

ity among sexually abused children and adolescents.

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Abstract:

OBJECTIVES: To describe the social demographic profile and identify psychiatric morbidity in sexually abused children and adolescents. **DESIGN:** A Cross-sectional descriptive survey. **SETTING:** Nairobi Women's Hospital (NWH) Gender Violence Recovery Centre (GVRC), Hurlingham, Nairobi-Kenya. **SUBJECTS:** A sample of 61 sexually abused children and adolescents aged 7-17 years. **RESULTS:** Eighty two percent of the survivors were sexually abused by acquaintances such as neighbours, caregivers and parents. Ninety percent of the sampled group were females. Abuse occurred in both single and both parent families and regardless of the guardian/parental economic status. Sixty six percent of the survivors' parents were abusing psychoactive substances. Sexual abuse variables and most of the social demographic variables did not predict either presence or absence of psychiatric morbidity. Only 66% of the abuse came to the notice of the child's caregiver within the first 48 hours. On the socio demographic profile, the only factor that showed a statistical significant difference in predicting presence or absence of psychiatric morbidity was the family's way of sorting out their disagreements ($p = 0.045$). The prevalence of psychiatric morbidity among the subjects studied as measured by the Diagnostic Statistical Manual Text Revision (DSM IV-TR) was found to be 69%. Eight different types of DSM IV-TR diagnoses were made. Twenty nine percent of the AXIS-I DSMIV-TR diagnoses were co-morbidities (Multiple DSM IV-TR diagnoses). **CONCLUSIONS:** The psychiatric morbidity prevalence is comparable to that found in other studies. Sexual abuse occurred regardless of the social demographic variables. Family's way of sorting out disagreement predicted presence or absence of psychiatric morbidity among the study subjects. Majority (82%) of the sexual abusers were acquaintances to the study subjects. **RECOMMENDATIONS:** It is recommended that all children and adolescents who have been sexually abused be evaluated for psychiatric morbidity regardless of their social demographic and abuse profiles and that all parents and care givers, be sensitised on childhood sexual abuse and the fact that majority of the perpetrators are acquaintances to the subjects. Families need to be sensitised on their role on prevention and reduction of psychiatric morbidity among children and adolescents in general