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To what extent does sexual assault affect mental health?

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Abstract

This study aimed to examine the effects of the assault on mental health with the time since the event of sexual assault, the characteristics of the perpetrator and the victim, and psychiatric diagnoses. A retrospective examination was made of the records of 105 cases of sexual assault of all age groups, who were referred for forensic psychiatric examination by the forensic authorities between 1 January 2012 and 30 December 2017 to the Inonu University Medical Faculty Health Committee for the Determination of Sexual Abuse/Assault Crimes. In the examination, the characteristics of the abuse, the type of sexual assault and effects on mental health, psychiatric diagnoses of the victim after the event, and psychiatric diagnoses made after examination by the committee were evaluated retrospectively. The 105 cases examined comprised 83 (79%) females and 22 (21%) males with a mean age of 14.3±7.4 years, and 22 (21%) cases aged ≥18 years. The types of sexual assault were non-penetrative assault in 56 (53.3%) cases and penetrative assault in 49 (46.7%). Mental health impairment at a level that impaired functionality was determined in 52 (49.5%) cases and at a level that did not impair functionality in 53 (50.5%) cases. It seems to be inevitable that mental health is affected following sexual assault. Moreover, a mental disorder at a level that will impair the functionality of the victim may emerge with the passage of time since the sexual assault and the degree of this impairment may only be revealed with examinations made after a certain time.

Keywords: Sexual assault, psychopathological findings, mental health

Introduction

Sexual assault is defined as behaviour with a sexual content not accepted by society, with the aim of sexual satisfaction, which is perpetrated by an individual with the use of physical force, threats, fear or deceit, on an individual without consent or a minor, or one whose consent is not accepted for reasons such as mental illness. The term sexual assault covers a wide spectrum, from all types of actions and behaviour with sexual content to vaginal or anal penetration [1,2]. Of all violent crimes in recent years, there has been a rapid increase in sexual assault crimes, and they may be seen in all age groups and both genders [3]. Sexual assaults, which are a significant public health problem throughout the world, can cause chronic pain, failure in social, academic or work life, physical and emotional disorders, repeated assault, and even death in some cases [4].

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There is known to be a worldwide increase in the incidence of sexual assaults, especially towards children. These events, which are hidden because of intense shame and feelings of guilt, maybe repeated over many years in the form of abuse. Attempts to hide the event make it difficult to know the actual data related to the incidence of sexual assaults [5,6]. According to World Health Organisation data (2017), at least one in approximately every five women is exposed to sexual assault during her lifetime [7]. In a study in the USA, the lifetime incidence of exposure to sexual assault has been reported to be 13% in females and 3.4% in males [8]. Although there are insufficient data related to sexual assault in Turkey, sexual assault crimes have been reported to constitute approximately 3% of all crimes [9].

Incest, which is sexual relations between close family members, is a particular form of sexual assault against children with whom marriage is forbidden legally, morally and religiously. The extent of incest has been reported in the literature to vary between 5% and 62% according to culture and geographic region and has a more severe clinical table [5,6].

Physical and mental disorders may develop in acute and chronic

periods as a result of sexual assault. Following a sexual assault, victims are most frequently diagnosed with post-traumatic stress disorder (PTSD), and it has been reported that the highest lifetime PTSD rate (57.1%) in females is seen following penetrative sexual assault [10]. The start of sexual abuse at a young age and a high level of violence facilitates the development of PTSD. In these individuals, as the trauma symptoms start in childhood, there is a high rate of them continuing throughout life [11]. In addition, major depression, anxiety disorders, sexual disorders, eating disorders, suicidal behaviour, gastrointestinal disorders, pregnancy, or sexually transmitted diseases may be seen [12,13].

This study aimed to examine the effects of abuse on mental health with the characteristics of the perpetrator and the victim in the sexual assault event and psychiatric diagnoses.

Materials and Methods

Permission for this study was obtained from the Non-Interventional Clinical Research Ethics Committee of the University. Since our study was a retrospective study and no information was given about the identity information of the patients, patient consent was not obtained. A retrospective examination was made of the records of 105 cases of sexual assault who were referred for forensic psychiatric examination by the forensic authorities between 1 January 2012 and 30 December 2017 to the Health Committee for the Determination of Sexual Abuse/Assault Crimes. In the examination, the characteristics of the abuse, the type of sexual assault and effects on mental health, psychiatric diagnoses of the victim after the event, and psychiatric diagnoses made after examination by the committee were evaluated retrospectively.

The evaluation of all the cases referred by the forensic authorities was made by a committee comprised of at least two faculty members from Forensic Medicine, Psychiatry, Paediatrics and Adolescent Psychiatry, Gynaecology and Obstetrics, Paediatric Surgery, Urology and Radiology Departments. When making the psychiatric evaluations of the cases, an interview was conducted with at least one family member and one person from the social environment. Following a detailed examination, a diagnosis was made according to the DSM-IV-TR and DSM-5 system (Diagnostic and Statistical Manual of Mental Disorders IV-TR, 5) [14]. The cases referred to the committee were evaluated in respect of mental status in the context of the item related to "determination of whether or not the mental health of the victim has been impaired because of the event that occurred" in accordance with Law No 5237 of the Turkish Penal Code, which was effective between 01.06.2005 and 18.06.2014 [15]. Data obtained in the study were analysed statistically using IBM SPSS 22.0 software.

Results

The 105 cases referred to the committee within the 6-year period comprised 79% (n=83) females and 21% (n=22) males with a mean age of 14.3±7.4 years, of which 21% (n=22) cases were aged ≥18 years. The mean age was 10.6±3.6 years for males and 15.2±7.8 years for females. The distribution of age groups of children was determined as 0.9% 0-3 years, 12.4% 4-7 years, 21.9% 8-11 years, 34.3% 12-15 years and 14.3% 16-18 years. The sexual assaults occurred in a city centre in 85.7% (n=90) cases and a rural area in 14.3% (n=15) cases. The types of sexual assault were non-penetrative assault in 53.3% (n=56) cases and penetrative assault in 46.7% (n=49). In the examinations made, mental health impairment at a level that impaired functionality was determined in 49.5% (n=52) cases and at a level that did not impair functionality in 50.5% (n=53) cases. Attempted suicide was reported in 9.5% (n=10) cases.

When the intelligence level was examined, 11 victims (7 females, 4 males; mean age 18.3 years) were determined to have mild mental retardation, 4 (mean age 20 years) had borderline intelligence, and 3 (mean age 15 years) had dull intelligence [Table 1]. Of all the 105 cases, an intelligence problem was determined in 17.1% (n=18) cases.

Table 1. Intelligence level of cases

Intelligence level	Number
Normal intelligence	82.9% (n=87)
Dull intelligence	2.8% (n=3)
Borderline intelligence	3.8% (n=4)
Mild Mental Retardation	10.5% (n=11)
Total	100% (n=105)

When the relationship of the perpetrator and victim was examined, the perpetrator was seen to be a friend in 25.7% (n=27) of cases, a stranger in 20% (n=21), a person in the school environment (teacher, service bus driver) in 18.1% (n=19), a close relative (uncle, grandfather, cousin) in 16.2% (n=17), a known person in their environment (eg. neighbour) in 14.3% (n=15), and a nuclear family member (father, brother) in 5.7% (n=6) [Table 2].

Table 2. Mental health according to the perpetrator's relationship with the victim

Relationship of the perpetrator to the victim	Those with no mental health impairment	Those with mental health impairment	Total
Boyfriend	9	18	27 (25.7%)
Stranger	10	11	21 (20%)
Person in the school environment (teacher, service bus driver)	16	3	19 (18.1%)
Close relative (grandfather, uncle, cousin)	11	6	17 (16.2%)
Known person in the environment (eg. neighbour)	6	9	15 (14.3%)
Family member (father, brother)	1	5	6 (5.7%)
Total	53	52	105 (100%)

Of the 65.7% (n=69) perpetrators where the occupation could be determined, this was reported as tradesman in 26.1% (n=18), teacher in 20.3% (n=14), student in 17.4% (n=12), farmer-shepherd in 14.5% (n=10), manual labourer in 11.6% (n=8), and driver in 7.2% (n=5) [Table 3].

In the psychiatric examination before the evaluation by the committee, at least one psychiatric diagnosis had been made for 51.8% (n=29) of those who had suffered non-penetrative sexual assault, and for 75.5% (n=37) of those who had suffered penetrative sexual assault. In the examinations made by the committee, at least one psychiatric diagnosis was made for 32.1% (n=18) of those who had suffered non-penetrative sexual assault, and for 69.4% (n=34) of those who had suffered penetrative sexual assault [Table 4].

Table 3. The effect of the occupation to the perpetrator on mental health

Occupation of the perpetrator	Those with no mental health impairment	Those with mental health impairment	Total
Tradesman	10	8	18 (26.1%)
Teacher	12	2	14 (20.3%)
Student	8	4	12 (17.4%)
Farmer-shepherd	2	8	10 (14.5%)
Manual labourer	4	4	8 (11.6%)
Driver	1	4	5 (7.2%)
Other	1	1	2 (2.9%)
Total	38 (55.1%)	31 (44.9%)	69 (100%)

Table 4. First and final diagnosis

Diagnosis	First diagnosis	Final diagnosis
No diagnosis	39 (37.1%)	53 (50.5%)
Acute stress reaction	18 (17.1%)	1 (0.9%)
PTSD	11 (10.5%)	17 (16.2%)
Anxiety disorder	10 (9.5%)	5 (4.8%)
Depressive disorder	4 (3.8%)	5 (4.8%)
Mild MR	4 (3.8%)	4 (3.8%)
Borderline MR	2 (1.9%)	2 (1.9%)
Chronic adjustment disorder	2 (1.9%)	4 (3.8%)
ADHD	1 (1%)	-
Phobic avoidance	-	1 (0.9%)
Cases receiving 2 diagnoses	8 (7.6%)*	10 (9.5%)***
Cases receiving 3-4 diagnoses	6 (5.7%)**	3 (2.9%)****
Total	105 (100%)	105 (100%)

*mild MR+ADHD, mild MR+Anxiety disorder, Acute stress disorder+Depressive disorder, mild MR+Depressive disorder, mild MR+acute stress disorder, Borderline anxiety disorder+conversion disorder, PTSD+Depressive disorder, PTSD+borderline MR

**Depressive disorder+behavioural disorder +Borderline personality disorder, borderline MR+Depressive disorder+behavioural disorder (n=3), mild MR+ADHD+Anxiety disorder+Depressive disorder, Depression+Conversion reaction +Hypochondriac tendencies+Borderline personality disorder

*** mild MR+ADHD, mild MR+anxiety disorder, PTSD+Depressive disorder (n=5), mild MR+borderline anxiety disorder, borderline MR+anxiety disorder, mild MR+Acute stress reaction

**** ADHD+behavioural disorder+anxiety disorder, mild MR+ADHD+adaptive disorder, mild MR+PTSD+Depressive disorder

The evaluations by the committee were made at the earliest 5 months after the sexual assault and the latest, 101 months. The mean time of the evaluations made by the committee was 19.7±17.6 months after the sexual assault.

Discussion

Women are exposed to gender violence, and beyond physical and emotional violence, there are known to be more sexual assaults on females. This has been reported to be associated with males being exposed to sexual assault at a younger age and making more effort to hide the event [16,17]. Back et al. [18], also emphasised that male children could report abuse less because of suggestions of homosexuality and weakness. In the current study, consistent with these findings in the literature, there were more female cases (79%), and the mean age was calculated as 10.6±3.6 years for males and 15.2±7.8 years for females.

Previous studies have reported that disabled individuals are exposed to sexual abuse at a higher rate and there is a higher likelihood of penetrative sexual abuse [19]. Similarly in the current study, 17.1% (n=18) cases were determined to have an intelligence problem and these cases had a mean age of 18.1 years. Furthermore, 66.7% (n=12) of these sexual assaults were penetrative sexual assaults.

A study in the USA reported that the first sexual abuse occurred between the age of 3-5 years in 17%, between 6-9 years in 47%, between 10-12 years in 28% and between 13-15 years in 8% [17]. In another 10-year study, the age of the victims at the time of the abuse was reported to be 0-3 years in 10%, 4-7 years in 28.4%, 8-11 years in 25.5%, and 12 years and over in 36.9% [20]. A previous study in Turkey reported that victims were aged 0-11 years in 30.8% of cases and 12-18 years in 34.2% [21], and another study reported that 55.2% of cases were younger than 18 years [22]. In the current study, unlike literature, 79% of the cases were below the age of 18 years. The reason for the greater number of children than adults is thought to be not the frequency of sexual assaults

but that more children are referred by the forensic authorities for a mental health examination. In addition, the age distribution was seen to be different from paediatric cases in the literature. This can be attributed to the forensic authorities judgement that the very young age group (0-3 years) do not require a mental health examination.

The relationship with the perpetrator is a significant factor as it greatly affects the feelings of the child towards the abuse [23]. Studies in the USA have shown that the majority of child abuse victims (41-68%) experienced sexual assault from a family member or a person known to the child [24]. It has been reported that more negative reactions are observed, especially in childhood, in those who are victims of a relative rather than an acquaintance or stranger [25,26]. Children abused by a relative delay reporting the event, and because of more negative reactions in childhood and self-blame, an increase in PTSD symptoms have been reported after abuse [26,27]. A multicentre study in Turkey reported that 78% of abuse victims were abused by a relative or acquaintance [28]. Similarly in the current study, the vast majority (80%) of perpetrators were seen to be relatives or acquaintances. It has been reported that 83.3% of incest victims, where the event is perpetrated by the father or brother, have impaired mental health, whereas this rate is 35% when the abuser is the grandfather, uncle or cousin. That 9.5% of all the cases in the current study had attempted suicide suggests that this is a result of a mental health disorder.

Previous studies have reported that worldwide, non-penetrative sexual assaults are more frequent [29]. The incidence of penetrative sexual assault was reported to decrease for both genders in Sweden in the period 2004-2009 [30] but increased in Norway in 2004-2007 [31]. Studies in the USA have shown great variations in the frequency of penetrative sexual assault, reported by 9.5% - 80% of males and 14.6%-68.5% of females who have suffered sexual assault [16,17]. In a similar study in Turkey, the incidence of non-penetrative sexual assault was reported to be higher [29]. In the current study, 53.3% (n:56) of the cases were determined to have experienced non-penetrative sexual assault, which was consistent with findings in the literature.

As a result of mental health examination in the context of the relevant penal code for cases of sexual assault in Turkey between 01.06.2005 and 18.06.2014, impairment of the mental health of the victim was taken as a factor increasing the sentence. However, the application of the point of law in respect of to what degree the mental health of the victim was impaired by the sexual assault led to controversy. The effect of these discussions was that this application was later repealed [14,20].

Furthermore, differences have been found in the results of studies conducted in various centres on the subject of mental health impairment [16,18]. One study reported that in more than 40% of cases exposed to sexual abuse, no symptoms or very few symptoms were observed [16]. In contrast, another study reported that serious problems emerged in the future in sexual assault cases [18]. A previous study in Turkey determined no psychopathology in 47.4% of cases at the first evaluation and in 69.3% at the end of 6 months. However, in evaluations made after 6 months, 14.9% of cases were reported to have sleep disorders, 9.6% had PTSD, and 4.4% were determined with depression [32]. Similarly in the current study, 62.9% of the cases in the first evaluation and 49.5% in the evaluation made by the committee received at least one diagnosis. In the examination by the committee, mental health impairment was determined at a much higher rate in those who had suffered penetrative sexual assault compared to those who had suffered non-penetrative assault (69.4% vs.32.1%). The most frequent diagnoses in the first evaluation were determined as PTSD, acute stress reaction and anxiety disorder (42.9%). In the committee evaluation, the most frequent diagnoses were PTSD, anxiety disorder (27.6%), and depressive disorder (10.5%).

When the occupations of the perpetrators were examined, there was determined to be a very high rate (80%) of mental health impairment of the victim especially when the perpetrator was a farmer-shepherd or driver from the low-level occupational groups and low sociocultural level. These assaults were all seen to be penetrative sexual assaults. In contrast, mental health was less impaired when the assault was perpetrated by teachers with a higher sociocultural level. This is thought to be because these types of abuse were non-penetrative sexual assault in the form of touching, stroking and kissing.

There were some limitations to this study, primarily that the cases were evaluated retrospectively with the file screening method, and no structured or semi-structured interview scale was used. Forensic psychiatric examinations and follow-up following a sexual assault are generally made by a psychiatrist. However, when the final diagnosis was made the victim was evaluated by the committee formed of at least five physicians. Therefore, by participating in the evaluations made in the subsequent period, the physician who made the first forensic psychiatric evaluation following the sexual assault may have contributed to the long-term effects of the sexual assault. In addition, characteristics of the relationship with the perpetrator could not be standardised in all cases.

It is inevitable that mental health will be affected by sexual assault, and with the passing of time since the event, mental health disorders may emerge at a level that will impair functionality. The extent of these impairments can only be determined in examinations made after a certain time. In the current study, the evaluation was made from mental health examinations at 6 - 101 months after the event. In some cases, mental health functionality was determined to have been impaired. In the evaluations made in the early period after the event, mental health was seen to be impaired at a higher rate. However, on the point of time since the event, there is no definitive standard either in law or application. It seems that as there was no standard in respect of time, this item of law was repealed as it was of no practical benefit. However, it is obvious that the impaired functionality of victims could continue for a long time. This point has not been resolved in respect of the legal punishments, although victims may need mental health support and rehabilitation for many years. The state of social security in Turkey should provide lifetime health support if necessary. To be able to reach this target, there is a need for sexual assault centres to be established with physicians from various medical branches and other healthcare workers.

Child Observation Centres have not yet been established in all provinces of Turkey. As sexual assaults may be suffered not only by children, but by individuals of any age, sexual assault centres should be established in all provinces, and a central structure should

be established for the coordination of these operations. With this organisational structure, it would be possible to obtain statistical information and scientific recommendations for precautions to be taken.

It can be clearly seen that a significant proportion of the perpetrators are close to the victims, either as family members or neighbours, or a person known from the school environment. Taking control of sexual assaults in society is of great importance in the application of punishments. Moreover, raising community awareness with education programs is also of critical importance. There is a need for educational programs to be undertaken by the media and for social support to strengthen the family. Much work is needed for the central structures to be established which would be able to provide this social support.

As the intimacy of the perpetrators who had sexually increased, the victim mental health deteriorated more. It was observed that the perpetrators' occupations had an impact on mental health and the completion of the action. It was seen that the time between sexual assault and examination was effective in evaluating the deterioration in mental health.

Conflict of interests
The authors declare that they have no competing interests.

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Ethical approval
Our study was conducted with the permission of The Ethics Committee of Inonu University Medical Faculty (2019/01-9).

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