



# Psychiatric disorders and characteristics of abuse in sexually abused children and adolescents with and without intellectual disabilities



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## ABSTRACT

The purpose of this study was to compare sexually abused children and adolescents, with and without intellectual disabilities (ID), in terms of post-abuse psychiatric disorders, features of the sexual abuse, and sociodemographic characteristics. The study included sexually abused children aged 6–16 years, who were sent to three different child mental health units for forensic evaluation; there were 102 cases (69 girls and 33 boys) with ID and 154 cases (126 girls and 28 boys) without ID. Researchers retrospectively examined the files, social examination reports, and the judicial reports of the cases. It was determined that in the group with ID, sexual abuse types including penetration and contact had higher rates, they were exposed to more frequent repeated abuses, the abuses were revealed with their own reports at a later period and lower rates, and post-abuse pregnancies were more frequent. It was also determined that the abuser was a familiar person and a family member at lower rates and more than one abuser was encountered more frequently, compared to the group without ID. While no difference was determined between the two groups in terms of the frequency of post-abuse post-traumatic stress disorder (PTSD) and major depressive disorder (MDD), conduct disorder (CD) was observed more frequently in the group with ID. This study emphasizes that sexual abuse, which is an important problem in individuals with ID, has different features and effects.

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## 1. Introduction

Sexual abuse of children is a serious social problem with physical, emotional, social, and juridical dimensions; it has both short- and long-term destructive effects on the victim. According to social studies, 4–9% of men and 12–35% of women are exposed to sexual abuse before the age 18 (Putnam, 2003). As well as the mental and physical disorder of the child and adolescent, factors such as schizophrenia, bipolar disorder, impulse control disorder, attention deficit and hyperactivity disorder increase the risk of being exposed to sexual abuse (Spencer et al., 2005). While the frequency of sexual abuse is not

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precisely known in children and adolescents with intellectual disabilities (ID), it has been stated that the frequency of both physical and sexual abuse is higher in individuals with compared to those without ID (Horner-Johnson & Drum, 2006; Khemka, Hickson, & Reynolds, 2005; Lin, Yen, Kuo, Wu, & Lin, 2009; Marini, Fairbairn, & Zuber, 2001; Vig & Kaminer, 2002). Since they have a life-long dependence on adults for their care, overconfidence in authority figures, insufficient information about sexuality and sexual abuse, weak social positions, and inadequate self-protection skills, both children and adolescents with ID are vulnerable to sexual abuse (Murphy & O'Callaghan, 2004; Stromsness, 1994; Tharinger, Burrows Horton, & Millea, 1990). Studies indicate that individuals with ID have a 4–10 times greater risk of sexual abuse than the normal population (Denno, 1997; Morano, 2001). In studies determined that the prevalence of individuals with ID to be exposed to sexual abuse lifelong was 25–53% (Horner-Johnson & Drum, 2006). The studies investigating the relation between trauma experience and intelligence level in children and adolescents generally focus on the relation between intelligence level and the risk of being exposed to a trauma experience and the development of post-traumatic stress disorder (PTSD). A number of studies have determined that children who were exposed to trauma had a lower level of general intelligence compared to children who were not exposed to trauma (Breslau, Lucia, & Alvarado, 2006; Carrey, Butter, Persinger, & Bialik, 1995; Koenen, Moffitt, Poulton, Martin, & Caspi, 2007; Perez & Widom, 1994). While some studies investigating the relation between intelligence level and the development of PTSD determined no relation between them (Samet, 1998; Twamley, Hami, & Stein, 2004), others determined the opposite (Breslau et al., 2006; Carrey et al., 1995; Delaney-Black et al., 2002; Koenen et al., 2007; Şişmanlar, Karakaya, Özer, Memik, Yıldız, & Ağaoğlu, 2010). In their review, Buckley et al. stated that intelligence level would be a predictor in terms of PTSD development and that individuals with low levels of intelligence might be affected more seriously by traumatic events because they perceive the threat level in those events higher than usual, have lower skills in problem solving and coping, and are restricted in their access to mental health services (Buckley, Blanchard, & Neill, 2000). In his study that was conducted with traumatized adolescents, Samet determined no difference between the adolescents diagnosed and not diagnosed with PTSD in terms of intelligence level and asserted that low intelligence level could be related with being exposed to traumas rather than PTSD (Samet, 1998).

Even though the literature includes many studies investigating the effects of sexual abuse on the mental health of children and adolescents, the number of studies investigating the effects of sexual abuse on children and adolescents with ID is extremely limited. Although children with ID have a heightened risk for sexual abuse compared to those without ID, little is known about effects of sexual abuse on this population. The majority of the existing studies investigated the general psychiatric symptoms rather than the post-abuse psychiatric disorders (Bernard, 1999; Mansell, Sobsey, & Calder, 1992; Mansell, Sobsey, & Moskal, 1998). On the other hand, there is a limited number of studies comparing cases with and without ID in terms of the characteristics of sexual abuse and its effects on the victim (Akbaş et al., 2009; Mansell et al., 1998). While one of these studies did not assess post-abuse psychiatric disorders (Mansell et al., 1998), the other had a very limited number of cases (Akbaş et al., 2009). The purpose of this study was to compare sexually abused children and adolescents with and without ID in terms of sociodemographic features, characteristics of abuse and post-abuse psychiatric disorders in a higher sample group.

## 2. Methods

The study was conducted in three different centers as child and adolescent psychiatry polyclinics of Gaziantep Children's Hospital, Sakarya University Training and Research Hospital and Afyon Kocatepe University Faculty of Medicine in Turkey. Among children and adolescents who were sent to these three centers for treatment and forensic evaluation between January 2010 and December 2012, 102 cases (62 cases in Gaziantep Children's Hospital, 24 in Sakarya University Training and Research Hospital, and 16 in Afyon Kocatepe University) with an intelligence level lower than 70 were involved in the ID group. The typically developing group was also sent to these three centers with the same reasons between June 2012 and December 2012 and among sexually abused children and adolescents with an intelligence level of 80 and above, 154 cases (98 cases in Gaziantep Children's Hospital, 34 in Sakarya Training and Research Hospital, and 22 in Afyon Kocatepe University) were involved. The primary researcher generated a registration form including the sociodemographic features, psychiatric disorder diagnoses and intelligence level of cases, as well as the characteristics of the sexual abuse and abuser. Permission for the study was obtained from relevant committees. The data were collected in three centers where the study was conducted by using a registration form for each case. The study data were obtained through the retrospective examination of psychiatric interview notes in the file, results of WISC-R intelligence test, investigation documents sent by judicial authorities, social investigation reports organized by social workers and judicial reports organized as a result of the psychiatric assessment. Since, in accordance with the laws in Turkey, the psychiatric disorders caused by sexual abuses are asked during the forensic evaluation, cases were evaluated in detail only from this aspect. The psychiatric diagnoses of cases that developed as a result of the sexual abuse were established in consequence of interviews with children and their parents by child and adolescent psychiatrist, according to the diagnosis criteria of DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders IV*) (American Psychiatric Association, 2000). The Wechsler Intelligence Scale for Children-Revised (WISC-R) (Wechsler, 1974) was applied by an experienced psychologist for the evaluation of cognitive functions. SPSS 16.0 for Windows was used to conduct the statistical analysis. For continuous variables, comparisons between the two groups were made using Student's *t* test. In addition to the descriptive analysis, a chi-square test was used in the analysis of independent groups; *p* was set to 0.05.

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