Child sexual abuse presenting to a teaching hospital in Colombo, Sri Lanka

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Abstract

Introduction: Prevalence of child sexual abuse in Sri Lanka ranges between 14%-44% with rates of sexual harassment as high as 78.5%. Hospital based studies done in Sri Lanka have shown a wide variation in the number presenting to hospitals with child sexual abuse. Child sexual abuse is associated with a wide range of psychosocial adversities.

Objectives: To identify the victim/perpetrator characteristics, risk factors, pattern of disclosure and psychological consequences of child sexual abuse presenting to a Teaching Hospital in Sri Lanka.

Method: This was a retrospective case review study of victims who presented to a Teaching Hospital in Sri Lanka with sexual abuse between 2015 and 2019.

Results: During the study period 164 children presented with sexual abuse. Females comprised 82.9% and 67.1% were older than 12 years. Majority (73.6%) had penetrative abuse. Multiple incidents of abuse occurred in 58.5%. Of the perpetrators, 94.5% were known to the child. Only 42.7% revealed about the incident within the first week. Delayed disclosure was higher in penetrative abuse ($p<0.01$), multiple incidents of abuse ($p<0.01$) and abuse by a known person ($p<0.05$). Psychological sequelae were seen in 28.7% and were higher in those who delayed disclosure ($p<0.05$) and in those who did not disclose spontaneously ($p<0.01$).

Conclusions: In this study, rate of sexual abuse was 82.9% in females and 67.1% in those older than 12 years. Of the perpetrators, 94.5% were known to the child. Delayed disclosure was significantly higher in penetrative abuse ($p<0.01$), multiple incidents of abuse ($p<0.01$) and abuse by a known person ($p<0.05$). Psychological sequelae were seen in 28.7%

(Key words: Child abuse, Sexual abuse, Child sexual abuse, Sri Lanka)

Introduction

Child sexual abuse (CSA) is a major public health problem worldwide. Globally, 7.9% of males and 19.7% of females are sexually abused before 18 years[1]. CSA alone accounts for about 1% of the global burden of disease[2]. An average of 1297 complaints related to CSA per year has been received by the National Child Protection Authority (NCPA) from 2015 to 2019, the majority of complaints being related to sexual harassment[3]. An average of 1593 complaints related to CSA per year has been received by the police over the same period, the majority of these complaints being related to statutory rape[4].

Prevalence of CSA in Sri Lanka ranges between 14%-44% with rates of sexual harassment as high as 78.5%[5-7]. A higher prevalence has been reported in Northern Sri Lanka, an area which has been affected by the civil war[8] and in areas associated with the tourism industry[9]. Hospital based studies have shown a wide variation in the number presenting to hospitals with alleged abuse, with numbers ranging from 84 cases over 15 years (average 5.6/year)[10] to 183 over 18 months (average 122/year)[11]. Although CSA is prevalent in Sri Lanka, studies examining victim and perpetrator characteristics, risk factors for abuse, pattern of disclosure and psychological impact of abuse are limited in Sri Lanka. Identifying the victim/perpetrator characteristics, risk factors and impact of CSA is vital in designing interventions to this vulnerable population.

Objectives

This study aimed to assess the victim and perpetrator characteristics, risk factors, pattern of disclosure and psychological impact of CSA in children presenting to a Teaching Hospital in Colombo, Sri Lanka.

Method

This was a retrospective case review study done in Colombo South Teaching Hospital, Sri Lanka. The study included all children and adolescents (under

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16 years) referred to the Judicial Medical Officer of the hospital, due to alleged sexual abuse from 2015-2019.

A specifically designed data extraction form was used to retrieve data from patient's paper-based medico-legal records. This form consisted of socio-demographic details, risk factors for abuse (parent's age and educational status, single parent families, parental substance use, parental mental illness, living circumstances, lack of supervision, whether schooling), perpetrator characteristics, type of abuse and pattern of disclosure. Child's clinical diagnosis recorded by the Consultant Psychiatrist according to the DSM-V criteria was also obtained from records. Parents' age and educational status, parental substance use and parental mental illness were not found in most records. Therefore, these variables were removed.

Ethical issues

Ethical clearance was obtained from the Ethics Review Committee of the University of Sri Jayewardenepura (No. FMS/USJP ERC 60/19). Permission was obtained from the Director of the particular Teaching Hospital to access the records. Being a retrospective study, informed consent was not a possibility.

Statistical analysis

Chi square test was used to analyse associations between categorical variables.

Results

Over the 5 year period from January 2015-December 2019, 164 children and adolescents presented to the Judicial Medical Officer (JMO) for assessment following alleged sexual abuse. Majority (82.9%, n=136) of the victims were female and 67.1% were older than 12 years. Only 49.4% were living with both parents. Of the children, 18.3% were not attending school (Table 1). A significantly higher number of females were not attending school compared to males ($p<0.05$).

Perpetrators were male in 99.9% (n=163) of the cases. In 31.1% of instances, the child had been threatened and in 15.2% of the cases the child had been given a reward such as a toy or food. Females were significantly more likely to be abused at home than males ($p<0.05$). Characteristics of the abuse, the perpetrator and patterns of disclosure are displayed in Table 2.

Table 1: ***Socio-demographic details***

Socio-demographic factor	Female	Male	Total
	Number (%)	Number (%)	
Age			
< 5 years	06 (03.7)	0 (0)	06 (03.7)
5-12 years	32 (19.5)	16 (09.8)	48 (29.3)
> 12 years	98 (59.9)	12 (07.2)	110 (67.1)
Parents' marital status			
Married	84 (51.2)	21 (12.8)	105 (64.0)
Separated	19 (11.6)	03 (01.8)	22 (13.4)
Widowed	13 (07.9)	03 (01.8)	16 (09.8)
Divorced	18 (10.9)	01 (0.6)	19 (11.7)
Single	01 (0.6)	0 (0)	01 (0.6)
Living circumstances			
Living with both parents	65 (39.6)	16 (09.8)	81 (49.4)
Living with single parent	29 (17.7)	05 (03.0)	34 (20.7)
Living with relatives (without parents)	26 (15.9)	01 (0.6)	27 (16.5)
In out of home care	16 (09.8)	06 (03.6)	22 (13.4)
Schooling			
Attending school	107 (65.2)	27 (16.5)	134 (81.7)
Not attending school	29 (17.7)	01 (0.6)	30 (18.3)

Table 2: ***Characteristics of the abuse, the perpetrator and patterns of disclosure***

Characteristic	Female	Male	Total
	Number (%)	Number (%)	
Type of abuse			
Vaginal penetrative	75 (45.7)	0 (0)	75 (45.7)
Anal penetrative	07 (04.3)	16 (09.7)	23 (14.0)
Oral penetrative	10 (06.1)	02 (01.2)	12 (07.3)
Digital penetrative	10 (06.1)	01 (0.6)	11 (06.7)
Non penetrative	34 (20.7)	09 (05.5)	43 (26.2)
Number of incidents			
Single	59 (36.0)	09 (05.4)	68 (41.4)
Multiple	77 (47.0)	19 (11.6)	96 (58.6)
Place of abuse			
Home	63 (38.4)	07 (04.3)	70 (42.7)
Outside home	72 (43.9)	21 (11.6)	93 (56.7)
Missing			01 (0.6)
Perpetrator			
Known	128 (78.0)	27 (16.5)	155 (94.5)
Unknown	08 (04.9)	01 (0.6)	09 (05.5)
Physical evidence			
Present	67 (40.9)	11 (06.7)	78 (47.6)
Absent	69 (42.1)	17 (10.4)	86 (52.4)
Disclosure			
Within 1 week	57 (34.8)	13 (07.9)	70 (42.7)
After 1 week	79 (48.2)	15 (09.1)	94 (57.3)
Spontaneous disclosure			
Yes	87 (53.0)	15 (09.1)	102 (62.2)
No	48 (29.2)	13 (07.9)	61 (37.2)
Missing			01 (0.6)
Psychological consequences			
Present	37 (22.6)	10 (06.1)	47 (28.6)
Absent	99 (60.3)	18 (11.0)	117 (71.3)

The time taken for disclosure ranged from immediately after the incident to more than a year. Majority of the children had revealed about the incident to the mother (40.9%), followed by the grandmother (13.4%) and sister (9.1%). Delayed disclosure (i.e. after 1 week) was significantly higher in children who suffered penetrative abuse ($p<0.01$), those who had multiple incidents of abuse ($p<0.01$) and where the abuse was perpetrated by a known person ($p<0.05$). Spontaneous disclosure was significantly lower in children who disclosed about the incident after more than 1 week ($p<0.01$).

Psychological consequences were seen in 28.7% (n=47) of the children, with depression being the commonest (8.5%), followed by adjustment disorder (7.3%) and acute stress reaction (6.7%). Psychological consequences were significantly higher in victims who had physical evidence of abuse ($p<0.01$), delayed (after 1 week) disclosure of the incident ($p<0.05$) and in children who did not disclose the abuse spontaneously ($p<0.01$).

Discussion

In the present study, 164 children and adolescents presented with alleged CSA during a 5 year period. This is much higher than two case review studies previously carried out in Teaching Hospitals in Colombo. In one study, only 35 children presented within a 5 year period from 2010-2015[12]. In another study, 78 children and adolescents presented over a 3 year period from 2011-2013[13]. These findings may be due to an increase in the prevalence of CSA or may reflect increased public awareness of CSA. However, the number of cases who presented in our study is much less than that of Northern (352 cases over a 6 year period) and North Western (183 cases over 18 months) areas of the country[11,14,15]. Further studies should be done to identify reasons for variation of the rates of CSA in different parts of the country.

Consistent with world literature, in the present study, the majority of the victims were female and older than 12 years[16-18]. The absence of one or both parents has also been described as a risk factor for CSA in previous studies, which is in keeping with our study. In our study only 49.4% of children lived with both parents, in contrast to 78% in National Sri Lankan figures[19]. In addition, in our study only 81.9% of children were attending school in contrast to 90.1% in national figures[19]. This may suggest that in accordance with previous studies,

not attending school may also be a risk factor for CSA in Sri Lanka[14,15,20]. In keeping with world literature, our study also found that most perpetrators are male and known to the child. In the present study, a significantly higher number of females were not attending school compared to males. Gender inequality within the education system may be a possible explanation but this needs to be further studied.

Our study showed a delay in reporting of CSA and that disclosure is prompted by questions from caregivers, which is in keeping with the world literature[21]. Most studies have found that children commonly disclosed to their parents or their peers. However, in the present study, most children disclosed to the mother followed by the grandmother. Disclosure to the father was very low (3.7%). In Sri Lankan culture, extended family plays a greater role in a child's life and grandmothers often care for the children in mothers' absence. This may be the reason for disclosure to grandmother to be more common in Sri Lanka. Being abused by a known person, being abused on multiple occasions and penetrative abuse were associated with delayed disclosure in our study, which is consistent with previous findings.

Studies done in Sri Lanka show that 16%-68% of children have a psychological impact following abuse[10,12], which is consistent with our findings. The most commonly reported psychological consequences in these studies were depressive disorder, adjustment disorder and post-traumatic stress disorder (PTSD). The present study also revealed depression and adjustment disorder to be the common psychological sequelae following CSA, followed by acute stress reaction. However, there were no children diagnosed to have PTSD. This is possibly due to the differences in the time of presentation of the victims in these studies.

As this was a file review study, some of the important variables that were not recorded needed to be excluded (e.g. parents age and educational status, parental substance use and parental mental illness) and this may have influenced the results, which is a limitation of our study.

Delayed disclosure is common and is associated with a higher psychological impact. As disclosure of abuse is often delayed and often follows direct questioning, parents should be aware of the signs suggesting possible sexual abuse, so that the children can be referred for services in a timely manner. Given the wide variety in the numbers of children and adolescents presenting with alleged abuse within different regions of the country, there is a need for nationwide studies to assess the prevalence of the problem across Sri Lanka.

Conclusions

In this study the rate of sexual abuse was 82.9% in females and 67.1% in those older than 12 years. Of the perpetrators, 94.5% were known to the child. Delayed disclosure was significantly higher in penetrative abuse ($p<0.01$), multiple incidents of abuse ($p<0.01$) and abuse by a known person ($p<0.05$). Psychological sequelae were seen in 28.7%

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