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Clinical characteristics of children presenting with history of sexual abuse to a tertiary care centre in India

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ABSTRACT

Objectives: To study the clinical features of children with history of sexual abuse.
Method: A chart review of 40 children (<16 years) with history of Child Sexual Abuse (CSA) evaluated at the Department of Child and Adolescent Psychiatry at NIMHANS during a three year period.
Results: 52.5% ($N = 21$) of the children came from broken families. The most common form of abuse was contact penetrative (67.5%) followed by contact non-penetrative abuse (30%). Seventy-Five percent ($N = 30$) had a psychiatric diagnosis at baseline and 37.5% of these children had comorbidities. The commonest diagnoses were Depressive Disorder (35%) followed by Stress related disorders – PTSD and Acute Stress Disorder (25%). Children abused multiple times were more likely to have psychiatric illness following CSA.Children abused by multiple perpetrators were more likely to have depression, psychiatric comorbidity and more prone to exhibit sexualized behaviour. Sixty five percent of children did not follow up 8 weeks after the initial consultation.
Discussion: Psychiatric morbidity is high in the population of children with history of CSA. It is necessary to assess the risk factors, circumstances of abuse along with psychiatric morbidity in order provide flexible and tailor made interventions for this population. In order to ensure the best possible care for these families, focused and time limited intervention that respect the needs of the child and addresses the ground realities of the circumstances of the family and the health system are the need of the day.

1. Introduction

Child Sexual Abuse (CSA) is defined as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. CSA is evidenced by activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person (World Health Organization, 1999).

A systemic review and meta-analysis of 55 studies across 24 countries estimated the prevalence of CSA as 8–31% for girls and 3–17% for boys (Barth et al., 2013). CSA is a grave issue that causes worldwide concern due to its high prevalence and propensity to cause immediate and long-term mental health consequences. The Traumagenic dynamics model explains the process by which CSA can alter a child's affective capacity, cognitive and emotional orientation of the world, self-concept, world view and impact development (Finkelhor and Browne, 1985).

Western studies on short term effects of CSA reported high prevalence of behaviour problems (Friedrich et al., 1987), depression, low self-esteem (Stern et al., 1995), sexualized behaviour (Kendall-Tackett et al., 1993), Post-traumatic Stress Disorder and Dissociation (Collin-Vézina and Hébert, 2005).

Meta-analyses have linked CSA to increased risk of life time diagnosis of anxiety disorders, depression, eating disorders, posttraumatic stress disorder and sleep disorders (Chen et al., 2010). A history of sexual abuse in childhood has also been found to

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be associated with self-mutilation, suicidality, sexual problems, impairment of self-concept, interpersonal problems, dissociation, substance abuse and re-victimisation in adulthood (Neumann et al., 1996).

In India, there is a small but growing body of literature on CSA. Initial studies have focussed on prevalence of CSA in the general population. Singh et al. (2014) report that India has the world's largest number of CSA cases and that one in every ten children is sexually abused at any point in time. A large scale study of 12,447 children revealed that 53.22% of children had undergone sexual abuse (Kacker et al., 2007). A recent study of 1614 adolescents in Kerala reported that 36% of boys and 35% of girls had experienced sexual abuse at some point during their lifetime (Krishnakumar et al., 2014).

Few studies in India have looked into impact of CSA on children. A cross sectional survey of 811 school going adolescents reported that adolescents with history of sexual abuse had significantly poorer academic performance, poorer mental and physical health, greater substance abuse, poorer parental relationships and higher rates of consensual sexual behaviours (Patel and Andrew, 2001). A Kolkata based study comparing adjustment capacity of 120 children with history of sexual abuse from rehabilitation homes and 120 non-sexually abused schoolgirls found that emotional and social adjustment capacity of sexually abused and non-sexually abused girls differed significantly. More than half the children with history of sexual abuse had high depression scores and significantly higher aggression scores that the control group (Deb and Mukherjee, 2011). Clinic based studies examining the psychiatric morbidity in these children have been restricted to case reports (Cherian and Kuruvilla, 1996).

The formulation and implementation of The Protection of Children from Sexual Offences Act (POCSO Act, 2012), its emphasis on mandatory reporting and increasing awareness among the general population regarding CSA have led to the rising number of children being referred for services to a mental health professional.

Considering the relative dearth of literature on the mental health consequences of CSA in the Indian context, there is an urgent need to understand the clinical characteristics and the mental health needs of these children. We undertook this retrospective study of children with history of sexual abuse in order to understand the needs of this population and to guide interventions appropriate to our socio-cultural context.

2. Materials and method

2.1. Setting and study period

The study was conducted at the Department of Child and Adolescent Psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore. It offers primary and tertiary care services for children and adolescents from all over the country. Data of children and adolescents below 16 years of age with history of sexual abuse, who utilized the outpatient and/or in-patient services of the Department of Child and Adolescent Psychiatry (CAP) of the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore during the period of January 2011 to December 2013, was collected.

2.2. Procedure

Case records of children and adolescents whose histories involve legal issues such as parental divorce, custody disputes, sexual abuse, physical abuse and miscellaneous sensitive issues are placed in a separate filing system maintained by the Medical Records Department, NIMHANS. The case records of children and adolescents with history of sexual abuse were identified by checking this filing system. The records with "Child sexual abuse" coded under Axis V of the Rutter's penta-axial diagnostic system (Rutter, 1977) were studied.

Children and adolescents who present to the CAP Out-patient Department are evaluated in detail using a semi-structured format (Srinath et al., 1993). The case records included baseline demographic and clinical characteristics (presenting complaints, family history, temperament, past and personal history, general physical examination and investigation details) and follow-up details. All patients with history of CSA underwent a thorough assessment under the guidance of a child and adolescent psychiatrist with diagnoses made as per the International Statistical Classification of Diseases, 10th Revision (World Health Organization, 1992). Rutter's penta-axial diagnostic system is used for multi axial diagnosis. Socio-demographic and clinical characteristics variables were extracted from the case records. The socio-economic status was measured using Modified Kuppuswamy socio-economic scale (Bairwa et al., 2013). The functioning at the time of initial presentation was scored using the Clinical Global Assessment Scale (Shaffer et al., 1983). The Children's Global Assessment Scale (CGAS) is a clinician-rating tool used for both research purposes or in clinical settings. The CGAS is rated from 0 to 100 scale rated based on all available information to assess the overall level of psychosocial functioning (higher scores reflect higher functioning). A score below 60 is often used as the threshold to mark overall impairment. The rating was based on the information available during the detailed diagnostic evaluation usually done in the initial consultation. The case records had information on areas necessary to make an assessment of the severity of illness and global functioning though face-to-face interviews would have been more reliable. The records of these patients were reviewed by the primary investigator (SB). The charts were reviewed by the second investigator (SPS) subsequently.

Limited access and disclosure of the data and reversible anonymization were done to ensure confidentiality. No patients were contacted for the purpose of this study. The Institute Ethics Committee approved this study as a retrospective data analysis.

2.3. Data analysis

Results on continuous measurements are presented on mean ± standard deviation and results on categorical measurements are presented in number (percentage). Significance was assessed at 5% level of significance. Chi Square test and unpaired t test were used to assess group differences depending on the type of variables.

3. Results

There were 40 children with history of CSA during this study period (January 2011 to December 2013). The age of the children ranged from 3 to 16 years. The mean age at presentation was 11.65 years (SD 3.81). There were 34 girls and 6 boys. The mean years of education at presentation was 5.3 years (SD 3.7). Roughly two-third of children ($N = 26$) belonged to the low socioeconomic status and 25% and 10% belonged to middle and upper socioeconomic class respectively. 52.5% ($N = 21$) of the sample came from broken families, of which 35% ($N = 14$) belonged to single parent families, 5 belonged to reconstituted families (one biological parent and a step parent) and 2 children were orphans.

3.1. Characteristics of abuse

The age of first instance of abuse was 10.7 years (SD 3.7). The duration of abuse ranged from 1 day to six years. The gender of the perpetrator was male in 95% of the cases. The perpetrators were