

Physical Effects of Sexually Abused Children and Adolescents at Taksin Hospital

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Objective: To study the incidences and physical effects of sexually abused children and adolescents.

Material and Method: Rape records and records of 250 sexually abused children and adolescents treated at Taksin Hospital between January 1, 1999 and December 31, 2004 from Child-Women Protection Center were studied retrospectively.

Results: The incidence of sexual abuse in children and adolescents was 4.74 per 10,000 cases of age-adjusted patients at the OPD and 22.97 at the emergency department. Most of the cases (97.20%) were females. Mean age was 13.74 ± 4.27 (2-20) years old. Most of the cases were early adolescents (52.40%), late adolescents 32.40%, and children 15.20%. Thirty-nine cases (15.60%) had physical injuries, 36 cases (14.40%) had external genital injuries, 25 cases (10.00%) had gonococcal infections, 15 cases (6.20%) had bleeding in the vaginal canal, and eight cases (3.20%) were pregnant. Two hundred and twenty six cases (90.40%) were reported to the police. There was correlation between age group and hymen tearing (p -value < 0.001), gonococcal infection (p -value < 0.01) and sperm finding (p -value < 0.001). However, there was no correlation between age group and gender, physical injury, genital injury, bleeding in the vagina and acid phosphatase finding. In addition, there was correlation between physical injury and bleeding in the vagina (p -value < 0.01) but no correlation between genital injury and hymen findings.

Conclusion: Sexual abused victims need immediate attention for the traumatic impacts of their physical, psychological, and emotional conditions, as well as on their social impact. Thus, it is imperative that protection be exerted over the treatment to prevent recurrence.

Keywords: Sexual abuse, Physical effect, Children, Adolescents

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Sexual abuse is a worldwide problem. The incidence of the problem is under diagnosis because it is regarded as a secret matter. Pediatricians should be aware of this problem and provide intervention as soon as possible. It is believed that only 1 out of 4 victims are willing to report their cases^(1,2).

According to a study conducted by Queen Sirikit National Institute of Child Health in 1999, it was reported that there were 19 sexually abused children⁽³⁾. However, according to the National Child Abuse and

Neglect System of the United States, there were at least 120,000 cases of sexually abused children and adolescents, which mean there may be at least 10 times as many cases that go unreported. Approximately 17-20% of all women and 8% of men in the United States were sexually abused during their childhood⁽⁴⁾. The patients showed various problems, some might have myriad psychological, physical, and behavioral symptoms as a result of their abusiveness⁽⁵⁻⁷⁾.

Evaluations can be conducted through⁽⁸⁻¹⁰⁾.

1. Investigating the patients' history personally, or from guardians and witnesses
2. Examining physical injuries and record the details

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3. Examining sex organs, urinary tract and rectum
4. Diagnosis through laboratory results

There are four principles in looking after sexually abused adolescents: collecting evidence to prove that sexual intercourse did take place, healing physical injuries, preventing and diagnosing for sexual transmitted disease, and preventing pregnancy for female adolescents^(4,10-12).

From January 1st 1999 to December 31st 2004, Taksin Hospital provided treatments to 323 cases of sexually abused children and women, of which 83.60% were children and adolescents.

Objective

1. To study the incidences of sexually abused children and adolescents being treated at Taksin Hospital.
2. To study the physical effects on sexually abused children, early and late adolescents.

Material and Method

The records of 250 sexually abused children and adolescents who were treated at Taksin Hospital from January 1st 1999 to December 31st 2004 were studied. Thirty-eight cases were children, 131 cases were early adolescents, and 81 cases were late adolescents. This sample excluded sexually adult, nonphysical contact abuse such as exposure, voyeurism, child pornography and sex for payment.

Definitions

A child was a person whose age was less than 9 years old⁽¹³⁾. Early adolescent was a person whose age was more than 9 years old to 15 years old⁽¹³⁾. Late adolescent was a person whose age was more than 15 years old to 20 years old⁽¹³⁾. Sexually abused children

and adolescents were defined as the use of children and adolescents for the sexual gratification of an adult where the adult forced or coerced a children or adolescent into sexual activity. It implied the use of power over a more vulnerable person who was not developmentally able to consent to sexual activity. The sexual abuse was restricted to physical contact and may including fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal/anal intercourse^(1,14-17).

Finding proof of sexual transgressions included pregnancy, sperm, positive result of acid phosphatase, severe genital injury without accidental record to support it, syphilis, and gonorrhea that was not transmitted during pregnancy or delivery, HIV infections, Clamidia trachomatis that was not transmitted during pregnancy, delivery or blood transfusion, larger hymen opening than was appropriate for such age, and little or no hymen sheath⁽¹⁸⁻²⁰⁾.

Method

The rape records and records from the Child-Women Protection Center at Taksin Hospital were studied retrospectively. The data including history, physical examination, pelvic examination and laboratory test results of vaginal smears were analyzed. Statistical report was evaluated through mean and standard deviation for continuous and frequency (%) for categorical data and statistical differentiation. Chi square test was used to find the association between categorical data and the three study groups. A p-value of less than 0.05 was considered significant difference.

Results

Incidence (Table 1)

Two hundred and fifty cases were sexually

Table 1. Prevalence and characteristics of 250 sexually abused children and adolescents (1999-2000)

Characteristics	Children (0-9 years)	Early adolescents (>9-15 years)	Late adolescents (>15-20 years)	Total
Number of cases (n)	38 (15.20%)	131 (52.40%)	81 (32.40%)	250 (100.00%)
Female	37 (97.37%)	126 (96.18%)	80 (98.77%)	243 (97.20%)
Male	1 (2.63%)	5 (3.82%)	1 (1.23%)	7 (2.80%)
Ratio of patients/10,000				
Treated at ER	6.80	77.60	22.40	22.97
Treated at OPD	1.77	74.26	4.76	4.74
Mean age (years)	5.29 ± 1.93	13.72 ± 1.75	17.34 ± 1.55	13.74 ± 4.27
Legal notification	29 (76.32%)	125 (95.42%)	72 (88.89%)	226 (90.40%)

* ER = Emergency room, OPD = Out patient department

abused children and adolescents. The ratio of sexually abused cases to age-adjusted patients who had been treated at the OPD was 4.74 per 10,000 and those treated at the emergency department was 22.97. The ratio of sexually abused children to children who were treated at the OPD was 1.77 per 10,000 and those treated at the emergency department was 6.80. The ratio of sexually abused early adolescents to age-adjusted patients who were treated at the OPD was 74.26 per 10,000 and those treated at the emergency department was 77.60. The ratio of sexually abused late adolescents to age-adjusted patients who were treated at the OPD was 4.76 per 10,000 and those treated at the emergency department was 22.40.

Gender (Table 1)

Of the sexually abused children and adolescents 97.20% were females, 2.80% were males. Findings of female children, early adolescents and late adolescents were 97.37%, 96.18% and 98.77% respectively.

Age (Table 1)

Mean age was 13.74 ± 4.27 (2-20) years old. The common ages were 14 and 13 years old, which accounted for 19.20% and 18.40% respectively. Most of the cases were early adolescents (52.40%), late adolescents were 32.40%, and children were 15.20%. Common age found among the early adolescents with a mean age was 13.72 ± 1.75 years old, late adolescents with mean age of 17.34 ± 1.55 years old, and children of 5.29 ± 1.93 years old.

Legal notification (Table 1)

Two hundred and twenty six cases (90.40%) were reported to the police. The highest number of notification were found in early adolescents for 125 cases (95.42%), subsequently in late adolescents for 72 cases (88.89%), and children for 29 cases (76.32%).

General physical examinations (Table 2-3)

Patients with physical injuries accounted for 39 cases (15.60%). Physical injuries found on children,

early adolescents, and late adolescents accounted for seven cases (18.42%), 18 cases (13.74%) and 14 cases (17.28%), respectively.

Physical examination on external genital organ, the hymen and within vaginal canal

Thirty-six cases (14.40%) were found with external genital injuries. Findings of external genital injuries on children, early adolescents, and late adolescents were 10 cases (26.32% of age-adjusted patients), 16 cases (12.21% of age-adjusted patients), and 10 cases (12.35% of age-adjusted patients), respectively (Table 2).

Findings of normal hymen and vaginal canal in children, early adolescents, and late adolescents were 35.14%, 15.08% and 10.00%, respectively. Findings of fresh wounds at the hymen and within the vaginal canal in children, early adolescents, and late adolescents were 54.05%, 26.98% and 33.75%, respectively. Finding of old wounds at the hymen and within the vaginal canal in children, early adolescents, and late adolescents were 10.81%, 57.94% and 56.23%, respectively (Table 3).

Gonococcal infection (Table 2)

Twenty-five cases (10%) had gonococcal infection, nine cases were children (23.65% age-adjusted patients), subsequently 11 cases were early adolescents (8.40% age-adjusted patients) and 6.17% of age-adjusted patients were late adolescents (5 cases).

Pregnancy (Table 2)

Eight cases (3.20%) were pregnant, 4.94% of age-adjusted patients in female late adolescents (4 cases), then 3.05% of age-adjusted patients in female early adolescents (4 cases).

Sperm, acid phosphatase, and blood finding from vaginal swabs (Table 3), **Interval time from abused to medical treatment** (Table 4), **Time period of abuse and time period of medical treatment** (Fig. 1)

The peak time of sexual abuse on children and adolescents was during 00.01-04.00 o'clock (65

Table 2. Physical effects of sexually abused children and adolescents

Physical effect	Children	Early adolescents	Late adolescents	Total	p-value
Physical trauma	7 (18.42%)	18 (13.74%)	14 (17.28%)	39 (15.60%)	>0.5
Genital injury	10 (26.32%)	16 (12.21%)	10 (12.35%)	36 (14.40%)	>0.05
Gonococcal infection	9 (23.68%)	11 (8.40%)	5 (6.17%)	25 (10.00%)	<0.01*
Pregnancy	0 (0%)	4 (3.05%)	4 (4.94%)	8 (3.20%)	>0.1

Table 3. Physical effect and laboratory finding of female sexually abused children and adolescents

	Total n = 243(%)	Children n = 37 (%)		Early adolescents n = 126 (%)		Late adolescents n = 80 (%)		p-value
		Injury	Non Injury	Injury	Non Injury	Injury	Non Injury	
Physical injuries								
Number of cases	243	7 (18.92%)	30 (81.08%)	18 (14.29%)	108 (85.71%)	14 (17.50%)	66 (82.50%)	
Hymen lesion								<0.001*
New tear	81 (33.33%)	4 (10.81%)	16 (43.24%)	8 (6.35%)	26 (20.63%)	6 (7.50%)	21 (26.25%)	
Old tear	122 (50.21%)	1 (2.70%)	3 (8.11%)	7 (5.56%)	66 (52.38%)	7 (8.75%)	38 (47.50%)	
Normal	40 (16.46%)	2 (5.41%)	11 (29.73%)	3 (2.38%)	16 (12.70%)	1 (1.25%)	7 (8.75%)	
Sperm finding	73 (30.04%)	1 (2.70%)	4 (10.81%)	5 (3.97%)	29 (23.02%)	5 (6.25%)	29 (36.25%)	<0.001*
Acid phos. finding	33 (13.58%)	0 (0%)	1 (2.70%)	1 (0.79%)	17 (13.49%)	1 (1.25%)	13 (16.25%)	>0.05
Blood in vaginal canal	15 (6.17%)	0 (0%)	0 (0%)	0 (0%)	8 (6.35%)	0 (0%)	7 (8.75%)	<0.01

Table 4. Time from abuse to medical treatment

Interval time from abuse to treatment (day)	Children (n = 37) (% of age- adjusted patient)	Early adolescents (n = 126) (% of age- adjusted patient)	Late adolescents (n = 80) (% of age- adjusted patient)	Total (%)
≤ 1	68.42	57.25	45.68	55.20
> 1-2	10.53	8.40	9.88	9.20
> 2-3	7.89	9.92	8.64	9.20
> 3-7	7.89	7.63	19.75	11.60
> 7-14	0	5.34	4.94	4.40
> 14-21	0	6.11	3.70	4.40
> 21-28	0	0.76	1.23	0.80
> 28	5.26	2.29	2.47	2.80

cases or 26.00%), and followed by 20.01-24.00 o'clock (59 cases or 23.60%) and 16.01-20.00 o'clock (49 cases or 19.60%).

The peak time of sexual abuse prevalence for children was during 16.01 and 20.00 o'clock (16 cases or 42.11%). For children treated at the hospital, the peak was at the time interval between 20.01 and 24.00 o'clock (13 cases or 34.21%). The peak time of sexual abuse on early adolescents was during 20.01-24.00 o'clock (39 cases or 29.77%). For early adolescents treated at the hospital, the peak was at the period between 20.01 and 24.00 o'clock (30 cases or 23.66%). The peak time of sexual abuse on late adolescents was

during 01.00-04.00 o'clock (27 cases or 33.33%). Late adolescents treated at the hospital was at the peak time period between 20.01 and 24.00 o'clock (22 cases or 27.16%).

Discussion

From 1999 to 2004, 323 cases of children and women were sexually abused and 250 cases of children and adolescents were reported. The incidences of sexually abused children and adolescents that were treated at Taksin Hospital in the emergency department were at a rate of 22.97 and of that in the OPD 4.74 per 10,000 cases of age-adjusted patients. The hospital has a policy

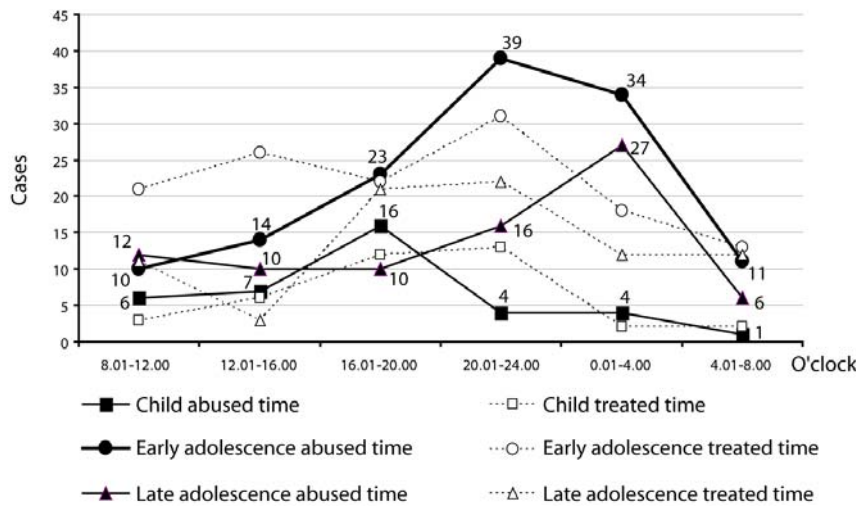


Fig. 1 Time period of abuse and time period of medical treatment

of providing immediate care to sexually abused victims by a professional team at OSCC (One Stop Crisis Center) in the emergency department.

The peak age group were early adolescents, accounting for 131 cases (52.40%), then late adolescents with 81 cases (32.40%) and children with 38 cases (15.20%). This finding could be due to the fact that there was a distinct sexual development among the early adolescents, but they could not protect themselves because of developmental maturity. The youngest age of a sexually abused case was 2 years old. This reflects a social problem that needs to be intervened. From the USA, a national telephone survey on violence against women conducted by the National Institute of Justice and the Centers for Disease Control and Prevention found that 18% of 8,000 women surveyed had experienced a completed or attempted rape at some time in their lives. Of this number, 22% were younger than 12 years and 32% were between 12 and 17 years old when they were first raped⁽⁴⁾.

The study showed that sexually abused females were much higher (97.20%) than men (2.80%). It was also found that the abused male patients were also highest in number among early adolescents, which was similar to female victims. However, gender and age of children and adolescents showed no correlation as shown in Table 1.

Sexual abuse was considered a syndrome of secrecy and addiction as it tends to be done under secrecy and be repeated. Therefore, it is known only by the abuser and the abused person. For legal noti-

fication, 226 cases (90.40%) reported their case to the police. The highest number of notification was the early adolescents (95.45%), followed by the late adolescents (90.40%) then children (76.32%). This may infer evidence of patient distress because of delayed judicial procedures that hamper the victim's spirits.

Table 2 explains that the patients had physical injuries in all age groups. It was found that 18.42% of children were inflicted with physical injuries, 17.28% of late adolescents, and 13.74% of early adolescents. There was no differential correlation between age group and physical/external genital injuries. However, there was differential correlation between age group and gonorrheal infection (p-value < 0.01) and sperm finding (p-value < 0.001). There was no correlation between age group and gender, physical injury, genital injury, bleeding in the vagina and acid phosphatase finding. However, there was a correlation between physical injury and bleeding in the vagina (p-value < 0.01) but no correlation between genital injury and hymen findings (Table 3).

Physical examination for detecting abnormalities and providing appropriate medical treatment is done while forensic evidence is collected. This examination should be done immediately and seriously, especially upon the arrival of the patients who had been sexually abused in the past 72 hours or those that are suspected of having been impregnated or infected with sexually transmitted disease. However, children who had recently been sexually abused will be terrified and resist being touched. Thus, doctors should not immediately

examine them but should use appropriate judgments such as suspicion of bleeding from the vagina. Fresh cases will be found with traces of tearing, bruises, blood clots, swelling and bleeding. Those cases that had been repeatedly sexually abused will have a hymenal notch and misshaped hymen, for instance, and those who had been abused through the rectum will have bruises around the anal scars, tearing traces and anal skin tag. Through forensic examination, specimens of semen substance and pubic hairs in the vagina, rectum canal, on clothes, hairs, and on bodies to detect sexual transmitted disease, such as gonococcal and Chlamydia infection should be collected. Blood samples should also be collected for syphilis and HIV infection^(21,22).

However, the limitations of the present study were that sexual abuse was secretive, staff lacked experience and skills of acquiring accurate information, and the time required to conduct this type of study, which may hamper the credibility of the research.

There was an increased tendency of sexual abuse on children and adolescents due to changes in social, economic, and familial structure as a whole. Sexually abused children and their families need immediate professional evaluation and treatment. Child and adolescent psychiatrists could help the abused children to regain their sense of self-esteem, cope with feelings of guilt about the abuse, and begin the process of overcoming the trauma. Such treatment could help in reducing the risk that the child could develop serious problems as an adult. According to a report by Queen Sirikit National Institute of Child Health on 19 sexually abused children, the impact on the child's physical symptoms, signs, psychology, and spirit was immeasurable. Adults, with a history of childhood sexual abuse had disproportionately high use of health care services, more severe symptoms with more complex patterns of presentation, and often somatic symptoms did not respond to routine treatment⁽²²⁾.

Benefits and impacts of the present study were to acknowledge the incidences of sexual abuse on children and adolescents who came to get medical treatments at Taksin Hospital, and providing basic statistical information to relevant public health agencies on the physical effects of sexual abuse children and adolescents. It can also be used as a basis for further medical research to enhance medical solutions and health care by teams of medical professionals.

Conclusion

The present study showed 250 cases of sexually abused children and adolescents who had

been treated at Taksin Hospital. Most of them were females and the highest number was in the age group of early adolescents. There was correlation between age group and hymen tearing, gonococcal infection and sperm finding. Sexually abused victims need immediate attention as the traumatic impacts on their physical, psychological, emotional, social conditions cannot be measured. Thus, it is imperative that protection should be exerted over treatment and against sexual abuse recurrence.

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ผลกระทบทางร่างกายของเด็กและวัยรุ่นที่ถูกกระทำทารุณกรรมทางเพศที่พบในโรงพยาบาลตากสิน

มาเรียม บุญมา, ธาณินทร ภูพัฒน์, ธนินาถ ตริรัตน์วีรพงษ์, อติศักดิ์ จินตนาติก

วัตถุประสงค์: เพื่อศึกษาอุบัติการณ์และผลกระทบทางร่างกายของเด็กและวัยรุ่นที่ถูกกระทำทารุณกรรมทางเพศ **วัสดุและวิธีการ:** ศึกษาข้อมูลผู้ป่วยย้อนหลังจากแบบบันทึกข้อมูลศูนย์พิทักษ์สิทธิเด็กและสตรี และแบบบันทึกตรวจร่างกายเฉพาะเรื่องชำเราของเด็กและวัยรุ่นที่ถูกกระทำทารุณกรรมทางเพศจำนวน 250 ราย ที่มารับการรักษาที่โรงพยาบาลตากสินตั้งแต่วันที่ 1 มกราคม พ.ศ. 2542 ถึง 31 ธันวาคม พ.ศ. 2547

ผลการศึกษา: อุบัติการณ์เด็กและวัยรุ่นถูกกระทำทารุณกรรมทางเพศที่พบในโรงพยาบาลตากสินต่อผู้ป่วยวัยเดียวกัน 1 หมื่นรายที่มาตรวจที่แผนกผู้ป่วยนอก และที่แผนกอุบัติเหตุและฉุกเฉินเท่ากับ 4.74 และ 22.97 ตามลำดับ ส่วนมากเป็นเพศหญิง (ร้อยละ 97.20) อายุเฉลี่ย 13.74 ± 4.27 (2-20) ปี วัยที่พบมากที่สุดคือวัยรุ่นตอนต้นร้อยละ 52.40 รองลงมาวัยรุ่นตอนปลายร้อยละ 32.40 และวัยเด็กร้อยละ 15.20 ตามลำดับ ผู้ป่วยมีบาดแผลตามร่างกาย 39 ราย (ร้อยละ 15.60) บาดแผลที่อวัยวะเพศภายนอก 36 ราย (ร้อยละ 14.40) ติดเชื้อหนองในแท้ 25 ราย (ร้อยละ 10.00) พบเลือดในช่องคลอด 15 ราย (ร้อยละ 6.20) ตั้งครรภ์ 8 ราย (ร้อยละ 3.20) มีการแจ้งความ 226 ราย (ร้อยละ 90.40) วัยของผู้ป่วยมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติกับลักษณะบาดแผลที่เยื่อพรหมจารี (p -value < 0.001) การติดเชื้อหนองในแท้ (p -value < 0.01) และการพบเชื้ออสุจิ (p -value < 0.001) แต่ไม่พบความสัมพันธ์ระหว่างวัยของผู้ป่วยกับเพศ การพบบาดแผลที่ร่างกาย บาดแผลที่อวัยวะเพศภายนอก การพบเลือดในช่องคลอด และการพบส่วนของน้ำอสุจิ ทั้งนี้ยังพบว่าการมีบาดแผลตามร่างกายสัมพันธ์อย่างมีนัยสำคัญทางสถิติกับการพบเลือดในช่องคลอด (p -value < 0.01) แต่ไม่พบความสัมพันธ์กับบาดแผลที่อวัยวะเพศและลักษณะการฉีกขาดของเยื่อพรหมจารี

สรุป: การทารุณกรรมทางเพศถือเป็นปัญหาที่ต้องให้การรักษารีบด่วน เพราะผลกระทบมีทั้งด้านร่างกาย จิตใจ อารมณ์ และสังคม ดังนั้นควรเน้นการป้องกันมากกว่าการรักษา และป้องกันการถูกทารุณซ้ำ
