

# Comparison of Sexual Abuse Survivors From Two Different Geographical Regions of Turkey in Terms of the Sociodemographic and Abuse-Related Characteristics

Seref Simsek<sup>1</sup>, Cem Uysal<sup>2</sup>,  
Yasin Bez<sup>3</sup>, Salih Gencoglan<sup>4</sup>

<sup>1</sup>Assist. Prof. Dr., Dicle University, Department of Child and Adolescent Psychiatry, Diyarbakir - Turkey

<sup>2</sup>Assist. Prof. Dr., Dicle University, Department of Forensic Medicine, Diyarbakir - Turkey

<sup>3</sup>Assoc. Prof. Dr., Marmara University, Department of Psychiatry, Istanbul - Turkey

<sup>4</sup>Child and Adolescent Psychiatrist, Akdeniz University, Department of Child and Adolescent Psychiatry, Antalya - Turkey

## ABSTRACT

Comparison of sexual abuse survivors from two different geographical regions of Turkey in terms of the sociodemographic and abuse-related characteristics

**Objective:** The aim of this study is to compare the sociodemographic and abuse-related data of the children who have presented to the Antalya and Diyarbakir University hospitals due to sexual abuse.

**Method:** The patient files of 172 children between the ages of 4-17 presented to the Akdeniz University, Department of Child and Adolescent Psychiatric Health and Diseases (CAPHD) Clinic within the year 2010, and of 167 children between the ages of 4-17 presented to the Dicle University CAPHD Clinic during the year 2012 were scanned and the sociodemographic and abuse-related data of the patients were recorded.

**Results:** In the Diyarbakir group, the total years of education of the child, the total years of education of the mother, and the total years of education of the father were significantly lower, while the mean number of the siblings was significantly higher. The number of the male abuse survivors in the Diyarbakir group was significantly higher. The family structure where the parents are alive and living together was significantly more frequent in the Diyarbakir group. No difference in terms of the occurrence of penetration and relationship with the abuser was observed between the groups.

**Conclusion:** Within the framework of this study, the characteristics of the survivors of abuse between two socioculturally, economically and ethnically different regions of Turkey (the Mediterranean region and the south-east Anatolian region) have been investigated. This study has demonstrated that some of the sociodemographic and abuse-related characteristics of sexual abuse in Turkey differs between these regions. We are of the opinion that efforts to prevent sexual abuse should be restructured in the light of these results. For instance, prevention of child labour, increasing the literacy rate of the individuals and promoting family planning efforts in south-east Anatolia should be the primary focus of these efforts.

**Key words:** Abuse, forensic medicine, incest, sexual abuse



## ÖZET

Türkiye'nin iki farklı coğrafik bölgesinde yaşayan cinsel istismar mağdurlarının sosyodemografik ve istismara ait özelliklerin karşılaştırılması

**Amaç:** Bu çalışmada Antalya ve Diyarbakir üniversite hastanelerine başvuran cinsel istismar mağduru çocukların sosyodemografik ve istismara ait verilerinin karşılaştırılması amaçlanmıştır.

**Yöntem:** Akdeniz Üniversitesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları (ÇERSH) polikliniğine 2010 yılı içerisinde başvuran, 4-17 yaş aralığında 172 çocuk ve Dicle Üniversitesi ÇERSH polikliniğine 2012 yılı içerisinde başvuran, 4-17 yaş aralığında 167 çocuk çalışmaya alınmıştır. Olguların sosyodemografik ve istismara ait verileri hasta dosyalarının geriye dönük taranması ile elde edilmiştir.

**Bulgular:** Diyarbakir grubunda çocuğun eğitim yılı, annenin eğitim yılı ve babanın eğitim yılı anlamlı oranda düşük iken kardeş sayısı ortalaması anlamlı oranda yüksekti. Diyarbakir grubunda erkek mağdur oranı anlamlı derecede yüksekti. Anne babanın sağ ve beraber olduğu aile yapısı Diyarbakir grubunda anlamlı oranda yüksekti. Penetrasyon varlığı ve istismarcıya yakınlık açısından gruplar arasında fark saptanmadı.

**Sonuç:** Bu çalışma ile Türkiye'nin sosyokültürel, ekonomik ve etnik bakımdan farklılıklar gösteren iki bölgesi (Akdeniz ve güneydoğu Anadolu) arasındaki cinsel istismar mağdurlarının özellikleri araştırılmıştır. Bu çalışma bize Türkiye'de bölgeler arasında cinsel istismarın sosyodemografik ve istismara ait özelliklerinin bir kısmının farklı olduğu göstermiştir. Cinsel istismarı önleme çalışmalarının bu bulguların ışığında tekrar yapılandırılması gerektiği kanaatindeyiz. Örneğin, Güneydoğu Anadolu'da çocuk işçiliğinin önlenmesi, bireylerin okuryazarlık oranlarının artırılması ve aile planlaması uygulamalarının yaygınlaştırılması öncelikli hedefler olmalıdır.

**Anahtar kelimeler:** istismar, adli tıp, ensest, cinsel istismar

Address reprint requests to / Yazışma adresi:  
Assist. Prof. Dr. Seref Simsek

Dicle University Department of Child and Adolescent Psychiatry, Diyarbakir - Turkey

Phone / Telefon: +90-412-248-8001

E-mail address / Elektronik posta adresi:  
drserefsimsek@gmail.com

Date of receipt / Geliş tarihi:  
December 31, 2013 / 31 Aralık 2013

Date of acceptance / Kabul tarihi:  
March 16, 2014 / 16 Mart 2014

## INTRODUCTION

According to Glaser (1), sexual abuse (SA) is defined as 'the participation of developmentally immature children or adults in sexual activities that they cannot fully comprehend and are unable to give their informed consent, or that are contrary to the social taboos and family roles'. SA is among the most prevalent problems worldwide. The number of published scientific articles on sexual abuse has been increasing since the 1970s in developed western societies and within the last 10 years in Turkey. However, these studies are inadequate. Especially in Turkey, the majority of the published studies are based on the retrospective scanning of the forensic cases referred to the clinic.

Sexual abuse is the problem of all the children regardless of their race, gender, economic or sociocultural status (2,3). Girls and children with lower economic and sociocultural status and/or living in disrupted families are under a greater risk (4-6). Lower educational status of the parents is both a risk factor in terms of abuse and the psychopathological development subsequent to the abuse (7). The majority of the abusers are individuals known and trusted by the child (8-11).

The aim of this study is to compare the sociodemographic and abuse-related data of the children presented to the Antalya and Diyarbakir University hospitals due to sexual abuse.

## METHOD

The sample group of the study consisted of the children who have been sexually abused and referred to our department for the evaluation of the effects of the abuse on their psychological health. For this purpose, 172 children between the ages of 4-17, presented to the Akdeniz University, Department of Child and Adolescent Psychiatric Health and Diseases (CAPHD) Clinic within the year 2010, and 167 children between the ages of 4-17, presented to the Dicle University CAPHD Clinic during the year 2012 were included in the study. The sociodemographic and abuse-related data of the patients were obtained through the retrospective scan of the patient files. The patients were analysed in terms of age,

gender, place of residence, sociodemographic data, relationship with the abuser, occurrence of penetration and the age of the abuser. The approval of the local ethics committee was obtained for the study.

Antalya is a touristic city on the coast of the Mediterranean Sea. The majority of the citizens are socioeconomically middle class and above. The level of education is rather high. Immigrants to the city either originate from abroad or from western Turkey. The majority of the population consists of Turks. On the other hand, Diyarbakir is located in south-east Anatolian Turkey and has a continental climate. Immigrants to the city originate from rural areas. The majority of the population are from lower socioeconomic classes and the level of education is low. The population is mainly of Kurdish origin. Also, the region has been the target of terrorist incidents during the last 30 years.

## Statistical Analysis

The statistical analysis was conducted using the SPSS (Statistical Package for Social Sciences, SPSS Inc., Chicago, IL) version 15 software. The compliance of the variables to the normal distribution was assessed through visual and analytic methods. The descriptive analyses were expressed as mean and standard deviation for the variables within the normal distribution. Student's t-test was applied to the numeric variables within the normal distribution. In order to observe any differences in terms of frequency between both groups, the Chi-square or Fisher's exact tests were employed. The correlation coefficients and their significance were calculated using the Pearson test. Statistical significance was based on a value of  $p < 0.05$ .

## RESULTS

Among the 172 patients in the Antalya group, 142 (82.6%) were female, while 30 (17.4%) were male. The mean age was  $13.49 \pm 2.79$ . In the Diyarbakir group, 121 out of 167 patients (72.5%) were female and 46 (27.5%) were male. The mean age was  $12.82 \pm 3.27$  years. The mean age of the females in the Antalya group was  $13.53 \pm 3.08$  years, while the mean age of the males was

10.93±3.44. In the Diyarbakir group, the mean age of the girls was 13.12±3.36 and the mean age of the boys was 11.85±3.07. In both groups, the mean age of the girls was significantly greater than the mean age of the boys ( $p<0.001$  and  $p=0.027$ ). No statistically significant difference was observed between the Antalya and Diyarbakir groups in terms of the child's age, mother's age, father's age and the abuser's age ( $p>0.05$ ). However, in the Diyarbakir group, the total years of education of the child ( $p<0.001$ ), the total years of education of the mother ( $p<0.001$ ) and the total years of education of the father ( $p<0.001$ ) were significantly lower, while the mean number of the siblings was significantly higher

( $p<0.001$ ). The analysis of the numeric variables in the Antalya and Diyarbakir groups are presented in Table 1.

In terms of the urban/rural ratio, the ratio of the children  $\leq 12$  years of age, and the age distribution of the abusers, the difference between the Antalya and Diyarbakir groups was statistically insignificant ( $p>0.05$ ). The ratio of the male abuse survivors in the Diyarbakir group was statistically significantly higher ( $p=0.026$ ). The family structure where the parents are alive and living together was significantly more prevalent in the Diyarbakir group ( $p=0.006$ ). The analysis results of the categorical variables in the Antalya and Diyarbakir groups are presented in Table 2.

**Table 1: Analysis results of the numeric variables in the Antalya and Diyarbakir groups**

	Antalya (n=172)		Diyarbakir (n=167)		z/t	p
	Mean	SD	Mean	SD		
Age	13.5	2.8	12.8	3.3	-0.882	0.391
Total years of education	6.9	2.5	3.2	2.8	12.741	<0.001
Age of the mother	38.5	6.5	37.6	5.9	0.629	0.530
Total years of education of the mother	6.1	3.4	2.7	3.01	-9.102	<0.001
Age of the father	42.2	6.7	42.9	10.7	-0.733	0.464
Total years of education of the father	7.4	4.3	4.8	3.0	6.507	<0.001
Number of siblings	2.7	1.3	5.5	2.2	-14.302	<0.001
Age of the abuser	29.9	12.0	30.6	14.2	-0.495	0.621

Statistical significance is based on a value of  $p<0.05$ , t score for student's t test, z score for Mann Whitney U test

**Table 2: Analysis results of the categorical variables in the Antalya and Diyarbakir groups**

		Antalya		Diyarbakir		$\chi^2$	p
		n=172	%	n=167	%		
Address*	Urban	116	67.4	111	66.5	0.036	0.849
	Rural	56	32.6	56	33.5		
Age	4-11 years	49	28.4	60	35.9	2.077	0.143
	12-17 years	123	71.6	107	64.1		
Gender	Female	142	82.6	121	72.5	4.973	0.026
	Male	30	17.4	46	27.5		
Parents**	Living together	114	66.3	133	79.6	7.650	0.006
	Separated	58	33.7	34	20.4		
Penetration	None	99	57.6	89	53.3	0.624	0.430
	Yes	73	42.4	78	46.7		
Closeness to the abuser***	Intrafamilial	21	12.2	27	16.2	4.237	0.120
	Extrafamilial acquaintance	93	54.1	100	59.9		
	Stranger	58	33.7	40	24		
Age of the abuser	<18 years	40	49.4	41	50.6	4.973	0.953
	18-30 years	67	50.8	65	49.2		
	>30 years	65	51.6	61	48.4		

\*The central districts of the province were defined as urban, while the peripheral districts and villages were defined as rural.

\*\*If the parents were alive and living together, they were defined as living together, while they were defined as separated in case of death, separation, divorce, etc.

\*\*\*The abuse was defined as intrafamilial if the perpetrator was the father or a brother.

Both in the Antalya and the Diyarbakir groups, a negative correlation was observed between the total years of education of the mother, the total years of education of the father, and the number of the siblings ( $r=-0.279$ ,  $p<0.001$  and  $r=-0.157$ ,  $p=0.04$ ) ( $r=-0.319$ ,  $p<0.001$  and  $r=-0.422$ ,  $p=0.04$ ). While the ratio of penetration among males was significantly higher than the females in the in the Diyarbakir group, no significant difference was observed in the Antalya group ( $p=0.024$ ,  $p=0.054$ ). No intrafamilial abuse was reported among the males in any of the groups.

## DISCUSSION

In this study, the characteristics of the survivors of sexual abuse between two socioculturally, economically and ethnically different regions of Turkey (the Mediterranean region and the south-east Anatolian region) have been investigated. One of the most important results of our study was the higher ratio of the male abuse survivors in the Diyarbakir group. This result may be associated with the greater number of the children (mean number of siblings:  $5.5\pm 2.2$ ) and the fact that children between the ages of 7 and 12 spend the greater part of their time outside the house, and there is a there is a high ratio of child labour. The literature reports have stated that females are more frequently subjected to sexual abuse than males (12). In the studies conducted in Turkey, the ratio of girls to boys varies between 1.3 and 6.1 (13,14).

In our study, the ratio of the parents living together was significantly higher in the Diyarbakir group. This result can be explained with the culturally unapproving attitude towards divorce and the fact that mothers do not have a profession or their economic independence, and therefore depend on their husbands in the south-east Anatolian region. Studies have shown that sexual abuse is more commonly observed in disrupted families (15-18). Also studies conducted in our country have demonstrated that approximately a quarter of the cases occur in disrupted families (5,19). In our study, the ratio of separated parents as an individual risk factor was higher in the cases from Antalya.

The level of education of both the mother and the father of the abuse survivor was significantly lower in the Diyarbakir group in our study. In Diyarbakir, 90 (53.9%) mothers were illiterate. The mean number of siblings was also significantly higher in the Diyarbakir group. In parallel, a negative correlation was observed between the level of education of the parents and the mean number of the siblings. These findings underline the underdevelopment of the south-east Anatolian region. Lower educational status of the parents is both a risk factor in terms of abuse and the psychopathological development subsequent to the abuse (7,20).

Although the ratio of intrafamilial abuse was higher in the Diyarbakir group, the difference was statistically insignificant. Studies have shown that perpetrators of incest are persons who grew up devoid of parental care and turned out to be more introverted, passive and dependent individuals lacking empathy compared to the other sexual abusers. Their fathers are usually harsh, patriarchal and emotionally unstable. Alcohol and substance abuse, crowded families, increased physical closeness, divorce and exclusion of the family from the society are factors affecting the frequency of incest (21,22). The majority of the perpetrators of abuse are individuals previously known and trusted by the child (23,24).

Our study was conducted by scanning the patient files in a retrospective manner. The lack of a comparison in terms of the frequency of psychological problems among abuse patients with a sample group including a population without clinical presentation is a limitation. However, the comparison of two different regions Turkey and the large size of the sample are strong points of the study.

This study has demonstrated that some of the sociodemographic and abuse-related characteristics of sexual abuse in Turkey differs between the regions. We are of the opinion that efforts to prevent sexual abuse should be restructured in the light of these results. For instance, prevention of child labour, increasing the literacy rate of the individuals and promoting family planning efforts in south-east Anatolia should be the primary focus of these efforts.

## REFERENCES

1. Glaser D. Child Sexual Abuse: Rutter's Child and Adolescent Psychiatry, Fifth ed., Oxford, UK: Blackwell Publishing Ltd., 2008, 440-458.
2. Putnam FW. Ten-year research update review: child sexual abuse. *J Am Acad Child Adolesc Psychiatry* 2003; 42:269-278.
3. Aktepe E. Childhood sexual abuse. *Curr Approaches Psychiatry* 2009;1:95-119.
4. Finkelhor D. Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse Negl* 1993; 17:67-70.
5. Berger LM. Income, family characteristics, and physical violence toward children. *Child Abuse Negl* 2005; 29:107-133.
6. Fergusson DM, Lynskey MT, Horwood LJ. Childhood sexual abuse and psychiatric disorder in young adulthood, I: prevalence of sexual abuse and factors associated with sexual abuse. *J Am Acad Child Adolesc Psychiatry* 1996; 35:1355-1364.
7. Soylu N, Pilan BS, Ayaz M, Sonmez S. Study of factors affecting mental health in sexually abused children and adolescent. *Anatolian Journal of Psychiatry* 2012; 13:292-298.
8. Alexander PC, Lupfer SL. Family characteristics and long-term consequences associated with sexual abuse. *Arch Sex Behav* 1987; 16:235-245.
9. Yildirim A, Cetin I, Din H, Gumus B. Evaluation of cases with claims of sexual abuse referred to service of forensic medicine in a university hospital. *Cumhuriyet Medical Journal* 2011; 33:61-69. (Turkish)
10. Erdogan A, Tufan E, Karaman MG, Atabek MS, Koparan C, Ozdemir E. Characteristic features of perpetrators of sexual abuse on children and adolescents in four different regions of Turkey. *Anatolian Journal of Psychiatry* 2011; 12:55-61. (Turkish)
11. Aktepe E, Isik A, Kocaman O, Eroglu FO. Demographic and clinical characteristics of children and adolescents examined in a university hospital who are victims of sexual abuse. *New Symposium* 2013; 2:115-120. (Turkish)
12. Simsek S, Fettahoglu EC, Ozatalay E. Post-traumatic stress disorder in children who were sexually abused and in their parents. *Dicle Medical Journal* 2011; 38:318-324.
13. Bergen H, Marin G, Richardson A, Allison S, Roeger L. Sexual abuse and suicidal behavior: A model constructed from a large community sample of adolescents. *J Am Acad Child Adolesc Psychiatry* 2003; 42:1301-1309.
14. Gokten ES. Forensic cases referred to child and adolescent psychiatry in a state hospital between 2009 and 2011. *Turk Journal of Child and Adolescent Mental Health* 2011; 18:105-116. (Turkish)
15. Bahali K, Akcan R, Tahiroglu AY, Avci A. Child sexual abuse: seven years in practice. *J Forensic Sci* 2010; 55:633-636.
16. Feiring C, Taska L, Lewis M. Age and gender differences in children's and adolescents' adaptation to sexual abuse. *Child Abuse Negl* 1999; 23:115-128.
17. Wals C, MacMillan H, Jamieson E. The relationship between parental substance abuse and child maltreatment: findings from the Ontario Health Supplement. *Child Abuse Negl* 2003; 27:1409-1425.
18. Bilginer C, Hesapcioglu ST, Kandil S. Sexual abuse in childhood: a multi-dimensional look from the view point of victims and perpetrators. *Düşünen Adam: Journal of Psychiatry and Neurological Sciences* 2013; 26:55-64. (Turkish)
19. Brown J, Cohen P, Johnson J, Salzinger S. A longitudinal analysis of risk factors for child maltreatment: findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse Negl* 1998; 22:1065-1078.
20. Cengel-Kultur E, Cuhadaroglu-Cetin F, Gokler B. Demographic and clinical features of child abuse and neglect cases. *Turk J Pediatr* 2007; 49:256.
21. Ugur C, Sireli O, Esenkaya Z, Yaylali H, Duman NS, Gul B, Gunay M, Kilic HT, Gul H, and Gurkan K. Psychiatric assessment and follow-up of child abuse victims: experience from the last four years. *Turk Journal of Child and Adolescent Mental Health* 2012; 19:81-86. (Turkish)
22. Gokcen C, Dursun OB. Evaluation of forensic cases referred to the child psychiatry clinic of a research hospital. *Düşünen Adam: Journal of Psychiatry and Neurological Sciences* 2012; 25:238-243. (Turkish)
23. Tahiroglu AY, Avci A, and Cekin N. Child abuse, mental health, mandatory reporting law. *Anatolian Journal of Psychiatry* 2008; 9:1-7. (Turkish)
24. Kose S, Aslan Z, Basgul S, Sahin S, Yilmaz S, Citak S, Tezcan AE. The forensic cases applied to an education and research hospital's child psychiatry department. *Anatolian Journal of Psychiatry* 2011; 12:221-225. (Turkish)