



Psychiatric evaluation of sexual abuse cases: A clinical representative sample from Turkey

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ABSTRACT

Objective: This study investigated the characteristics of forensic childhood sexual abuse cases referred for psychiatric evaluation in a university hospital.

Material and methods: The files of childhood sexual abuse cases referred from the Court to the Child and Adolescent Psychiatry Clinic between January 2006 and January 2010 were examined retrospectively. The information about demographic variables and characteristics of sexual abuse, as well as diagnostic and treatment processes was reviewed.

Results: A total of 83 sexual abuse cases were evaluated. The majority of them (69%) were girls. The mean age of the children and adolescents was 11.01 ± 3.9 years. The majority (73.5%) of the suspected perpetrators were familiar people, intrafamilial cases constituting 31.1%. The most common type of sexual abuse encountered was genital contact without penetration, representing 44.6% of the cases. All of the strangers were reported to legal authorities within 3 months whereas the ratio was 77% when offenders were familiar people ($p < 0.05$). Forty percent of the cases involving family members as offenders needed additional evaluation by social services, in contrast to 11.3% of cases with offenders who were not family members ($p < 0.05$). Anxiety Disorders and Adjustment Disorder were the most common psychiatric diagnoses. Family counseling for possible risk factors, child protection, and prevention of further abuse was provided for all cases. About 45% of the patients required additional medical treatment.

Conclusion: The data, in many respects, share properties with western studies, such as greater number of girls, familiarity of the assaulters, delayed disclosure, increased need for social services especially for intrafamilial cases, and preponderance of anxiety disorders. Since abuse, whether sexual or physical, has a highly significant impact on the victim, publishing these data and emphasizing the topic of child sexual abuse should serve to facilitate recognition and management of such cases.

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1. Introduction

1.1. Child sexual abuse in Turkey

Child sexual abuse is generally defined as sexual activities involving a child and an adult or a significantly older child (American Academy of Pediatrics, 1991). The problem of sexual abuse of children has moved to the front of public consciousness over the last decade in Turkey. Both the foundation of the Turkish Society for the Prevention of Child Abuse and Neglect (TSPCAN) and increasing public attention to child sexual abuse by the legal, child welfare, medical, and mental health professions have made significant progress in promoting a

better service for abused children. Child (defined as “juvenile” in the law) abuse and neglect in the Turkish Code is addressed by The Juvenile Protection Law (Act No. 5395) (The Juvenile Protection Law, 2005). According to the Criminal Code, child abuse and neglect should be reported to law enforcement officers. As for many other countries, laws regarding mandatory reporting have greatly assisted in the identification of childhood sexual abuse.

1.2. Legal processes for child sexual abuse cases

In Turkey, according to the legal procedure, children subjected to known or suspected abuse are first referred to Branch Offices for Forensic Medicine, where physical and forensic examinations are carried out by specialists in forensic medicine. Then they are referred to child psychiatry clinics of university or state hospitals for further psychiatric evaluation. The child and adolescent psychiatrists are asked to provide written comments on whether or not the mental health of the child is affected by the event in question.

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1.3. The aim of the study

Although the number is increasing, there is limited number of studies on child abuse in Turkey, and judicial cases have not been studied extensively. Among these studies only one (Kucuker, 2008) reported the physical findings of judicial sexual abuse cases. To our knowledge this is the first study presenting data on psychiatric findings of judicial sexual abuse cases. The aim of this study was to determine the characteristics of judicial referrals to Marmara University Child Psychiatry Clinic for forensic psychiatric evaluation.

2. Material and methods

2.1. General methodological considerations

In this descriptive study the files of child sexual abuse cases referred from the Court to the Child Psychiatry Consultation Liaison Unit between January 2006 and January 2010 were reviewed. The information about demographic variables, characteristics of abuse and legal admissions, diagnostic and treatment processes was reviewed.

2.2. Process of forensic psychiatric examination

All referrals from the Court are accepted as emergency cases and immediate evaluations are undertaken accordingly. Demographic and developmental information is gathered, and subsequently a medico-legal history is completed. This is followed by a detailed psychiatric examination, at the end of which a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – DSM-IV) (American Psychiatric Association, 1994) based diagnosis is established. During the evaluation process, the clinical diagnostic scales and projective instruments evaluating the specific impact of abuse are also used. The child's developmental stage, behavior and parent–child interaction are the other cardinal foci of attention during the evaluation process. A thorough psychometric and projective examination is conducted by a clinical psychologist. After psychiatric and psychological examinations are completed, a written report in the form of an expert opinion including the significant psychiatric signs and symptoms and an overall psychiatric judgment about the mental status of the child is prepared by the psychiatric team and sent to the Court. For most of the incest cases where the perpetrator is a close family member there has already been a court order for social services to provide service to the family. In addition to that, as mental health professionals we refer the cases to social services when there is an additional need of evaluation of the home setting or the functioning of the child's family.

2.3. Data analysis

The data were analyzed using SPSS version 13.0 for Windows (2004). Frequencies and percentages of the categorical variables were calculated. Comparisons of the subgroups were made by the Chi-square test. A *p* value less than 0.05 was considered significant.

3. Results

3.1. The demographic variables

The sample was composed of 83 children and adolescents who had suffered sexual abuse. The demographic variables were presented in Table 1. The age range of the children and adolescents was from 4 to 17 years (mean = 11.01, SD = 3.9 years). The sample was grouped according to the age as preschool age (0–6 years), school age (7–11 years), and adolescence (12–17 years) (Table 1). Among these children, girls (*n* = 57, 69%) outnumbered boys (*n* = 26, 31%). This finding was obtained for every age group. More than half (*n* = 32, 56.1%) of the girls were in the adolescent group and approximately

Table 1

Demographic variables.

	<i>n</i> (%)
<i>Gender</i>	
Male	26 (31.0)
Female	57 (69.0)
<i>Age groups</i>	
Preschool age	15 (18.1)
School age	28 (33.7)
Adolescence	40 (48.2)
<i>Family structure</i>	
Together	63 (75.9)
Divorced	20 (24.1)
<i>Number of children in the family</i>	
1	10 (12.0)
2	32 (38.6)
3	22 (26.5)
4 or more	19 (22.9)
<i>Educational status of the mothers^a</i>	
Illiterate	9 (10.8)
Up to 8 years	53 (63.9)
Up to 11 years	10 (12.0)
Up to 15 years	2 (2.4)
<i>Educational status of the fathers^a</i>	
Illiterate	3 (3.6)
Up to 8 years	56 (67.5)
Up to 11 years	10 (12.0)
Up to 15 years	5 (6.0)
<i>Presence of parental psychopathology</i>	
Maternal	10 (12.0)
Paternal	17 (20.5)

^a Cases with missing data were excluded (*n* = 9).

half (*n* = 12, 46.2%) of the boys were in the school age group, yet there was no statistically significant difference as to the gender distribution among the age groups. Among 83 children and adolescents, 32 cases (38.6%) had one sibling, 22 (26.5%) had 2 siblings and 19 (22.9%) had 3 or more siblings. For 76% (*n* = 63) of the children the parents were living together. The majority of the parents (63.9% of the mothers and 67.5% of the fathers) had had about 8 years of education. For 12% (10/83) of mothers and 20.5% (17/83) of fathers there was evidence for at least one psychiatric diagnosis.

3.2. Characteristics of abuse

As presented in Table 2, the majority (*n* = 61, 73.5%) of the suspected perpetrators were familiar to the children and the remaining 26.5% (*n* = 22) were strangers. Approximately one third (*n* = 19, 31.1%) of the familiar perpetrators were family members (father, stepfather, brother, uncle, and grandfather). Among 19 intrafamilial abuse victims 78.9% (*n* = 15) were girls (*p* > 0.05).

The most common type of sexual abuse encountered was genital contact without penetration representing 44.6% of the cases (37/83). Less common types of abuse, in order of frequency, were vaginal penetration (21.7%), anal penetration (13.3%), extragenital fondling (8.4%), oral–genital contact (7.2%), and exhibitionism (4.8%). Eight out of 83 (9.6%) cases had a family history of sexual abuse. About 7% (*n* = 6) of children and adolescents reported multiple incidents of sexual abuse at some time in the past. Around 19% (*n* = 16) of individuals reported recurring acts of sexual abuse by the same offender (Table 2).

Emotional abuse was present in 21.7% (*n* = 18) of the cases and physical abuse was reported in 10.8% (*n* = 9) of them. For 67.5% (*n* = 56) of the children and adolescents neglect was an accompanying feature.

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