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Sodomy of Adolescent Males Presented to Pediatric Psychiatric Outpatient Clinic: A Case Series

دراسة حالات من اللواط فى الذكور المراهقين القادمين إلى العيادة الخارجية للأمراض النفسية للأطفال

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Abstract

Traditional Arab culture hides male sexual abuse and considers it a shame. Instead of treating male victims of sexual assault, they are often stigmatized as homosexual individuals.

Moreover, guardians of sexually abused boys are also negatively affected. They have to choose between reporting abuse to a legal authority with the risk of labeling their child or keeping a close eye on them to prevent further abuse. However, reporting abuse to healthcare authorities does take place.

Disclosing sexual abuse in the privacy of a psychiatric clinic is often the only way for victims to be successfully treated for the psychological effects of such abuse.

Keywords: *Forensic Science, Adolescent, Sodomy, Males, Psychological Effects, Psychiatry, Egypt*

المستخلص

اعتادت الثقافة العربية التقليدية إنكار الإعلان عن الاعتداء الجنسي على الذكور باعتباره وصمة عار. فبدلاً من علاج ضحايا الاعتداءات الجنسية من الذكور، تم وصمهم بالشذوذ الجنسي.

علاوة على ذلك، فإن أولياء أمور الذين يتعرضون للاعتداء الجنسي يتأثرون سلبياً حيث يتعين عليهم الاختيار بين تقديم بلاغ إلى السلطة القانونية مع خطر وصم أطفالهم أو مراقبة أطفالهم باستمرار عن كثب. ومع ذلك فقد يتم الإبلاغ إلى مرافق الرعاية الصحية. في العيادة النفسية للمراهقين، خلف أبوابها المغلقة

ويكون الكشف عن التعرض للإيذاء الجنسي هو الخيار الأخير للحصول على حياة صحية لاحقا.

الكلمات المفتاحية: علوم الأدلة الجنائية، الطب الشرعي النفسي، اللواط، الذكور، الآثار النفسية، مصر.

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1. Introduction

Media and literature usually sympathize with sexual violence against girls and women as a vulnerable group. Yet, they are still reporting less in cases of male sexual assault. Arab society is ashamed of the possibility that a male can be a victim of sexual violence and, therefore, tries to conceal it. The characteristics of weakness, vulnerability, and passiveness are considered feminine and males are expected to protect themselves and others [1].

On the other hand, there is an association between sexual abuse and psychiatric symptoms such as depression, post-traumatic stress disorder (PTSD), eating disorders, and suicide attempts. That usually, many sexual abuse survivors seek psychiatric help, even those who refuse to report the abuse to a legal authority [2-5].

The aim of this study was to examine the characteristics of sexually abused adolescent males and reasons behind their refusal to report abuse. All adolescent males aged between 12-18 years were interviewed during their first visit to the Child and Adolescent Psychiatric Outpatient Clinics at Al-Hadara University Hospital in Alexandria, Egypt, during the 1st of February 2017 to the 31st of May 2017.

Children with psychiatric disorders that lead to severe cognitive impairment and psychotic disorders were excluded from this study. Informed consent and oral consent were obtained from caregivers and the study participants, respectively, after explaining the nature and objectives of the study. Confidentiality of all data was considered and preserved. Ethical approval for this study procedure was obtained from the ethical committee of Alexandria University. (IRB NO: 000012098, FWA NO: 00018699). Personal history and demographic data were collected, then assessment of the sexual abuse was completed using the Arabic version of the Childhood Trauma Questionnaire (CTQ-SF) [6,7]. Moreover, psychiatric evaluation of the children participating in the study was done according to the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) Present and Lifetime version for diagnosis of psychiatric disorders [8]. It is a semi-structured interview that combines dimensional and categorical assessment approaches to diagnose current and past episodes of psychopathology in children and adolescents according to a diagnostic and statistical manual of mental disorders (4th edition, revised DSM-IV-TR).

A total of 31 cases were studied including five (16.2%) of them reporting anal penetration (sodomy) by male active partners. Those children were asked further questions about the offenders: number, age, and if they were known to them or were strangers. Other data were gathered regarding the location where sexual assault occurred, the use of weapons to threaten the child, the number of attacks, and if the child told his caregivers or not and reasons behind not reporting the abuse.

2. Case Presentation

Case 1: A twelve-year-old male, living in Albehira, was the first child in a family of five members. He started working during summer to support his family. The child reported exposure to sodomy in his workplace (a fish shop) by a male coworker there. According to his story, he used to be attacked at the end of the working day. The offender threatened to accuse the child of stealing if he told anyone. The child was assaulted daily for a month, and then the offender changed his workplace. Moreover, the child reported exposure to three other types of maltreatment: physical and emotional abuse, and emotional neglect. The child did not tell his father about the sexual abuse because of the fear of punishment. Unfortunately, the mother revelaed that the father used physical punishment on his children to discipline them (Table-1).

Case 2: A thirteen-year-old male smoker, living in Albehira, was the first child in a family of five members. His mother reported that he was exposed to sodomy by their neighbor when he was seven. According to her story, her neighbor was a 22-years-old, driverd known to be a drug addict. Because of shame, they changed their residence and treated their son as a source of dishonor. The child had two previous suicidal attempts and escaped the house once for two days. The child reported exposure to two further types of child maltreatment: physical and emotional abuse by his family members (Table-1).

Case 3: A fourteen-year-old male, living in Alexandria, was the first child in a family of four members. He was a smoker, and he did not continue his primary school education due to successive failures. He reported exposure to sexual abuse at the age of ten. The offender was his neighbor, a 60-year-old male, who sexually abused the child for two years. The child did not tell anyone; however, the incident was accidently discovered by his cousin who saw the act and reported it to the parents. They sought medical advice at Alkabary General Hospital in Alexandria, and the crime was legally reported. According to the child, the offender used to threaten him with a knife, and he was afraid of telling anyone. The mother said that the case was still being considered by the court and that she just wanted justice for her son. The child reported further exposure to emotional and physical abuse and emotional neglect (Table-1)

Case 4: An eighteen-year-old male smoker, living in Alexandria, was the youngest child in a family of five

Table 1- *Full data of the children who were exposed to sodomy.*

	Age (years)	Age of victims at the time of sodomy (years)	Resi-dency	Education & social habits of the victim	Father	Mother	The of-fender	Loca-tion of the act	Number of as-saults	Tell-ing the guardian	Re-porting the au-thority	Other types of child mal-treatment	Psychi-atric disorder
Case 1	12	8	Al-behira	Primary school, weak, non smoker	36 y, uni-versity, employ-ee, non smoker	32 y, pre-paratory school, worker	Stranger, third decade, worker in fish shop	Work place	Repeated daily for one month	No (fear of corporal punish-ment)	No	Yes (physi-cal and emo-tional abuse, emotional neglect)	PTSD
Case 2	13	7	Al-behira	Primary school, weak, smoker	40 y, secondary school, carpenter, non smoker	39 y, secondary school, employee	Neigh-bor, 22y, driver, drug ad-dict	At his neighbor house	once	Yes	No (fear of shame)	Yes Physical and emotional abuse	PTSD
Case 3	14	10	Alexan-dria	Didn't continue pri-mary school, failure, smoker	42 y, didn't continue primary school, worker, smoker	34 y, pre-paratory school, house-wife	Neighbor, 60 years	Neighbor house	Two years	No (acciden-tally dis-covered)	Yes	Yes Physical and emotional abuse and emotional neglect	PTSD
Case 4	18	11	Alexan-dria	Prepara-tory school education, Failure smoker	62 y, Didn't continue primary school, worker, smoker	45y, primary school, house-wife,	Refused to give informa-tion	Refused to give informa-tion	Refused to give informa-tion	No	No	Yes Physical and emotional abuse and emotional neglect	PTSD, Child became sexual abuser – a pedo-phile
Case 5	13	8 and half	Alexan-dria	Preparatory school Weak Non smoker	42y, pre-paratory school, worker, smoker	39 y, primary school house-wife	His brother's friend, 19 y	Friend's home	Five times	No (one of the friends told his parents)	No (fear of shame)	Yes Physical abuse and emotional abuse	PTSD

members. He had worked since he was nine years old and was exposed to sodomy at the age of eleven. He refused to give information about the offender, and he did not report the abuse. The father thought that his child would forget the assault. However, the father discovered that his child had recurrent, intense sexually arousing fantasies or behaviors involving sexual activity with prepubescent children. Unfortunately, he became a sexual abuser and committed sodomy on a younger child. In the psychiatric clinic, he was diagnosed as a pedophile. In addition, the child reported exposure to physical and emotional abuse and emotional neglect in his home, especially by his uncle (Table-1).

Case 5: A thirteen-year-old male, living in Alexandria, was the second child in a family of six members. He reported exposure to sexual abuse, when he was eight and half years old by one of his brother's friends and refused to give further information. The mother refused to report the abuse for fear of shame and started to make close observation of him. However, he started to be afraid to go to school and his school performance became poor. In addition, he failed in exams for the first time. Moreover, the child reported exposure to physical and emotional abuse by his parents (Table-1).

3. Discussion

Forcible sodomy is a criminal offense we are confronted with. Although it is a taboo, the present study gives an insight into survivors of male sodomy who refused to report the abuse to legal authorities. In the current study, all the studied cases were exposed to sexual assault at ages below ten years, and two cases between 10-11 years. Regarding the offenders, their ages varied from above 10 years to 60 years. The offender was a stranger in one case and was known to the child in three cases. On the other hand, in one case the victim refused to give any information about the offender. Silence in matters related to sexual assault on boys and encouraging blind obedience is intended to protect the offender when they are a family member. Furthermore, in the current study, one offender was addicted to alcohol, cannabis and tramadol. One of the possible mechanisms explaining the association between addiction and sexual violence is disinhibition. The person under influence of some drugs may become unable to observe the negative consequences of his act, so the usual level of behavioral inhibition is reduced resulting in serious offences [9].

Regarding the location of the sexual offence, in the current case series, the abuser's residence was the commonest place, followed by the workplace. The victim in one case refused to give any information. This was contrary to Hagras et al. (2011) [10], who reported that nearly half of sexual crimes occurred in an unknown place.

In addition, the current case series highlights a serious problem, which is child labor. Sexual assault is a crime perpetrated by those who are more powerful than their victims. Although no occupation is immune, sexual assault is frequently higher against children in workplaces lacking security [11].

Besides that, the current study showed different psychiatric consequences of sexual abuse such as post-traumatic stress disorders and suicide attempts. Moreover, three children were smokers which raises the question about child sexual abuse and its association with smoking in adolescence and adulthood. In addition, the current case series showed another consequence that threatens the whole society, where the abused became an abuser. One child committed sodomy on a younger child, and he was diagnosed as a pedophile. Although Paolucci EO et al. (2001) [12] and Noll JG et al. (2003) [13] recorded victims of child sexual assault to be more sexually promiscuous with over-sexualized behavior, the condition of the fourth case in the current study was different. He was well controlled with treatment and the close supervision of his father.

Understanding the sexual offences perpetrated by an adolescent is not easy. In the past, many professionals in mental health thought that the sexually abusive behavior of adolescents is a part of the normal aggressiveness of sexual maturation [14,15]. Other researchers found that most adolescent sexual offenders had previous interpersonal sexual experiences [16,17]. However, the actual incidence of sexual crimes committed by adolescents in Egypt is still unknown.

Regarding the frequency of the assaults, it varied from once to multiple times. Moreover, the child who was exposed to only one attack of sexual abuse was the one who told his parents after the attack. This could reflect the role of parental protection in preventing sexual crimes. Exposure to repeated sexual abuse can cause Child Sexual Abuse Accommodation Syndrome [18]. Initially, the child feels trapped and is forced to keep sexual abuse secret. Then, he starts believing that no one will believe him, which leads to accommodative behavior. This syndrome would explain the retraction of the disclosure and prolonged duration of child sexual abuse.

Regarding reasons behind underreporting to parents, fear of corporal punishment or fear of the offender who threatened the victim verbally or by using a weapon represented the major cause. Egyptian culture supports corporal punishment as an accepted method of discipline. With its chronic use, a child’s brain development may be affected leading to low cognitive skills. In addition, children become unable to understand the language in

which parents dictate the rules making the children afraid of sharing any such incidence with their parents [19].

Regarding reporting to the legal authority, four cases refused to report the abuse. The commonest reason behind that was the fear of shame and dishonor. Even one family changed their residence to protect their reputation. Unfortunately, in Arab societies, there is a fear that male victims of sexual abuse would be labeled as being homosexual or even accused of having provoked the abuse [20].

The stigmatization of homosexuality is shared by religions, and is equally looked down upon by Muslims, Christians, and secularists. In Islamic law, homosexuality and sodomy are disapproved. Both the penetrator and penetrated in anal sex are equally blameworthy. However, popular opinions are different. From the public's point of view, the penetrators tend to be less hostile; they are doing what men naturally do. On the other hand, the passive partners are behaving like women, which causes them to be viewed with disgust. Fear of judgmental attitudes from the whole society can prevent many families from reporting abuse to legal authorities [21].

Beside sexual abuse, all adolescents in the current case series reported experiences of other types of child maltreatment such as physical and emotional abuse and emotional neglect. This would reflect one of the risk factors for sexual victimization, which is previous exposure to other types of abuse [22].

4. Conclusions

Sodomy causes psychological problems for victims, and it represented 16.2% of cases attending the psychiatric clinics during the period of this study. We still think that this is an underestimated percentage. The age of abused males ranged from 6-12 years, and they suffered several psychiatric problems such as PSTD and suicidal attempts. Sexual offence is not only an acute trauma, it has different consequences which affect the victim, the family and the whole society. Another problem was also revealed, which is the underreporting of sexual abuse, which makes the possibility of combating the problem very difficult.

5. Recommendations

- Changing the culture and social taboos regarding male sexual abuse.
- Extensive campaigns in the media to raise awareness about child sexual abuse, its signs and long-term consequences.
- Encouraging legal reporting is mandatory to prevent the recurrence of sexual crimes.
- Increasing the punishment of the offender and making the legal steps faster.
- Regular cooperation between adolescents' psychiatric clinics and forensic medicine units is essential to protect the legal rights of abused children.
- Tailored treatment including both psychiatric support and forensic help is needed for sexually abused children.

Conflicts of Interest

The authors received no financial support for this research, authorship, and/or publication of this article. None of the authors have any competing interests in the manuscript.

Ethics approval

Ethical approval for this study procedure was given by the ethical committee of Alexandria University. (IRB NO: 00007555, FWA NO: 00018699).

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