



Research article

Psychological complaints reported by sexually abused children during criminal investigations: Istanbul example



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ABSTRACT

The present study aims at describing the psychological complaints reported, as a part of the criminal investigation process, by the victims of sexual abuse as a part of the criminal investigation process, without attempting at reaching a medical diagnosis; and it discusses the relation of these reports with variables such as victim's gender, age and relation to the offender, type and duration of abuse, and parental marital status of the victim. Data is obtained from the statements of childhood sexual abuse (CSA) victims under the age of 15, as taken by İstanbul Juvenile Justice Department between the years 2009 and 2012. The sample consists of 175 cases with a total of 202 victim statements. Through the use of content analysis, the main and sub-categories of themes of the statements were determined. By means of the evaluation of the psychological condition of victims, we evaluated them in two categories: psychological complaints including self-harm and risk taking behaviors and psychological complaints with no self-harm and risk taking behaviors. The statistical analyses yield significant relations between the psychological complaints and children's parental marital status. Analysis of initial statements of sexual abuse victims is important as it may greatly contribute to professionals diagnosing and treating psychological complaints of these victims. It is essential that victims of sexual abuse should receive immediate psychological support starting with the criminal investigation process.

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1. Introduction

Childhood sexual abuse (CSA) has traumatic physical and psychological effects on the victim, both in the short and long run (Maniglio, 2009). Studies examining the psychological effects of CSA victims show that low self-esteem, feelings

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of guilt, eating disorders, physical, social and mental development problems, introversion and problems in building social relationships, decline in academic achievement, aggression, difficulty in anger and impulse management, running away from home, exhibiting self-destructive behaviors, and age-inappropriate sexual behaviors, self-harm behaviors, suicidal thoughts and suicide attempts are closely associated with sexual abuse (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Briere & Elliott, 2003; Bryant & Range, 1997; Canton-Cortes & Canton, 2010; Gil et al., 2009; Kendler et al., 2000; Maniglio, 2009; Paolucci, Genuis, & Violato, 2001; Van Roode, Dickson, Herbison, & Paul, 2009; Wolfe, Louise, & Wekerle, 1994). Numerous studies conducted in Turkey point at the detrimental effects of CSA on the victims, as well (Doğan, 2009; Erol, Ersoy, & Mete, 2013; Kilicoglu, 2010). Although studies on CSA have shortcomings mostly due to methodological limitations, such as sampling problems, they reveal the severe negative impact of abuse on its child victims. Therefore, these studies are important, as revealing the effects of CSA are crucial to the post-abuse treatment of the child victim and the prevention of CSA.

1.1. Variables related to CSA

Connors (1996) defines self-harm as a term that includes self-mutilation, self-injurious behaviors, self-inflicted violence and auto-aggression (as cited in Santa Mina & Gallop, 1998). Santa Mina and Gallop (1998) state that self-harm includes suicidal ideation and suicide attempts, as well as “everything from overeating and substance abuse to severe body mutilation”. Some studies aim at analyzing the relation between CSA and, specifically, suicidal ideation and suicide attempts, and demonstrate a significant relation between these variables (Erol et al., 2013; Gladstone et al., 2004; Klonsky & Moyer, 2008).

Gender of the victim is one of the most commonly studied variables in relation to the effects of CSA on the victim (Neumann, Houskamp, Pollock, & Briere, 1996). According to Ullman and Filipas (2005), for instance, PTSD symptoms are observed mostly among females. Similarly Neumann et al. (1996) revealed that effects of abuse differ between female and male child victims of CSA.

Age of the victim is another widely studied variable in relation to effects of CSA; and studies show that depending on the age and developmental period of the victims, the effects of CSA differ (Iseri, 2008; Van Roode et al., 2009; Wolfe et al., 1994). For example, certain problems such as self-harm, suicide attempts, running away, depression, sudden behavioral changes, and eating disorders are encountered more commonly among adolescents than preadolescents.

Victim's relation to the abuser, the type, severity and duration of abuse are also important when examining the effects of CSA. Results of the studies analyzing these variables indicate that these variables are important in explaining the occurrence of psychiatric disorders, such as PTSD (Canton-Cortes & Canton, 2010; Doğan, 2009). The probability that the victim experiences a psychological disorder increases if the abuse is continuous; if the child victim has a close relationship with the abuser; if the abuse is accompanied by coercion; and finally, if the use of force and the act of abuse include penetration (Tremblay, Hebert, & Piche, 1999).

The use of physical and/or psychological violence and the intensity of this violence are found to be associated with the effects of CSA on the victim both in the short and long-term (Beitchman et al., 1992; Clemmons, Walsh, DiLillo, & Messman-Moore, 2007). Additionally, these factors affect the coping strategy of the victim negatively (Canton-Cortes & Canton, 2010). The relationship of the victim with the abuser plays a key factor in explaining the development of psychological symptoms (Doğan, 2009; Kilicoglu, 2010; Ulmanns, 2007). Victims of intra-familial abuse suffer more from severe physical and psychological symptoms than any other forms of abuse (Faust, Runyon, & Kenny, 1995; Fischer & McDonald, 1998; Ulmanns, 2007). Research shows that CSA by the father significantly increases the probability of the development of PTSD symptoms (Ruggiero, Mcleer, & Dixon, 2000; Ulmanns, 2007). The duration of CSA is another important variable that is significantly related to the development of psychological symptoms (Doğan, 2009; Wolfe et al., 1994).

Familial support is one of the most significant factors in helping the victim cope with the detrimental effects CSA, and healthy parental attitudes are crucially beneficial for the victim (Canton-Cortes and Canton, 2010; Meyerson, Longa, Miranda, & Marx, 2002; Unal et al., 2004).

1.2. The aim of the present study

Most of the studies in the literature examining the effects of CSA are conducted with samples of sexually abused children and adolescents receiving support and psychological treatment following the abuse. However, the phenomenon of CSA is an, inevitably, juridical case as well as a clinical one. Narratives and statements of the parties involved in CSA, namely the victim, the offender(s), witnesses, and victim's parents are complementary and important elements for criminal investigation of CSA. Victim reports are especially critical in this process (Gonultas & Akduman, 2016; Hershkovitz, Lanes, & Lamb, 2007) and the determination of the abuse; furthermore, they play a significant role in the subsequent processes (further investigative processes, court hearings, psychological treatment and rehabilitation) (American Academy of Pediatrics Committee on Child Abuse & Neglect, 1999; Lamb, Sternberg, & Esplin, 1998). From this perspective, the initial statements of the victims, i.e. their narratives, are critical. When victims are providing information about the abuse and the abuser during the process of investigation, they, also, report the psychological symptoms they started to experience following the CSA. Our understanding that these complaints were similar to the findings of clinical studies in the literature was the starting point of our study.

The purpose of the present study is to investigate the psychological symptoms, as defined by the children themselves, who are the victims of CSA, during victim statements; and to analyze the relation of these symptoms to victim's age and

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