To the Editors:

Characteristics of victims of alleged child sexual abuse referred to a child guidance clinic of a children's hospital

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(Index words: child sexual abuse, psychological consequences, offender characteristics)

Cevlon Medical Journal 2015; 60: 163-164

Child sexual abuse (CSA) is a major public health problem affecting all cultures and social classes. Estimated global prevalence of CSA is 11.8% [1]. Retrospective studies in Sri Lanka have shown prevalence of sexual abuse among adolescents to be 21.9% [2].

A retrospective descriptive study was carried out of all children referred through courts or Judicial Medical Officer to a Child Guidance Clinic at Lady Ridgeway Hospital, from 2010-2014, due to alleged CSA. Psychological consequences were assessed by a Consultant Psychiatrist and diagnosis was made according to the International Classification of Diseases, 10th edition. Approval was obtained from Ethics Review Committee of The Lady Ridgeway Hospital, Colombo. Data obtained from case records were suitably altered to maintain confidentiality.

Thirty-five children presented with alleged CSA, during 2010-2015, with the highest number referred in 2013(Table 1). Majority (57.1%) were females. Commonest age group was 12-14 years (9/35). Sixty percent were from Colombo District. In 9 (25%), parents were separated. In 5 (14%) the mother was abroad. In all cases, the perpetrator was male. Majority 29 (83%) were known to the child. In most (29/35), a single perpetrator was involved. In 23 (66%), abuse occurred on several occasions by the same person. Threats or violence was used in 17 (49%) and rewards were given in 7 (20%). The commonest form of sexual abuse was non-penetrative contact 17 (49%). Co-existing forms of abuse were present in 13 (37%). Psychological consequences were present in 24 (68%), with post-traumatic stress disorder being the commonest 7 (20%).

Globally, CSA is commoner in females [1], which is compatible with our findings. Similarly, highest rates of CSA has been reported among adolescents [3]. Mother

Table 1. Characteristics related to sexual abuse

	Number
Relationship to the perpetrator	
Neighbour	7
Father	6
Uncle	4
Teacher	2
Older child	2
Stranger	6
Unknown	9
Type of abuse	
Contact non penetrative	17
Genital penetrative	8
Anal penetrative	6
Oral penetrative	3
Non contact	1
Place where abuse occurred	
At the childs' home	15
At the perpetrators' home	11
Psychological consequences	
None	11
PTSD	7
Adjustment reaction	6
Sexualized behaviour	5
Anxiety disorder	3
Adjustment disorder	2
Depression	1

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Vol. 60, No. 4, December 2015

Letters

living abroad has been shown to be a risk factor, which is supported by the present results [2].

Worldwide, majority of abusers are male and known to victims [3]. In the current study, all perpetrators were male and 83% were known to the child. However, a previous Sri Lankan study showed most perpetrators to be strangers [4]. Data from Australia has shown that commonest place of abuse was at offender's home [5]. However, in our study, most abuse occurred at child's home (43%). Literature shows that perpetrators gain compliance of children by "grooming behaviour", rather than by threats [5]. In contrast, in the current study, threats or violence has been used in 17 (48.6%) with rewards being given only in 20%.

Previous community studies of adolescent boys in Sri Lanka showed oral and intra-crural sex to be the commonest forms, with 10.7% being penetrative sex [2]. Percentage of anal penetrative sex in boys was higher (17.1%) in the present study, possibly due to differences in sampling. Previous literature has reported that different forms of child abuse and neglect frequently co-exist [3]. This was supported by our results.

In previous studies psychological consequences have been reported in up to two-thirds of victims, this was consistent with our results [3]. Previous data show that post-traumatic stress disorder (PTSD) was present in 48% [3]. In our study, rate of PTSD was lower (20%). The most likely reason is that our data included findings at the first visit following abuse and PTSD may develop up to six months after the initial abuse.

The sample was derived from referrals to child guidance clinic and may not represent all children subjected to CSA as only some make complaints and are referred for assessment. This is a limitation of our study. Since a majority of perpetrators were known to victims, public education programmes should aim at recognition of the danger that exists at home in addition to danger from strangers. Since CSA frequently coexists with other forms of abuse, clinicians should be vigilant about this. All children should be screened for psychological problems following abuse in order to minimise adverse outcomes, as majority show psychological consequences.

Conflicts of interests

There are no conflicts of interest.

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