

Epidemioclinical Profile of Children Victims of Sexual Abuse Attending a Child Psychiatry Service

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Abstract

Original Research Article

Child sexual abuse represents a major public health issue, associated with severe and long-term psychological consequences such as post-traumatic stress disorder, depression, anxiety, and behavioral problems. In Morocco, this phenomenon remains largely underreported despite its concerning prevalence. The present retrospective descriptive study aimed to establish the epidemioclinical profile of children and adolescents referred for suspected or confirmed sexual abuse at the Child Psychiatry Department of Ar-Razi University Hospital in Salé between January 2021 and January 2025. A total of 55 medical records were reviewed using a standardized questionnaire collecting sociodemographic data, abuse characteristics, circumstances of disclosure, and clinical manifestations. The sample included 28 boys (50.9%) and 27 girls (49.1%), most aged between 12 and 15 years. Socioeconomic vulnerability was prominent, with 80% of mothers unemployed and 30.9% of fathers jobless, and family conflict or violence reported in more than half of the cases. The aggressor was most often male (98.2%), commonly a neighbor (30.9%). Multiple abuses were reported in 58.2% of victims, with touching (61.8%) and anal penetration (41.8%) being the most frequent acts. Disclosure occurred immediately after the events in 34.5% of cases but could be delayed for years. Post-traumatic stress disorder was the predominant psychiatric outcome (70.9%), followed by depression (45.5%) and anxiety (16.4%). Academic decline was observed in 78.2% of victims. This study highlights the severe mental health and functional consequences of child sexual abuse and underlines the role of family vulnerabilities in aggravating outcomes. Findings emphasize the urgent need for comprehensive and multidisciplinary interventions combining mental health care, family support, and school-health collaboration to promote recovery and safeguard the development of affected children.

Keywords: Sexual abuse, Child, Mental health, Post-traumatic stress disorder, Vulnerability.

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INTRODUCTION

Sexual abuse of minors is a major public health issue. International epidemiological data estimate that it affects approximately 12.7% to 18% of girls and 7.6% of boys, with prevalence rates reaching up to 20% for both sexes. In Morocco, as in many countries, this phenomenon remains largely underreported, but its prevalence is considered a serious concern.

This form of violence exposes victims to severe and long-lasting psychological consequences, such as anxiety disorders, depression, behavioral problems, or post-traumatic stress disorder (PTSD), hindering their overall development and psychosocial balance.

The disclosure of abuse, a crucial step for intervention, is a complex process influenced by multiple factors (age, relationship with the perpetrator, fear,

guilt). In this context, child psychiatry services play a central role in detection, assessment, and management.

A better understanding of victim profiles, abuse characteristics, disclosure circumstances, and initial clinical manifestations is essential to optimize early detection and therapeutic intervention in our local context. It is with this objective that we conducted this study, aiming to describe the epidemio-clinical profile of children and adolescents seen for suspected or confirmed sexual abuse in the child psychiatry department of the Ar-Razi Hospital in Salé.

Specific Objectives:

This descriptive study aims to establish the epidemio-clinical profile of child and adolescent victims of sexual abuse. Its specific objectives are to:

1. Describe the sociodemographic profile of the victims and the main characteristics of the sexual abuse they suffered.
2. Specify the circumstances of disclosure of the abuse and the psychosocial contexts in which they occur.
3. Identify and quantify the prevalence of psychopathological manifestations and social repercussions observed during the initial consultation.

MATERIALS AND METHOD

- **Study Type :** This is a retrospective and descriptive study, based on the exploitation of medical records of children and adolescents seen in consultation at the child psychiatry department of the Ar-Razi Hospital in Salé.
- **Population and Sample :** The study included all patient records meeting the inclusion criteria over the period from January 2021 to January 2025. A total of 55 records were thus identified and included in the study.
- **Data Collection Tool :** A questionnaire was specifically designed to collect all necessary information in a standardized manner. It documented patient demographic characteristics (age, sex, origin, family environment), specifics of the abuse (nature of acts, perpetrator profile, relationship with the victim, duration and frequency of events, as well as the conditions in which the facts were disclosed), relevant medical and family history, as well as the clinical presentation observed during the consultation, including reasons for the visit, described symptoms, and diagnoses made by the physician.
- **Study Location :** The study was conducted at the child psychiatry department of the University Hospital Ar-Razi in Salé.
- **Inclusion Criteria**

The following were included in the study:

- Patients aged less than 18 years at the time of the facts or the consultation.
- Records for which sexual assault was explicitly mentioned as the reason for consultation or as

a significant personal history documented by the clinician.

Exclusion Criteria

The following were excluded from the study:

- Patients aged 18 years or more at the time of consultation.
- Records where sexual assault was neither the reason for consultation nor a documented history.
- Patients with autism spectrum disorder (ASD) or severe intellectual developmental disorder (IDD), to avoid biases related to the specific communication and assessment difficulties associated with these pathologies.

RESULTS

Socio-demographic characteristics:

The sample of this study consisted of 55 child and adolescent victims of sexual abuse. The population showed a balanced gender distribution, with 28 boys (50.9%) and 27 girls (49.1%). The most represented age group was 12 to 15 years (29.1%).

- Significant socioeconomic vulnerability was observed: a vast majority of mothers were without paid employment and declared as homemakers (80.0%, n=44), and nearly one-third of fathers were unemployed (30.9%, n=17). Although a majority of children lived in a family environment where parents were together (63.6%), the family dynamics were perceived as conflictual in 40.0% of cases (n=22) and marked by violence in 20.0% of records (n=11). A harmonious dynamic was reported for 36.4% of children (n=20).
- Regarding pre-abuse academic level, most children had an average (42.9%) or good (32.7%) level. However, a significant proportion (22.4%) had an undetermined or undocumented academic level.

Personal and family psychiatric history

The analysis of history revealed significant pre-existing psychiatric vulnerability within the sample. Family psychiatric history was documented in 34.5% of cases (n=19), while 16.4% of victims (n=9) had personal psychiatric history prior to the aggression.

Table 1: Socio-demographic Characteristics and Psychiatric History

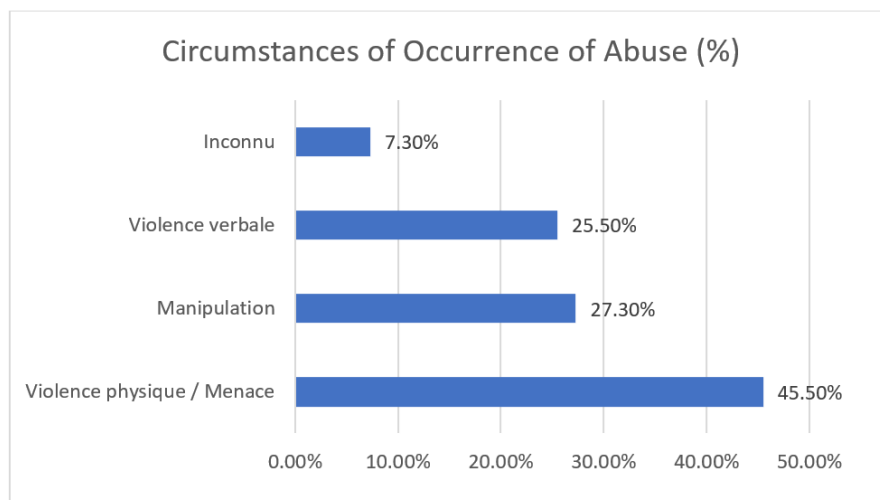
Characteristics	Values
	(N=55)
Age	
Between 3 et 6 ans ¹	4 (7,3)
Between 6 et 9 ans ¹	11 (20)
Between 9 et 12 ans ¹	15 (27,3)
Between 12 et 15 ans ¹	16 (29,1)
> 15 ans ¹	9 (16,4)
Male 1	28 (50,9)
School level before the assault	
Low ¹	5 (10,2)
Average ¹	21 (42,9)

Good ¹	16 (32,7)
Undetermined ¹	11 (22,4)
Not enrolled in school	2 (4,1)
Marital status of the parents	
Married ¹	35(63,6)
Separated ¹	12(21,8)
Divorced ¹	5(9,1)
Widowed ¹	3(5,5)
Individual psychiatric history ¹	9(16,4)
Family psychiatric history ¹	19(34,5)

- **Characteristics of sexual assaults in our sample**
- **Circumstances of the sexual abuse occurrence**

The circumstances of abuse were predominantly marked by physical violence or threats

(45.5% of cases, n=25). Manipulation was reported in 27.3% of situations (n=15) and verbal violence in 25.5% of cases (n=14). For 7.3% of records (n=4), the precise circumstances could not be determined.

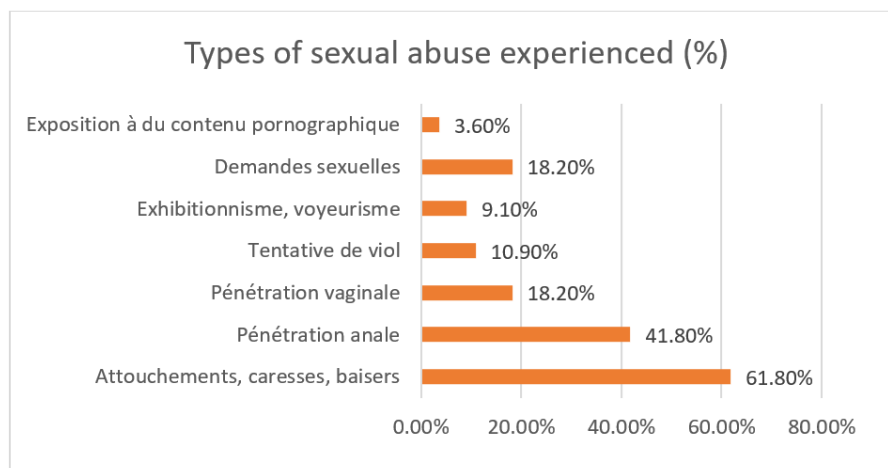


- **Frequency of sexual abuse**

The majority of children and adolescents in our sample experienced multiple abuse (58.2%, n=32). A single abuse episode was reported in 41.8% of cases (n=23).

- **Type of sexual abuse**

Touching was the most frequent form of abuse (61.8% of cases, n=34), followed by anal penetration (41.8%, n=23). Vaginal penetration and sexual requests were each reported in 18.2% of records (n=10). Attempted rape was documented in 10.9% of cases (n=6), while exhibitionism/voyeurism and exposure to pornography concerned 9.1% (n=5) and 3.6% (n=2) of patients, respectively.



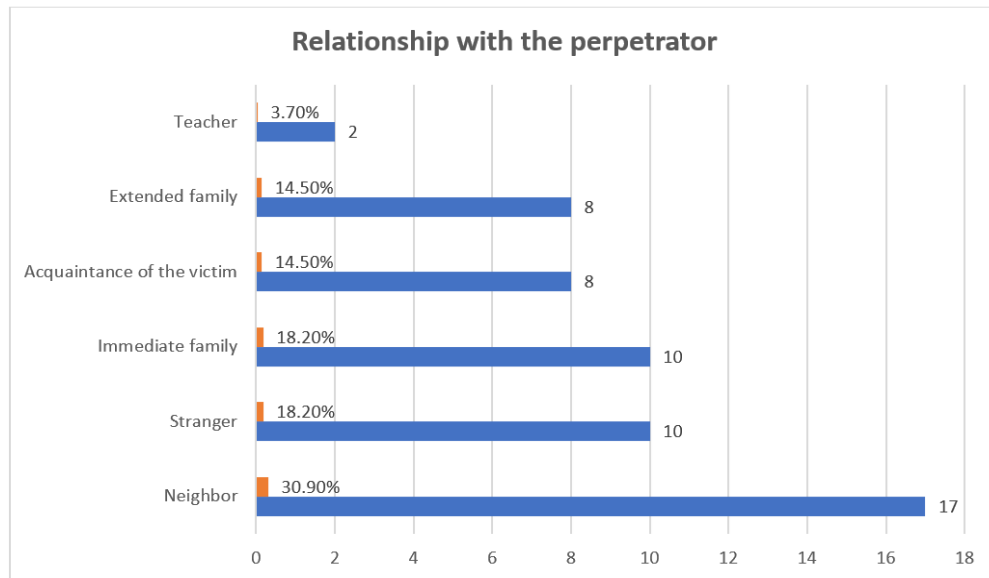
- **Location of the assault**

In the vast majority of cases (81.8%, n=45), the assault took place in a location known to the victim. For 18.2% of patients (n=10), the location of the assault was unknown or not specified in the file.

- **Relationship with the perpetrator**

The perpetrator was most frequently a neighbor (30.9% of cases, n=17). Perpetrators

unknown to the victim and members of the immediate family each accounted for 18.2% of cases (n=10). Members of the extended family and acquaintances (non-family) were involved in 14.5% of situations each (n=8). Finally, a teacher was identified as the perpetrator in 3.6% of records (n=2).



- **Perpetrator's sex**

An overwhelming majority of perpetrators were male (98.2% of cases, n=54). Only one case involved a female perpetrator (1.8%, n=1).

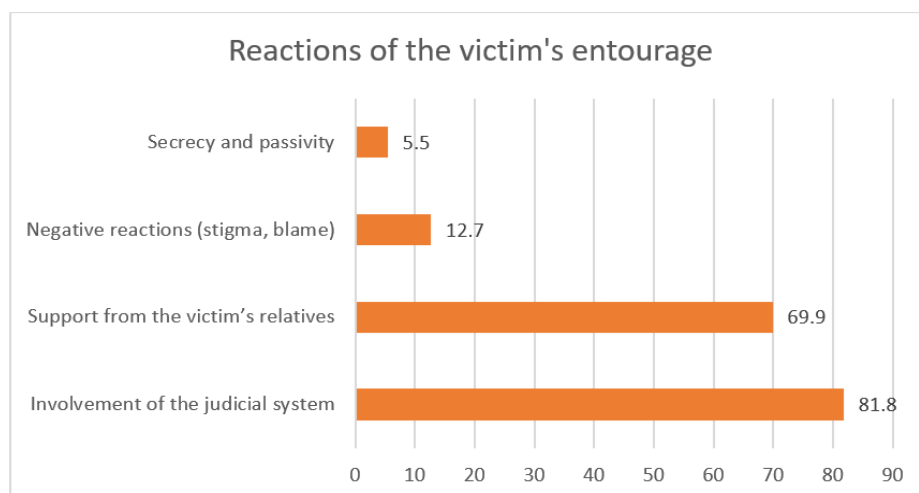
- **Time elapsed until disclosure of assault**

Disclosure of the assault occurred immediately after the facts in more than a third of cases (34.5%, n=19). A quarter of the victims (25.5%, n=14) disclosed the abuse within the year following the aggression, while 23.6% (n=13) did so within the following month. For 16.4% of patients

(n=9), disclosure occurred more tardily, up to 10 years after the facts.

- **Reactions of the victim's entourage after the assault**

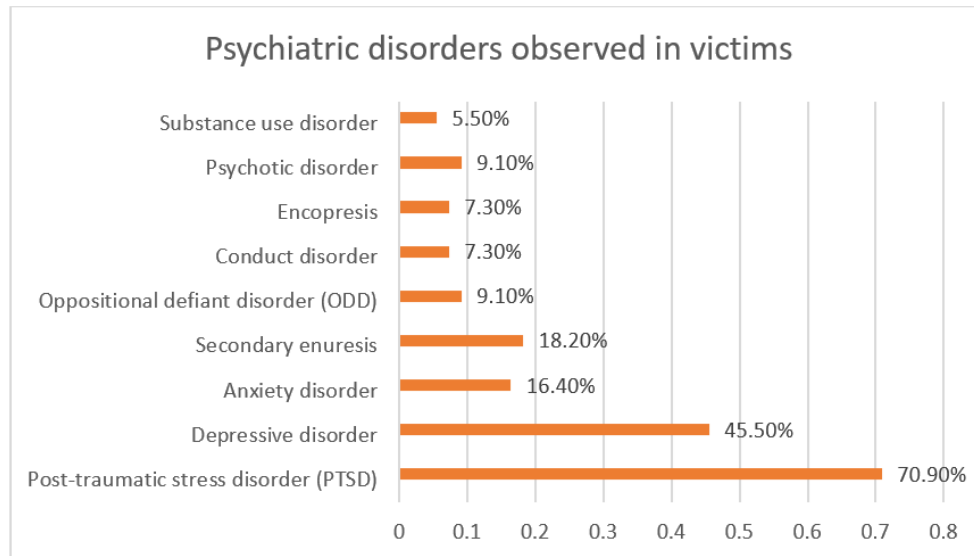
Involvement of the judicial system was reported in the majority of cases (81.8%, n=45). Support from the entourage for the victim was documented in 69.1% of records (n=38). Negative reactions, such as stigmatization or victim-blaming, were observed in 12.7% of situations (n=7), while an attitude of secrecy and passivity was noted in 5.5% of cases (n=3).



• Diagnosed psychiatric disorders

Post-traumatic stress disorder (PTSD) was the most frequent psychopathological manifestation, affecting 70.9% of patients (n=39). It was followed by depressive disorder (45.5%, n=25). Among other internalizing disorders, secondary enuresis (18.2%,

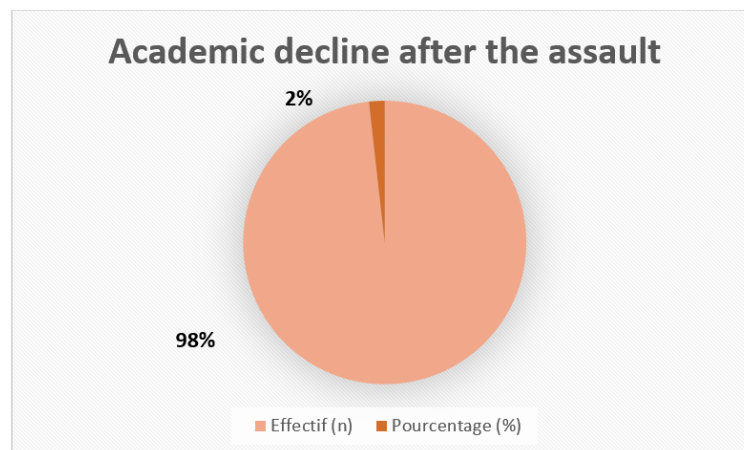
n=10) and an anxiety disorder (16.4%, n=9) were noted. Externalizing disorders included oppositional defiant disorder (9.1%, n=5) and conduct disorder (7.3%, n=4). Encopresis was present in 7.3% of cases (n=4). Finally, more severe presentations were observed, with a psychotic disorder in 9.1% of records (n=5) and a substance use disorder in 5.5% of adolescents (n=3).



• Academic decline post-assault

Sexual assault had a major impact on the victims' schooling. An academic decline was observed in

78.2% of children and adolescents (n=43). Only 21.8% of patients (n=12) did not show a notable decrease in their academic performance following the events.



DISCUSSION

Our descriptive study aimed to establish the epidemio-clinical profile of child and adolescent victims of sexual abuse followed in a Moroccan child psychiatry department. It reveals several significant findings, some confirming international literature data, and others offering insights more specific to our socio-cultural context.

A first particularity of our sample lies in the nearly balanced gender distribution (28 boys vs. 27 girls). This trend contrasts with the majority of

international studies, which report a clear female predominance among victims (Stoltenborgh *et al.*, 2011). This specificity could be explained by a recruitment bias, as our center is a referral service likely to attract more severe or complex cases, potentially more frequent among boys in our context. It could also reflect differential underreporting, where distinct socio-cultural barriers affect the reporting of abuse depending on the victim's gender.

The analysis of the victims' family context highlights a cumulation of psychosocial vulnerability factors. Indeed, a large majority of mothers were without

paid employment (80%) and nearly one-third of fathers were unemployed (30.9%), indicating significant socioeconomic precarity. Furthermore, a conflictual or violent family dynamic was reported in more than half of the cases. These results corroborate literature data identifying a dysfunctional and precarious family environment as fertile ground for the occurrence of sexual abuse, hindering the protective capacities of the entourage and the detection of risk situations (Turner *et al.*, 2010).

On the clinical level, post-traumatic stress disorder (PTSD) emerged as the most frequent psychopathological consequence, affecting 70.9% of our sample. This predominance was expected and is perfectly consistent with the literature, which recognizes sexual abuse as a severe trauma meeting the nosographic criteria for PTSD (Hillberg *et al.*, 2011). It was often comorbid with depressive disorder (45.5%) and anxiety disorders (16.4%), outlining a complex and polymorphic clinical picture.

Beyond diagnoses, the most massive functional impact observed was on schooling, with 78.2% of victims showing academic decline. This crucial result, often less documented than purely medical symptomatology, shows the concrete and immediate impact of abuse on the child's development and future. It can be explained by the cognitive symptoms of PTSD and depression (attention and concentration difficulties, loss of motivation) and should alert all actors surrounding the child, both in the health and education sectors (Romano *et al.*, 2015).

Limitations

Our study had several limitations:

- A small sample size that did not make it fully representative of the target population.

- Missing information in the patient files may have affected the quality and completeness of the collected data.
- The impact of time was considered, as the study's results could be influenced by social, economic, or political changes that occurred over time.

CONCLUSION

Our study confirms the severe impact of sexual abuse on the mental health of children and adolescents, with a predominance of post-traumatic stress disorder and depressive disorders. It also reveals the importance of underlying family and socioeconomic vulnerabilities.

These results underscore the necessity for a global management approach, integrating family psychosocial support and a school-health collaboration to protect the development and future of victims.

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