



The Evaluation of Child Sexual Abuse: Child Advocacy Center Example

Çocuk Cinsel İstismarının Değerlendirilmesi: Çocuk İzlem Merkezi Örneği

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ABSTRACT

Objective: The purpose of the research was to evaluate the child sexual abuse cases admitted to the Child Advocacy Center (CAC) in terms of the child, family, and abuser, and to identify the associated factors.

Method: The data were collected retrospectively and descriptively from the cases in the CAC using the juridical reports, family interview reports Provincial Directorate of Family and Social Policies representative reports and the data collection form developed by the researchers.

Results: Within the scope of the research, 175 child victims of sexual abuse were evaluated. According to this; the mean age of the abused children was in the study was 13.33 ± 3.33 , 81.7% were girls, and 42.9% were high school students. According to the results of the study, 34.3% of the children were diagnosed with mental illness. Among the mothers and fathers included in the study, 76% of the mothers and 33.7% of the fathers are not working and also 85.1% of the mothers and 79.5% of the fathers are primary school graduates. In addition, 60% of families have a low income level. It was determined that 57.7% of the children were exposed to abuse many times and irregularly, 40.6% were exposed to sexual touching, 35.4% were exposed to penetration, and 44% medical examination.

Conclusion: The study showed that family dynamics play a pivotal role in the sexual abuse of children, and low socio-economic/education level and being an adolescent girl is among the significant factors.

Keywords: Child, family, sexual abuse, child advocacy center

ÖZ

Amaç: Araştırmanın amacı Çocuk İzlem Merkezi'ne başvuran çocuk cinsel istismarı olgularını çocuk, aile ve istismarci açısından değerlendirmek ve ilişkili faktörlerini belirlemektir.

Yöntem: Çocuk İzlem Merkezi'ne gelen olgular adli, aile ve Aile Sosyal Politikalar İl Müdürlüğü temsilcisinin görüşme raporları, araştırmacılar tarafından oluşturulan veri toplama formu ile retrospektif tanımlayıcı olarak toplandı.

Bulgular: Araştırma kapsamında, cinsel istismar mağduru 175 mağdur çocuk değerlendirilmiştir. Buna göre; çocukların yaş ortalaması 13.33 ± 3.33 , %81,7'si kız ve %42,9'u lisede öğrenim görmektedir. Çocukların %34,3'ü ruhsal hastalık tanısı almıştır. Annelerin %76'sı, babaların %33,7'si çalışmıyor. Annelerin %85,1'i babaların %79,5'i ilköğretim mezundur. Ailelerin %60'ı düşük gelir düzeyine sahiptir. Çocukların %57,7'sinin birçok kez ve düzensiz şekilde istismara maruz kaldığı, %40,6'sının cinsel dokunma, %35,4'ünün penetrasyon olacak şeklinde maruz edildiği, %44'üne iç beden muayenesi yapıldığı belirlenmiştir.

Sonuç: Çocuğa yönelik uygulanan cinsel istismarda, aile dinamiklerinin önemli rol oynadığı, düşük sosyo-ekonomik ve eğitim düzeyinin, ergenlik döneminde ve kız çocuğu olmanın çocuk cinsel istismarında önemli faktör olduğunu belirlenmiştir.

Anahtar kelimeler: Çocuk, aile, cinsel istismar, çocuk izlem merkezi

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INTRODUCTION

Child sexual abuse is a serious violation of children's rights and a global danger including medical, legal, and psychosocial dimensions that every child is at risk of encountering worldwide. Child sexual abuse is the involvement of a child or a teenager in sexual activity that s/he is not developmentally prepared, cannot understand the outcomes, give informed consent, and resist due to legal and/or social taboos⁽¹⁾. The term sexual abuse refers to a wide spectrum of violent behaviors (rape, physical harm, murder, etc.), and non-touching (verbal abuse, obscene telephone conversation, talking about sexuality openly, exhibitionism, voyeurism, exposure to auditory sexual activity) or touching (stroking, genital stimulation, oral stimulation, pornographic intercourse) acts^(1,2).

Society is only as aware of the true extent of childhood sexual abuse and neglect as the tip of the iceberg. Reported sexual abuse cases constitute only a small part of all existing cases⁽³⁾. This is because children who are victims of sexual abuse tend to keep it as a secret because of feelings like guilt, fear and shame. Sexual abuse is a dreadful experience that makes disclosure difficult for the victim due to the community perspective they will face^(2,4). It is not something that the family and society can easily accept. Since child neglect and abuse usually occurs in secrecy, other people rarely witness them⁽³⁾.

According to the statistics of the Child Advocacy Center (CAC) in the USA in 2017, 334,626 children were registered as victims of abuse. Of these children, 36% were boys, 64% were girls, 67% were sexually abused, 20% were physically abused, and 7.3% were neglected. The most abused age group was in the 7-12 age group, their rate was 38.6%, and 91.6% knew the abuser⁽⁵⁾. According to 2018 data in Turkey, 21,068 cases applied to 30 CAC in 27 provinces between January 2011 and May 2016 and 85% of these cases are girls and 15% are boys⁽⁶⁾.

Sexual abuse is a crime according to the law, which is subject to a legal investigation. It has been reported that the obligation of children to testify repeatedly during the investigation process causes additional stress in children and families. Particular attention should be paid to avoid additional trauma to the sexually abused child^(1,7,8). For this reason, CAC was first established in the USA in 1988 to reduce the secondary emotional trauma caused by repeated forensic interviews. Since 2010, a growing number of CAC has also been established in various provinces in Turkey⁽⁹⁾. These centers are places in which various professionals are involved in the process

as a multidisciplinary approach. The main identified aim of CACs is to prevent children from constantly having to testify in front of different authorities and to prevent them from being mentally worn out⁽⁸⁾.

Experiencing sexual trauma in childhood is a shocking experience that deeply hurts the emotional world of the victims, radically changes their lives and has a lifelong impact. Children are often exposed to some types of abuse or all types of abuse and neglect at the same time. Children who have been sexually abused often experience emotional abuse too^(4,10,11). Sexual abuse, which affects the psychological, social, and cognitive development of children, is a universal problem that can be encountered at all ages, at every socio economic level, in every region, and in all kinds of ethnic groups and cultures⁽¹¹⁾.

Exposure of children to sexual abuse is an issue that has psychological and social consequences, legal and moral dimensions, and sanctions for themselves, their families, the abuser who attempted this crime, and society. Child sexual abuse and neglect is a problem that profoundly damages the concept of a "healthy society", which requires a social struggle. The primary goal in this struggle is to prevent child abuse and neglect. The underlying cause of child neglect and abuse is the complex interaction between various risk factors. Even if the presence of conditions considered as risk factors does not conclusively prove the existence of neglect and abuse, it provides the first data for early diagnosis and treatment^(3,9,11). It is essential to identify the risk factors associated with abuse and neglect to struggle with the problem. Issues such as preventing and diagnosing child neglect and abuse, identifying risk groups, providing consultancy services are also important in terms of crisis management and provision of protective services^(10,12).

Considering all these facts, this study was planned to make a general evaluation about the types of admission, reasons for admission, diagnoses, and associated risk factors for child sexual abuse cases at the CAC. As a result of the study, it is thought that the data obtained on the child, his family, and the abuser will contribute to the existing literature in taking protective and preventive measures against child sexual abuse.

MATERIALS and METHODS

Research Type

The study was conducted retrospectively and descriptively to evaluate the child sexual abuse cases admitted to the CAC in terms of the child, family, and the abuser, and to identify the associated factors.

Population-sample

No sample selection was performed in the study, and all cases who were admitted to the CAC between 11.02.2019 (the date the center was opened) and 20.08.2020 (the onset of collecting the data) included in the sample (n=175).

Data Collection Tools

The data were collected using a data collection form developed by the researchers including questions about the child, the abuser, and family dynamics like the age and gender of the child, economic status and education level of the family, type of abuse, the abuser, and the degree of relationship. The relevant information in the interview reports in the CAC was transferred to the data collection form.

Before starting the study, ethics committee approval was obtained from the Ethics Committee of the Gümüşhane University with the number 2020/06 and date 11.06.2020, as well as the institutional approval from the institution where the data of the study was collected.

Statistical Analysis

The evaluation of the data was made using the SPSS (Statistical Package for Social Sciences) 22.0 statistical package program. Descriptive statistical methods like numbers and percentage calculations and arithmetic mean were used in the analysis of the data.

RESULTS

Within the scope of the research, 175 children who were exposed to sexual abuse were evaluated. The study showed that the mean age of the victim children was 13.33 ± 3.33 , 81.7% were girls, and 42.9% were high school students. 34.3% had a mental illness, 57.7% of the parents lived together, 16.6% of the parents had a consanguineous marriage, 76% of the mothers and 33.7% of fathers were unemployed, and 13.7% of fathers had a criminal record. 16% of the victims had a family member with a disability, 85.1% of mothers and, 79.5% of fathers were primary school graduates, 48% did not have health insurance, and 60% had a low financial situation. In addition, 9.7% of the families of abused children had suicide case and 6.9% of those who committed suicide were sexually abused children (Table 1).

According to the children's statements, the mean age of the abusers was 26.22 ± 17.86 , and 97.7% were male.

Abusers was described as "lover/friend" by 33.7% of the victimized children, also 81.7% of the children were

only abused by one person and 57.7% were irregularly abused many times. The study shows that; 40.6% of the children were exposed to sexual touch, 35.4% were exposed to abused including penetration. In addition to all this 45.1% of those exposed to penetration had vaginal penetration, 44% had a medical examination and 2.9% were pregnant (Table 2).

According to our results, 36.6% of the people who reported the abuse were teachers, 74.3% of the families had a "protective" attitude towards the victim child, 52.6% of the families, and 58.3 of the victims filed a complaint against the abuser (Table 3).

"Counselling" was the protective injunction given to 83.4% of abused children (Table 4).

DISCUSSION

In the study, the child sexual abuse cases admitted to the CAC were evaluated. It is believed that identifying risk groups for sexual abuse and associated factors with a retrospective and descriptive study will be a guide to struggling against sexual abuse.

Discussing the Findings Regarding the Victim

In the study, most of the sexually abused children were found to be girls, and in some societies, being a girl is considered as a risk factor for sexual abuse ⁽¹³⁾. Similar studies also report that victims of abuse are mostly girls ^(14,15). In our study, children were mostly exposed to sexual abuse during adolescence. Literature has citations that being a girl during adolescence can be considered a significant risk factor for sexual abuse, which is consistent with our finding ⁽¹⁴⁻¹⁶⁾.

In the study, it was determined that 10.3% of the cases had a diagnosis of physical disease, 34.3% of them had a diagnosis of mental illness, and children with a diagnosis of depression, mood disorder and mental retardation were predominantly mental disorders. Malnutrition, moodiness, sleep problems, excessive crying, hyperactivity, behavioral disorders, chronic diseases, mental and physical problems are often observed in abused children ^(13,17). Various studies conducted with sexually abused children highlighted that a significant number of victims had diagnosed with a mental illness ^(18,19). The literature on sexual abuse cases report that children's perceptions of good and bad touch are distorted, their beliefs that they are loved through sexuality are reinforced, the victims blame themselves and feel lonely and desperate as they think that this situation only happens to them, they are exposed to threats and exploitation of emotions by their closest relatives, and their basic sense of trust is damaged ^(20,21).

Table 1. Sociodemographic characteristics of children and their families (n=175)

Characteristics	n	%	Characteristics	n	%
Age (mean ± SD)	13.33±3.33 (minimum: 5; maximum: 18)	-	Presence of a mental illness		
Gender			No	115	65.7
Female	143	81.7	Psychotic disorder	3	1.7
Male	32	18.3	Depression	16	9.1
Education level			Mood disorders	9	5.1
Preschool	7	4.0	Mental retardation	14	8.0
Primary school	20	11.4	ADHD	7	4.0
Secondary school	62	35.4	Impulsive disorder	3	1.7
High school	75	42.9	Dyslexia	2	1.1
Special education	7	4.0	Others	8	4.5
No education	4	2.3	Presence of a physical illness		
			No	157	89.7
			Speech disorder	11	6.3
			Diabetes	3	1.7
			Heart disease	1	0.6
			Blind	1	0.6
			Growth retardation	1	0.6
			Asthma	1	0.6
Consanguineous marriage			Employment status of the mother		
Yes	29	16.6	Yes	42	24
No	146	83.4	No	133	76
Parents' criminal status			Employment status of the father		
No	149	86.2	Yes	116	66.3
Mother	2	1.1	No	59	33.7
Father	2	13.7			
Having a sibling			A family member with a disability		
Yes	158	90.3	Yes	28	16.0
No	17	9.7	No	147	84.0
Biological or Stepparents			The status of parents being alive		
Biological	159	90.9	Both alive	157	89.7
Step	16	10.2	One of both parents deceased	18	10.3
Mother's education level			Father's education level		
Primary and secondary school	149	85.1	Primary and secondary school	139	79.5
High school	24	13.7	High school	31	17.7
University	2	1.1	University	5	2.9
Health insurance			Socioeconomic situation		
Yes	91	52	High	3	1.7
No	84	48	Middle	67	38.3
			Low	105	60
Suicide history			Parents living together		
No	158	90.3	Yes	101	57.7
Mother	2	1.1	No	74	42.3
Father	3	1.7			
Victim child	12	6.9			

Table 2. The characteristics of the abuse and the abusers according to the victims					
Characteristics	n	%	Characteristics	n	%
Age					
Gender of the abuser			The number of abuses		
Female	2	1.1	Once	61	34.9
Male	171	97.7	More than once	101	57.7
Female and male	2	1.1	Regularly	13	7.4
Degree of relationship with the abuser			The number of abusers		
Family (biological)	16	9.1	1	143	81.7
Family (step)	7	4.0	2-3	24	13.7
Close relative	24	13.7			
Neighbor	32	19.4			
Lover/friend	59	33.7	4+	8	4.6
Stranger	24	13.7	Pregnancy		
Teacher	9	5.1	Yes	5	2.9
More than one person	4	2.3	No	162	92.6
			Suspected	8	4.6
Types of abuse			Penetration location (n=62)		
Penetration	62	35.4	Vaginal	28	45.1
Verbal abuse	3	1.7	Anal	17	27.4
Exhibitionism	7	4.0	Anal and vaginal	17	27.4
Pornography	2	1.1			
Sexual touch	71	40.6			
Genital touch	2	1.1			
Medical examination					
Yes	77	44.0			
No	98	56.0			

Table 3. Attitudes of the families of child victims towards abuse					
Characteristics	n	%	Characteristics	n	%
The reporter of the abuse			Family attitude to child victim*		
Victim	16	9.1	Protective	130	74.3
Family	50	28.6	Rejecting	12	6.8
Teacher	64	36.6	Accusatory	16	9.1
Physician	22	12.6	Not accepting	25	9.8
Relative/neighbor	22	12.6			
Police	1	0.6			
Family filing a complaint			Victim filing a complaint		
Yes	92	52.6	Yes	102	58.3
No	43	24.6	No	55	31.4
Indecisive	40	22.8	Indecisive	5	2.9
			No reasoning	13	7.4

*More than one option has been chosen

Table 4. The protective injunctions given for the abuse

Characteristics*	n	%
Providing care	37	21.1
Staying with the family	133	76.0
Health care	52	24.7
Counseling	146	83.4
Social investigation	31	17.7
Education	11	6.3

*More than one option has been chosen

The families of the victims are questioned about whether their children have been diagnosed with a mental disorder or not when they are admitted to CACs, and health care injunctions are provided when necessary. After the health care measures, some cases are also diagnosed with mental disorders, so it is thought that the actual rates are higher than the findings obtained in our study.

Discussing the Findings Regarding the Family

Most of the parents in the study were alive and significant number of parents were separated or divorced. In similar studies in the literature, the parents of sexually abused children are generally separated, and the rate of parental loss is higher than the rest of the society ^(22,23). It is believed that family dynamics play a critical role in child abuse and that not only the divorced or separated parents but also the absence of one or both may cause the parents to lose their authority over the child, and this situation will pave the way for the children to experience in appropriate situations for their developmental level.

The rate of consanguineous marriage in the study was found to be 16.6%. Metin ⁽²⁴⁾ found the rate of consanguineous marriage in families of sexually abused children as 17.8%, and Bhatta and Haque ⁽²⁵⁾ found that women who had consanguineous marriages were exposed to domestic violence more than the others. In addition to consanguineous marriage between parents, factors such as low income, education level and violence can lead to child neglect and then sexual abuse cases.

The families in the study mostly had a low-income level, and most of the mothers were unemployed. Being a family with a low-income level is a risk factor for the exposure of children to sexual abuse ^(14,23,26); however, some studies suggest that that child sexual abuse is not related to socioeconomic status and can occur at any socioeconomic level ^(27,28). In national studies, child abuse is generally reported to be more common in families

with middle- or low-income levels ^(29,30). Therefore, to obtain more objective and concrete data, further comprehensive studies with large samples including regional and cultural differences are recommended.

In this study, 13.7% of the fathers had a criminal record. In a study by Cetin and Altiner ⁽²³⁾, the rate of a criminal record was reported to be 18% in the family members of sexually abused children. Having a criminal record of any of the family members can be considered a significant factor for the possibility of repetition of the crime and harming the family members.

Within the scope of protective and preventive interventions especially in primary health care services; it is thought that the evaluation of risk factors for crime in the family and the provision of supportive trainings such as anger control, problem solving skills and coping methods to risky family members will play a role in reducing the crime rate.

Most of the parents in the study were primary school graduates, which is parallel with the literature reporting that families with low education levels constitute a risk group for child sexual abuse ^(14,31). The reason for this situation may be because families with low education levels have an inadequate level of awareness of abuse and neglect of their children due to financial problems.

It was determined that 9.7% of family members committed suicide and 6.9% of those who committed suicide were sexually abused children. In similar studies in the literature, a history of abuse was seen in adolescents who attempted suicide ^(32,33). Adolescents aged 13-18 years can experience substance addiction, running away from home, suicide attempts, and social withdrawal ⁽¹³⁾. It can be assumed that sexually abused children cannot cope with their negative emotions and consider suicide an escape.

In the study, it was determined that the majority of parents (74.3%) showed a protective approach against

sexual abuse. Child sexual abuse can negatively affect not only the victims, but also the families of the children and even the clinicians working with them ⁽³⁴⁾. Learning of the child's sexual abuse by the parents can generally create feelings of anger and disappointment in the parents, and it can also cause the parents to question whether the abuse is the result of their own neglect and their parenting style. Parents may develop mixed feelings such as anger towards their children or shame with the thought that they tarnish the family name, and they may hesitate to love and touch their children ⁽³⁵⁾. Difficulties in believing the case, indecision or denial in the parents after learning about the child's sexual abuse are common reactions that cause psychological distress and inconsistency ⁽³⁶⁾. Studies have found that parent' attitudes towards abuse are based on various factors, and these factors are related to how mothers learn about abuse, the size of the crime committed, the consequences of hiding the abuse, and the level of stress. In addition, the poor care history of children, sociodemographic characteristics, psychosocial support and coping methods also affect the reactions of mothers to the traumatic situation ^(37,38). As it is known, health professionals working in CAC evaluate family dynamics, inform families, and offer suggestive approaches to reduce parents' fears and concerns. It is thought that the communication and interaction between health professionals and parents for the best interests of the child plays an important role in parents' protective approach towards their children.

Discussing the Findings of Abuse

The mean age of the abusers in the study was found to be 26.22 ± 17.86 , and most of them were male. Child victims often described the abuser as a lover/friend, and they reported exposure to sexual abuse many times. Güney ⁽³⁹⁾ indicated that 37.6% of the sexually abused adolescents abuses were their family members (parents, stepparents, siblings, relatives), and 62.4% reported a stranger as their abuser. A similar study found that most children were exposed to sexual abuse more than once ⁽⁴⁰⁾. It is known that the age of the victim, the frequency of abuse, the occurrence of the act by force, the presence of penetration, and the familiarity of the abuser cause more destructive and permanent effects on the victim ⁽⁴¹⁾. The degree of relationship with the abuser is among the most critical variables associated with post-traumatic psychopathology, and those who are sexually abused by familiar person blame themselves more and have more difficulty in building trust again. Therefore, it is thought that child victims will be in a risk group in terms

of mental disorders at later ages. Exposure to sexual abuse within the family adversely affects family integrity, creates a family crisis, and may lead to the blaming and exclusion of the victim child ⁽⁴²⁾. Children tend to trust a person they know more easily, which makes them more vulnerable to these people, which is a risk factor.

Many children in this study were exposed to sexual abuse in the form of sexual touch or penetration. Most of those sexually abused were exposed to vaginal penetration, and medical examination was performed in most of the cases. In a study conducted by Imren Gökçe et al. ⁽³³⁾ with sexually abused children and adolescents, it was found that 56.1% of the sexual abuse occurred by touching, caressing, and rubbing, 36.7% of girls were exposed to vaginal penetration, and 38.5% of boys were exposed to anal penetration, in another study 58.3% of the cases were exposed to penetration, and 41.7% were exposed to sexual touch ⁽³⁹⁾. The findings in this current study are consistent with the similar studies.

Discussion of Findings on the Interlocutory Injunction

Considering the best interests of the child, within the scope of Child Protection Law No 5395, the protective injunction is given ⁽⁴³⁾. The protective injunction, including counseling, was given for most child victims in the study, and health care injunction, institutional care, social investigation, and education are among the other protective injunction types.

All children taken into institutional care in the study had been exposed to serious abuse, and their family dynamics were not at the desired level 83.4% of the cases were offered counseling injunction on issues such as family and child communication, adolescence characteristics, and risk factors, and in line with the observations of the forensic interviewer, health care injunctions were applied in some cases when necessary. It was thought that families with lower level of education might have limited awareness of child sexual abuse and also low socioeconomic status might also have formed the basis for this situation. It was determined that 83.4% of the cases were offered counseling injunction on issues such as communication between the family and the child, adolescence characteristics and risk factors, and also health care injunctions were taken when deemed necessary in line with the observations of the forensic interviewer. CACs are centers where children who are victims of abuse and their families are evaluated holistically, risk factors are determined and necessary precautions are taken for the best interests of

the child and therefore they are regarded as effective organizations in this respect.

Study Limitations

The main identified limitation of the study is that the data in the study is limited to the information obtained from the interview reports of the cases admitted to the CAC. In a larger sample, multicenter and multidisciplinary studies can be planned.

CONCLUSION

The study revealed that being a girl and being in the adolescent age group are significant factors for exposure to sexual abuse and that low education and economic status of parents are among the other associated factors for child sexual abuse. The majority of sexually abused children experience repeated victimization. After all these considerations, within the scope of protective injunctions, it is recommended to provide children training programs covering subjects like distinguishing between good and bad touch patterns, asking for help, family communication and possible risk factors of adolescence, reporting abuse, etc. in accordance with their development level. Besides, there is a need for counseling training on the establishment of strong family dynamics, communication with the child, possible risk factors, symptoms that can be seen in sexually abused children, the approach to the child and how to report abuse etc.

Ethics

Ethics Committee Approval: Before starting the study, ethics committee approval was obtained from the Ethics Committee of the Gümüşhane University with the number 2020/06 and date 11.06.2020, as well as the institutional approval from the institution where the data of the study was collected.

Informed Consent: Since our study had a retrospective design, informed consent was not obtained from the patients.

Peer-review: Externally and internally peer-reviewed.

Author Contributions

Surgical and Medical Practices: N.G.B., D.A., Concept: N.G.B., D.A., F.Ü.T., Design: N.G.B., D.A., F.Ü.T., S.U., Data Collection and/or Processing: N.G.B., D.A., F.Ü.T., Analysis and/or Interpretation: F.Ü.T., S.U., Literature Search: N.G.B., D.A., F.Ü.T., S.U., Writing: N.G.B., F.Ü.T., S.U.

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