receive a diagnosis of PTSD following sexual abuse, while 10% are diagnosed with both PTSD and major depressive disorder (9). Although similar rates to our study have been reported in previous studies (15,20,30), our findings appear to be higher than those in the existing literature. Additionally, the odds ratio in our study was found to be significantly higher compared to previous research. A meta-analysis established a strong association between childhood sexual abuse and post-traumatic stress disorder, with similar risk elevations for both girls (OR = 2.38) and boys (OR = 2.86) (14). However, the odds ratio in our study was much higher (OR = 53.3). This discrepancy may be explained by the fact that individuals with PTSD unrelated to abuse are more often treated in outpatient settings, whereas those with post-traumatic stress disorder and a history of sexual abuse are more likely to require inpatient care. Additionally, the relatively small sample size of the comparison group may have contributed to this large effect size. However, since the scope of the study did not include differentiation of the traumatic events leading to PTSD (e.g., natural disasters, accidents, exposure to death, etc.), caution is warranted when interpreting the association between PTSD and sexual abuse. The findings should therefore be interpreted with due care.

We found that the most prevalent form of sexual abuse was penetration (42.1%), followed by non-penetrative

abuse (39.5%). Previous researches conducted in Türkiye have reported that the prevalence of penetrative abuse is approximately between 40-50% (8,9,18,31). It is well established that penetrative abuse is associated with more severe trauma-related psychiatric outcomes and often necessitates prolonged psychiatric intervention. In our study, the rate of penetrative abuse was 42.1%, aligning with findings in the existing literature. Further research is needed to explore the psychiatric trajectories of survivors within inpatient settings.

Our study also found that 44.4% of sexual abuse incidents occurred only once, while 35.6% were repeated. Repeated abuse can intensify trauma-related symptoms and lead to more complex psychiatric conditions. Research suggests that recurrent sexual abuse is particularly common in situations where the victim resides with the perpetrator or remains in frequent contact (22,31). A metaanalysis analyzing data from 15 different studies found that 40.5% of abuse incidents were recurrent (9), while Büber and Oksal (2022) reported rates as high as 68.7% (8). These findings highlight the importance of investigating the impact of recurrent abuse on mental health and stress the need for methodologically rigorous studies to further explore this issue.

Another critical finding of this research indicate that survivors of sexual abuse had significantly longer hospital stays, with an average duration of 17.8 days ($p = 0.019$). Similarly, a study conducted at a Child and Adolescent Substance Abuse Treatment Center found that adolescents with a history of sexual abuse required extended hospitalization compared to their peers (25). They found that 27.9% of adolescents undergoing treatment for substance dependence—who had an average hospitalization period of 26.13 days—had a history of sexual abuse, further complicating their treatment trajectories. Several factors contribute to the extended hospitalization of survivors,

including the severity of post-traumatic stress disorder symptoms, traumatic dissociation, acute psychiatric crises, and insufficient social support networks. Therefore, as the confounding effects of other factors related to prolonged hospitalization were not ruled out, these findings should be interpreted with caution and replicated in methodologically more rigorous studies.

Regarding legal reporting proceedings, our study revealed that legal action had been initiated in 80% of cases, while no formal process had been undertaken in the remaining 20%. In the study by Büber and Oksal (2022), most reports to Child Advocacy Centers were made by educators followed by parents, whereas reporting rates among healthcare professionals were notably low (8). A systematic review examined disclosure patterns of 37 studies from 1990 to 2017 revealed that children typically disclose abuse in stages, often first confiding in peers before seeking help from a parent or another trusted adult (24). Older children and adolescents—especially those who initially disclose to peers—are more likely to keep the abuse hidden from adults. It is highly likely that children admitted to psychiatric inpatient units have had multiple previous encounters with the healthcare system. However, disclosing abuse can be particularly challenging when a child has not established a sufficient sense of trust with healthcare providers. Indeed, considering that one in five children does not disclose abuse (32), the findings of our study suggest that difficulties in disclosure may play a significant role in the observed reporting gap. Another study reported that the rates of disclosure of sexual abuse among children range between 31% and 42% (33). The barriers to a child's disclosure of abuse are multifaceted, and identifying these challenges promptly is crucial to prevent delays in the prosecution of perpetrators (20,23). Given these findings, it is crucial to implement measures and policies that facilitate the disclosure process for children and enhance public awareness of this issue.

Strengths and Limitations

This study provides robust findings by analyzing nearly two years of data, offering valuable insights into a specialized population. Despite its significant contributions, this study has some limitations. First, its retrospective design limited the depth of data collection regarding the specific nature of abuse experiences and their psychiatric consequences. Second, the study was conducted in a single psychiatric inpatient unit, restricting the generalizability of the findings to broader populations. Finally, as this research was not longitudinal, it does not provide insights into the long-term psychological impact of sexual abuse survivors.

CONCLUSION

This study examined the prevalence of sexual abuse among adolescent girls hospitalized in a psychiatric inpatient unit, along with its psychiatric consequences and legal reporting processes. The findings indicate that CSA was present for more than a quarter of adolescents and most frequently perpetrated by individuals known to the victim, with a significant proportion of survivors developing PTSD. Our study also revealed that survivors of sexual abuse had longer hospital stays, significantly higher PTSD rates compared to those without a history CSA and that repeated abuse exacerbated symptom severity. Establishing specialized evaluation protocols for sexual abuse survivors in psychiatric inpatient settings, expanding the implementation of trauma-focused therapy interventions, and strengthening legal reporting mechanisms are essential. Increasing healthcare professionals' awareness and active participation in recognizing and reporting sexual abuse through widespread training programs should be prioritized. Future research should focus on longitudinal studies that explore the long-term mental health outcomes of sexual abuse survivors and evaluate the effectiveness of multidisciplinary intervention programs.

Declarations

Conflict of Interest

The authors declare that they have no conflict of interest related to this article.

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KAYNAKLAR

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