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ORIGINAL ARTICLE

SOCIODEMOGRAPHIC, BEHAVIOURAL, PSYCHOLOGICAL AND CONTRACEPTIVE ASPECTS AMONG VICTIMS OF SEXUAL ABUSE PRESENTED TO THE DISTRICT GENERAL HOSPITAL, KEGALLE, SRI LANKA - A RETROSPECTIVE STUDY

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ABSTRACT

Sexual abuse remains a significant health issue with psycho-social impacts on victims, which gives rise to the necessity of conducting focused research. The objective of this study was to retrospectively analyze the sociodemographic, behavioural, psychological, and contraceptive aspects of sexual abuse victims presented to the District General Hospital, Kegalle, Sri Lanka. Data was collected by scrutinizing the medico-legal examination records of sexual abuse victims presented to the District General Hospital, Kegalle, from 15/04/2024 to 01/10/2024 and analyzed using IBM SPSS Statistics version 26. The sample of 49 considered cases consisted of 42 females (85.7%) and 7 males (14.3%) with a mean age of 21.6 years. The perpetrators included relatives (28.6%), intimate partners (26.5%), guardians (14.3%) and in 12.2% cases the perpetrators were unknown. Evidence of physical abuse was present in 9 (18.3%) of cases, 8 (16.3%) of them being non-grievous. Among 44.9% of the victims, deranged family dynamics such as marital disputes among parents were noted. Features of psychological sequelae were observed in 32.7% of cases, with post-traumatic stress disorder (18.4%) and depression (14.3%) being the most common. Mental age was observed to be less than the documented chronological age in 14.3% of cases. Among the victims aged 13 years and above (n=39), 38.5% were aware of the contraceptive methods. This study highlights the involvement of familiar perpetrators, psychological impact, family dynamics and limited awareness of contraception, emphasizing the need for targeted intervention to minimize the ill effects of sexual abuse on victims.

Keywords: *Demography; physical abuse; sexual offences*

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INTRODUCTION

Sexual abuse is often a triggering event that leads to physical, social, and psychological impacts on the victim. In Sri Lanka, the incidence of sexual abuse has increased by 40% in the last 10 years[1]. According to the United Nations Population Fund, in Sri Lanka, one in every four women has been subjected to abuse by the time she reaches 15 years[2]. In the general population, 44% had experienced some form of sexual maltreatment in their life[3]. With this high prevalence, conducting studies on socio-demographic, behavioural, psychological, and contraceptive aspects is important to identify and prevent the adverse health effects and socio-economical and psychological impacts.

OBJECTIVES

The objective of this study was to retrospectively analyse the sociodemographic, behavioural, psychological, and contraceptive aspects of sexual abuse victims presented to the District General Hospital, Kegalle, Sri Lanka.

METHODS

Data was collected retrospectively by scrutinising the medico-legal examination records of sexual abuse victims presented to the District General Hospital, Kegalle, Sri Lanka, from 15th April 2024 to 01st October 2024. Collected data was analysed using IBM SPSS Statistics version 26.

RESULTS

A total of 49 cases were studied, with the mean age of the sample being 21.6 years. A majority of 55.1% (n=27) of the victims were in the age group of 13–18 years. In this sample, 42 (85.7%) victims were females. When the victim's relationship with the perpetrator was considered, it was noted that in 43 (87.8%) cases, the perpetrator was known to the victim (Table 1), which included relatives (14, 28.6%), intimate partners (13, 26.5%), and guardians (7, 14.3%). In addition to the sexual abuse aspect, physical abuse was present in 9 (18.3%) cases, with 8 (16.3%) being non-grievous and 1 (2.0%) case resulting in the death of the victim.

Table 1: Victim's relationship with the perpetrator

Relationship	Frequency (%)
Relative	14 (28.6)
Intimate partner	13 (26.5)
Guardian	7 (14.3)
Other	9 (18.4)
Unknown	6 (12.2)

In 22 (44.9%) of the cases, it was noted that the victims had been exposed to dysfunctional family dynamics in the past, such as marital disputes among parents. Psychological sequelae were observed in 16 (32.7%) cases, in the form of post-traumatic stress disorder (PTSD) (9, 18.4%), depression (7, 14.3%), anxiety (2, 4.1%), suicidal ideation (1, 2.0%), and confusion (1, 2.0%). In the sample, the mental age of the victim was observed to be less than the chronological age in 7 (14.3%) cases. When the 39 female victims who were aged 13 years and above were considered, 15 (38.5%) were aware of the use of contraceptives in preventing pregnancies.

DISCUSSION

Studies conducted by Perera in 2009 and Rohanachandra in 2021 have shown that most of the victims of sexual abuse are victims and teenagers, with 14% of males and females being subjected to some form of sexual abuse in Sri Lanka, while sexual harassment was as high as 78.5 %[4,5]. A study by Vadysinghe et al. conducted in the Central and Sabaragamuwa provinces of Sri Lanka showed that 96% of victims were female, and out of them, 81% were below the age of 18 years, with 71% of them being in schooling age[6]. In the current study also, most of the victims were female, and more than half of the victims were aged between 13 and 18 years. Hence, this study highlights the vulnerability of young females to sexual abuse. Furthermore, 14.3% of the victims recorded a lower mental age than their chronological age. This further highlights the fact that intellectual impairment can also increase the risk of sexual victimisation. Therefore, mental age assessment of sexual abuse victims is essential to comment on the victim's ability to express consent for sexual activity. The legal provisions for the mental age also need to be strengthened to include the sexual victimisation of adults with intellectual disabilities.

In this study, it was shown that in a large majority of the cases, the perpetrator of the sexual abuse was a known individual. This finding is compatible with the findings of previous studies by Rohanachandra[5], Vadysinghe[6] and Rathnaweera[7]. Furthermore, they highlight factors affecting the successful management of victims, such as delayed reporting and poor social support. This study also shows that in almost half of the cases, the victims had been exposed to marital disputes among their parents in the past. According to the available literature, children from

dysfunctional family environments are at a higher risk for sexual abuse[8]. Therefore, it should be noted that addressing family issues may not only prevent potential victimisation but also promote healthier developmental trajectories.

As most victims of sexual abuse are female, age-appropriate sex education and knowledge of contraceptives are important to prevent unnecessary pregnancies and adverse health effects. A study conducted among Sri Lankan youth trainees, including both males and females, showed that only 47.5% had ever heard of condoms, while only 13.2% knew about emergency contraceptive pills[9]. The need for implementing targeted health education for vulnerable groups is evident. Interventions such as the incorporation of reproduction health in school curricula and regular knowledge updates will be beneficial, especially for teenagers.

Psychological consequences following sexual abuse are well documented, and such sequelae include poor school performance, anxiety, PTSD, depression, suicide, and aggression[5,10], with similar observations being noted in the current study and highlighting the importance of adequate mental health management and follow-up.

CONCLUSIONS

This study highlights the involvement of familiar perpetrators, psychological impact, family dynamics, and limited awareness of contraception, emphasising the need for targeted intervention to minimise the ill effects of sexual abuse on victims.

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None.

CONFLICTS OF INTEREST

The authors declared no conflicts of interest.

DISCLOSURE

EMKBE is a member of the Editorial Board of the Sri Lanka Journal of Forensic Medicine, Science & Law. Therefore, they did not participate in any way in the publication/decision-making process of this submission, as per journal policy.

ETHICAL ISSUES

This study was conducted using anonymized, retrospective data obtained from medico-legal documents with the permission of the Consultant Judicial Medical Officer at the District General Hospital, Kegalle, without the direct involvement of human participants. All data were handled with strict confidentiality and used solely for academic and research purposes in accordance with institutional guidelines and ethical standards.

SOURCES OF SUPPORT

None.

AUTHOR CONTRIBUTIONS

NPK: Conception and design of the work; the acquisition, analysis, interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and approval of the version to be published. **NASPW:** Conception and design of the work; the acquisition, analysis, interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and approval of the version to be published. **EMKBE:** Analysis, interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and approval of the version to be published.

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