



Demographic characteristics and psychiatric disorders of sexually abuse children: An analysis of 343 cases

Hatice Altun^{a*}, Nilfer Şahin^b

^a Department of Child and Adolescent Psychiatry, Faculty of Medicine, Kahramanmaraş Sutcuimam University, Kahramanmaraş, Turkey

^b Department of Child and Adolescent Psychiatry, Faculty of Medicine, Muğla Sıtkı Koçman University, Muğla, Turkey

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ABSTRACT

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* Correspondance to:

Hatice Altun
Department of Child and Adolescent
Psychiatry, Faculty of Medicine,
Kahramanmaraş Sütçüimam University,
Kahramanmaraş, Turkey
e-mail: drhaticealtun@gmail.com

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The aim of this study was to examine demographic characteristics and psychiatric diagnosis of sexually abused children and adolescents who referred for forensic examination to Child and Adolescent Psychiatry outpatient clinic. We retrospectively reviewed records of 343 children and adolescent aged 3-18 years who exposure to sexual abuse between January 2010 and 2013 by judicial authority. In all cases, age, gender, educational status, intelligence level, type and frequency of abuse, degree of familiarity of abuser and psychiatric diagnosis according to DSM-IV-TR classification were evaluated. The mean age of cases was 13.46 ± 3.1 years. Majority of cases were girls (78.7%). It was found that 77.8% of the cases were between 12 and 18 years of age. The most common type of sexual abuse was touching and/or friction (51.6%). Majority of cases was exposed to sexual for once (57.4%). The abusers were all male, and 85.1% were known to their victim. It was found that rate of early marriage was 10.5%. The rate of mental retardation was found as 7.3%. Psychiatric disorders were determined in 71.4% of the cases, post traumatic stress disorder (37.6%) and depression (13.1%) were the most common psychiatric disorders. Given the fact that abuse has negative impact on mental health of children, long-term management should be stressed in such cases. Increasing awareness about child sexual abuse and its damaging effects is very important. Great significance should be given to the treatment and rehabilitation of the cases. In addition, preventive measures must be taken.

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1. Introduction

Sexual abuse is an important problem that negatively affects physical, mental and social development of child. Child abuse can be encountered worldwide and it is now understood that its frequency is rather high when this issue is comprehensively evaluated. Actual statistical data regarding sexual abuse at childhood is unclear, as there are number of unreported or unregistered cases as much as those reported. It is thought that the reasons

of this include inability of the child to talk about the abuse experienced, not believing or distrusting the child when he/she told and not reporting to public authorities by family despite recognition of abuse (Johnson 2004; Finkelhor et al., 2001; Friedrichet et al., 2001). According to population studies, 4.9% of men and 12-35% of women experience undesirable sexual experiences (Putnam, 2003). In a recent meta-analysis including 55 studies from 24 countries, sexual abuse

incidence was reported as 3-17% in boys and 8-31% in girls (Barth et al., 2013). It has been reported that sexual abuse rate is 1.5-3-fold higher among women (Finkelhor, 1994). In a study on 1955 college students in Turkey, it was reported that 13.4% of the cases were exposed to sexual abuse, including incest experience in 1.8% of the cases (Alikasifoglu et al., 2006). Sexual abuse can be classified into two main groups as those involving or not involving physical contact. Sexual abuse is considered in a wide spectrum including exhibitionism, voyeurism, inappropriate sexual conversations, sexual penetration, attempting sexual penetration, oral-genital contact, direct or indirect (over clothing) touching to genital areas, interfemoral penetration, exposure of a child to adult sexual activity or pornography, sexual exploitation (use in prostitution or pornography) (Johnson, 2004; Kaufman, 2007; Glazer, 2008).

In the literature, it has been reported that children and adolescents exposed to abuse display several psychiatric disorders extending from childhood to adult life (Nickel et al., 2004; Kaufman, 2007; Csorba, et al., 2012). In a review by Kendall-Tackett et al. (1993), it was found that victims of sexual abuse displayed psychiatric symptoms by 64-79% (Kendall-Tackett et al., 1993). Several psychiatric disorders resulting from sexual abuse may be seen in children, including post traumatic stress disorder (PTSD), anxiety disorder, depression, adjustment disorder, dissociative experiences, self-harm and suicidal behaviors, sleep disorders, impaired self-esteem, aggressive behavior, mood disorders, behavioral and sexual behavior disorders, elimination disorders, alcohol and substance abuse and eating disorders (Putnam, 2003; Johnson, 2004; Kaufman 2007; Maniglio, 2009; Fergusson, 2013).

In our country, data are limited regarding frequency and distribution of definite and formal abuse cases as well as frequency of psychological trauma related to abuse and effects of abuse.

In this study, it was aimed to identify demographic characteristics and psychiatric diagnosis in children and adolescents who referred to Child and Adolescent Psychiatry outpatient clinic at Kahramanmaraş province with exposure to sexual abuse between 2010 and 2013 by judicial authority for forensic examination.

2. Material and methods

This study was conducted by reviewing records of children and adolescents aged 3-18 years who exposed to sexual abuse and referred to Child and Adolescent Psychiatry outpatient clinic of Kahramanmaraş Obstetrics & Gynecology & Children hospital 2010 and 2011 and those referred to Child and Adolescent Psychiatry Department of Kahramanmaraş Sütçü İmam University, Medicine School in 2012 and 2013

by judicial authorities. Kahramanmaraş, the region of this study, is among highly populated cities of Turkey with a population of 1,075,706 comprising different cultures. In all cases, age, gender, educational status, intelligence level, type and frequency of abuse, degree of familiarity of abuser and psychiatric diagnosis according to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classification were evaluated. Wechsler Intelligence Scale for Children (WISC-R) was used in children older than 6 years, while Ankara Developmental Screening Inventory (ADSI) was used in those younger than 6 years for assessment of intelligence levels. This study was approved by Ethics Committee of Kahramanmaraş Sütçü İmam University Medical Faculty.

Statistical analysis

SPSS for Windows version 17.0 was used for statistical analysis. Frequencies and percentages of the categorical variables were calculated. Comparisons of the subgroups were made by Chi square test. A p value less than 0.05 was considered significant.

3. Results

In this study, 343 children adolescents who are victims of sexual abuse were evaluated. Of the cases, 265 (77.3%) were girls and 78 (22.7%) were boys, with a female to male ratio of 1:3. Mean age was found as 13.46±3.1 years ranging 3 and 18 years. Mean age was found as 14.03±2.7 years among girls and 11.53±3.5 years among boys. Of the cases, 22.2% (n=76) were at childhood (3-11 years of age), while 77.8% (n=267) were at adolescent age (12-18 years of age). When educational status was considered, it was found that 100 children (29.2%) weren't going to school, while 81 children (23.6%) were at elementary school and 89 children (25.9%) were at secondary school. It was found that 73 children (21.3%) at high school. 13,7% (47 cases) were the children of divorced families (Table 1).

Table 1. Demographic characteristics of sexual abuse victims.

Preporties	Victims	
	n	(%)
Gender		
Female	265	(77.3)
Male	78	(22.7)
Age Groups (years)		
3-11	76	(22.2)
12-18	267	(77.8)
Victims' educational status		
Not going to school	100	(29.2)
Elementary school	81	(23.6)
Secondary school	89	(25.9)
High school	73	(21.3)
Intelligence level		
Normal intelligence level	318	(92.7)
Mental retardation	25	(7.3)

Family status		
Nuclear family	281	(81.9)
Divorced	47	(13.7)
The dead mother or father	15	(4.4)
Physical violence		
Yes	34	(9.9)
No	309	(81.2)
Presence of psychiatric disorders in the family members	26	(7.6)
Case proportion according to years		
Year 2010	40	(11.7)
Year 2011	76	(22.2)
Year 2012	102	(29.7)
Year 2013	125	(36.4)

When type of sexual abuse was considered, it was found that touching and/or friction (51.6%; n=177) were most common type; followed by vaginal penetration in 84 cases (24.5%) and anal penetration in 67 cases (19.5%). It was found that touching and/or friction (n=151; 57.0%) was most common type of sexual abuse in girls, whereas anal penetration (n=51; 65.4%) in boys. 9.9% (n=34) of cases were exposed to physical violence in addition to sexual abuse (Table 2).

Table 2. Type and frequency of sexual abuse.

	Victims		
	Female n (%)	Male n (%)	Total n (%)
Type of sexual abuse			
Touching and/or friction	151 (57)	26 (33.3)	177 (51.6)
Vaginal penetration	84 (31.7)	0	84 (24.5)
Anal penetration	16 (6)	51 (65.4)	67 (19.5)
Vaginal and anal penetration	6 (2.7)	0	6 (1.7)
Verbal harassment	4 (1.5)	0	4 (1.2)
Oral penetration	2 (0.7)	0	3 (0.9)
Exhibitionism	2 (0.7)	1 (1.3)	2 (0.6)
Frequency of sexual abuse			
Single abuse event	145 (54.7)	52 (66.7)	197 (57.4)
Repeating abuse event	120 (45.3)	26 (33.3)	146 (42.6)

It was found that a single abuse event was experienced in majority of the cases (57.4%; n=197), whereas there was repeating abuse in 42.6% (n=146) of the cases.

It was found that 14.9% (n=51) of abusers was a stranger, while majority (85.1%; n=292) was a previously known person. It was found that abuser was boyfriend in 69 cases (20.1%), teacher in 31 cases (9.0%); (this rate was found to be higher as one teacher involved in many events including students), partner (early marriage) in 36 cases (10.5%) and acquaintance (neighbor, grocery, distant relative, school staff, cousin etc.) in 138 cases (39.4%). It was found that 5.2% of the cases exposed to incest relationship (father, brother, step father, uncle), where majority of incest cases (94.4%; n=17) were girls. Of the incest cases, 11 cases (3.2%) involved father, whereas 4 cases (1.2%)

involved brother; 2 cases (0.6%) involved step father; one case (0.3%) involved uncle (Table 3).

Table 3. The relationship between victims and abuser

	Victims		
	Female n (%)	Male n (%)	Total n (%)
Abuser			
Acquaintance (neighbor, grocery, distant relative, school staff, cousin etc)	68 (25.7)	70 (89.7)	138 (39.4)
Boyfriend	69 (26.0)	0	69 (20.1)
Teacher	28 (10.6)	3 (3.8)	31 (9.0)
Stranger	47 (17.7)	4 (5.1)	51 (14.9)
Partner (Early marriage)	36 (13.6)	0	36 (10.5)
Incest			
Father	10 (3.8)	1 (1.9)	11 (3.2)
Brother	4 (1.5)	0	4 (1.2)
Step father	2 (0.7)	0	2 (0.6)
Uncle	1 (0.4)	0	1 (0.3)

When it was assessed according to years, there were 40 cases (11.7%) in 2010, 76 cases (22.2%) in 2011; 102 cases (29.7%) in 2012 and 125 cases (36.4%) in 2013 (Table 1).

When intelligence level was assessed by using WISC-R and ADSI in cases older and younger than 6 years of age, respectively, it was found that there was normal intelligence level in 92.7% (n=318), whereas mental retardation in 7.3% (n=25) of the cases (Table 1).

A psychiatric disorder was found in 71.4% of the cases exposed to sexual abuse according to DSM-IV-TR diagnostic criteria. It was found that there was PTSD in 129 (37.6%), major depression in 45 (13.1%), adjustment disorder in 34 (9.9%), anxiety disorder in 21 (6.1%) and acute stress disorder in 16 (4.7%) of the cases. No psychiatric diagnosis was found in 98 cases (28.6%) after sexual abuse (Table 4).

Table 4. Psychiatric disorders diagnosed in the victims.

	Victims		
	Female n (%)	Male n (%)	Total n (%)
Psychiatric disorders			
Post traumatic stress disorder	96 (36.2)	33 (42.3)	129 (37.6)
Depression	32 (12.1)	13 (16.7)	45 (13.1)
Adjustment disorder	20 (7.5)	14 (17.9)	34 (9.9)
Anxiety disorder	18 (6.8)	3 (3.8)	21 (6.1)
Acute stress disorder	14 (5.9)	2 (2.6)	16 (4.7)
No psychiatric diagnosis	85 (32.1)	13 (16.7)	98 (28.6)

4. Discussion

In this study, we assessed 343 children and adolescents aged 3-18 years who were victims of sexual abuse and referred to Child and Adolescent Psychiatry department during 4-years period by judicial authorities for forensic evaluation regarding whether there is a disruption in their mental health. Although sexual abuse is observed

in children from all ages, mean age at first exposure to sexual abuse was 8-12 years (Finkelhor 1994). In our study, mean age was found as 13.46 ± 3.1 in agreement with above-mentioned studies. Again, it was also determined that mean age was higher among girls than boys in agreement with previous studies (Putnam, 2003; Kaufman 2007; Cengel-Kültür et al., 2007; Bahali et al., 2010; Köse et al., 2011). It is thought that being at adolescent age for girls and being more commonly at streets for boys in this age could be a risk factor for abuse (Köse et al., 2011). In addition, it is thought that higher mean age at girls can be due to the fact that younger girls are more strictly protected when compared to boys and higher number of adolescent girls experiencing early marriage. In several studies from Turkey, it was reported that majority of sexual abuse victims are older than 12 years of age, while some studies suggested that cases were younger than 12 years of age (Fis et al., 2010; Bahali et al., 2010; Köse et al., 2011). In our study, it was found that 77.8% (n=267) were older than 12 years of age. It is thought that improved perception and awareness about sexual abuse among adolescents can cause increase in reporting rates (Glazer, 2008). In addition, the fact that prepubertal children are more strictly protected by parents may be another factor that plays roles in lower sexual abuse rate in children younger than 12 years of age.

In our study, it was found that there were 265 girls (77.3%) and 78 boys (22.7%). In the literature, it has been reported that girls are more commonly victims of sexual abuse when compared to boys (De Voe and Coulborn-Faller, 1999; Finkelhor, 1994; Putnam 2003; Walrath et al., 2003; Pereda et al., 2009; Köse et al., 2011; Barth et al., 2013). The finding that 77.3% of cases were girls in our study supports the data that girls are more commonly exposed to sexual abuse. It is thought that the relatively lower rates detected in boys could be related to unwillingness for sharing experiences due to perception that seeking help for this reason is an improper behavior for mankind and concerns about being considered as homosexual (Pereda et al., 2009). In our study, it was found that adolescent girls were commonly exposed to sexual abuse. In the literature, it has been reported that girls experiencing loss of one or both parents and those with lower socioeconomic status, poorer maternal education level, behavioral disorders, lower success rates, learning disorders and impulsivity are at higher risk for sexual abuse (Walrath et al., 2003; Butler, 2013).

In our study, it was found that approximately one-third of sexually abused children weren't going school. It was found that, of 100 sexually abused children, 10 children weren't going to school as they were younger than 6 years of age, while 90 children weren't going to school due to several reasons. Our study supports

the previous studies which reported that sexual abuse is more common in adolescent girls not going to school (Walrath et al., 2003). In addition, in this study, the reasons for not going school included withdrawal from school by parents or leaving school by their own decision, leaving school due to academic failure, not sending girls to school by parents and early marriage. Several studies have reported that the majority of abusers are male and generally (30.1–82%) previously known to or acquainted with the victim (Cattaneo et al., 2007; Pinera-Lucatero et al., 2008; Syengo-Mutisya et al., 2008). In agreement with this, all the abusers in our study were male and 85.1% were known to the victim, while 14.9% were strangers. These findings indicate that child sexual abuse committed by previously known individuals is more likely to be disclosed. This may be attributed to people who are known and related having easier access to children, and to children not suspecting such people and trusting them more easily. In various studies from Turkey, incest rate was reported as 1.8–31.1 % among sexual abuse cases presented to child and adolescent psychiatry (Alikasifoglu et al., 2006; Bahali et al., 2010; Fis et al., 2010; İmren et al., 2013; Yildirim et al., 2014). The incest rate was found as 5.2% in our study. As known, incest is the most challenging type of abuse in terms of recognizing or reporting and this causes varying frequency rates of incest in different studies. Father is the most common abuser in incest abuse cases (Finkelhor 1994; Cengel-Kültür et al., 2007; Kaufman 2007; Yildirim et al., 2014). In our study, the abuser was father in 11 of 18 incest cases in agreement with literature. Child victims of incest generally do not disclose their experiences, usually due to feelings of shame, fear guilt, and other causes. In addition, families that are aware of abuse suffered by children prefer to cover the matter up, again from a variety of concerns. In cases of incest, which generally remains hidden for such reasons, the abuse lasts longer and is recurrent, and judicial complaints are made later compared to their cases (Pintello 2001; Gunduz 2011; Yildirim et al., 2014)

Marriages at childhood are also considered as abuse. These marriages are denoted by different terms such as “early marriage”, “child bride” or “child marriage”. According to legal arrangements in our country, individuals under 18 years of age aren't allowed to marry. Such marriages are established with religious but not legal act of marriage. In such cases, presentation to our clinical occurred as a result of notification to judicious authorities by healthcare facilities which provide prenatal maternal follow-up or delivery services to these cases. In our study, rate of cases experienced early marriage was 10.5% (n=36). Mean age was 15.7 ± 1.1 in these cases. This

finding suggests that younger children still are given to marriage despite legal arrangements.

In studies from Turkey, it has been reported that most common type of abuse is touching-fondling-friction (Fis et al., 2010; Köse et al., 2011; İmren et al., 2013). In our study, touching and/or friction (n=177; 51.6%) was most commonly reported type of sexual abuse in agreement with those studies; followed by vaginal penetration (n=84; 24.5%) and anal penetration (n=67; 19.5%). One study evaluating 83 cases of child sexual abuse reported abuse involving penetration at a level of 35% and that additional physical violence was also present in 10.8% of these 83 cases (Fis et al., 2010). In our study, 6.9% of cases were subjected to physical violence. The most common type of sexual abuse was touching and/or friction and vaginal penetration in girls, whereas anal penetration and touching and/or friction in boys. The rarest type of sexual abuse was oral penetration in 2 girls.

The psychological effects of sexual abuse on children may vary depending on relationship between children and abuser, type of abuse, duration of abuse, presence of physical violence, presence of physical harm, sex, age and developmental stage of child, psychological characteristics of child and psychological development of child before sexual abuse (Kendal-Tackett et al., 1993; Johnson 2004; Maniglio 2009; Hornor 2010; Davies and Jones, 2013). Psychiatric disorders in children caused by abuse may occur immediately after event or years after (Nickel et al., 2004; Csorba et al., 2012). In a review, the long term effects of child sexual abuse was reported prevalence levels of PTSD of between 33% and 86% and prevalences of major depression of between 13% and 88% in child abuse cases (Polusny and Follette, 1995). In our study, a psychiatric disorder was detected in 71.4% (n=245) of victims of sexual abuse. It was found that there was PTSD in 129 (37.6%), major depression in 45 (13.1%), adjustment disorder in 34 (9.9%), anxiety disorder in 21 (6.1%) and acute stress reactions in 16 (4.7%) of the cases. No psychiatric diagnosis was found in 98 cases (28.6%) after sexual abuse. These findings are consistent to literature (Kendal-Tackett et al., 1993; Polusny and Follette, 1995; Bahali et al., 2010; Hornor 2010; İmren et al., 2013). In our study, cases without psychiatric disorders included adolescent girls who were exposed to abuse by their boyfriends in the form of touching and/or friction with their own consent, those experiencing early marriage with their own consent, victims of abuse in the form of touching 1-2 years ago, and victims of abuse in the form of sexual play. In the follow-up studies, it has been reported that 10-20% of children not expressing signs of psychiatric disorder may subsequently have psychiatric disorder depending on personal characteristics, parental or social support and environmental factors (Putnam, 2003). It is thought that psychiatric disorder couldn't be detected in short-

term in some cases; thus, such cases should be followed to monitor long-term effects of sexual abuse.

In our study, mental retardation was detected in 7.3% (n=25) of the cases. In the studies from Turkey, rate of mental retardation has been reported between 7.4 % and 35.5% (Cengel-Kültür et al., 2007; Bahali et al., 2010; Köse et al., 2011). These rates suggest that individuals with mental retardation are at risk for sexual abuse. It has been reported that children with mental retardation may accept the proposal for a sexual relationship or sexual approaches without understanding the likelihood of sexual exploitation because of positive response to interest and affection, or inability of judgment and assessment (Morano, 2001). Moreover, children with mental retardation may experience difficulty when assessing or reporting the event. Thus, it is thought that sexual abuse events are underestimated in children with mental retardation since sexual abuse is experienced but not timely reported in such cases. However, it is also possible that parents behave in more protective manner in Kahramanmaraş province, which can be a protective factor against sexual abuse

In our study, annual number of cases between 2010 and 2013 were found as 40, 76, 102 and 125 respectively. It is thought that legal orders by judicial authorities for findings of psychiatric examination from child and adolescent psychiatry departments play an important role in significantly increased clinical referrals, although increasing sensitivity, understanding and awareness to abuse cause an increase in clinical referrals. In addition, psychiatric symptoms developing after abuse promote parents to report abuse and seek medical help, which also contribute increasing clinical referrals.

Our study has some limitations. Firstly, data were retrospectively collected, based on hospital records. Secondly, psychosocial stressors other than abuse and data regarding social support weren't systematically assessed. However, data regarding child sexual abuse are still less than might be expected in Turkey. Therefore, this evaluation of data for 343 children subjected to abuse over a 4-year period contributes to the determination of the characteristics of sexual abuse experienced by children in Turkey.

In conclusion, as adolescent children are more commonly exposed to abuse, attempts should be made to increase awareness about abuse in these children and their parents. In our study, psychiatric disorders prevalence was found to be high in children who were referred for psychiatric assessment after sexual abuse by public authorities. Early marriage is an important problem. We think that educations regarding this issue should be performed and legal arrangements should be made to protect such children. As several psychiatric disorders develop in sexually abused children and adolescents, healthcare providers working in the field of child and adolescent psychiatry should provide close long-term follow-up in these children.

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