FACTORS ASSOCIATED WITH OUT-OF-HOME PLACEMENT OF SEXUALLY ABUSED CHILDREN TREATED AT SIRIRAJ HOSPITAL, BANGKOK, THAILAND

Vitharon Boon-yasidhi, Nuntanut Rutrakool, Nattawadee Na Manorom, Sudarat Sirisakpanit, Napat Sittanomai and Jariya Tarugsa

Division of Child and Adolescent Psychiatry, Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

Abstract. The purpose of this study was to assess factors associated with out-of-home placement of sexually abused children treated at Siriraj Hospital located in Bangkok, Thailand, the largest national tertiary referral center. A retrospective chart review was conducted among 194 children aged 0-15 years who were sexually abused and treated by a multidisciplinary child protection team during 2008 to 2012. Demographic data, clinical data, and other data specifically relating to sexual abuse were reviewed by one of the investigators who was blinded to out-of-home placement data. Out-of-home placement data was reviewed by a separate investigator. Factors associated with out-of-home placement were analyzed by univariate and multiple stepwise logistic regression analyses. Nearly 25% of the sexually abused children evaluated in this study were placed out-of-home. From multivariate analysis, factors significantly associated with out-of-home placement included the perpetrator being the father or stepfather (AOR = 9.16; 95% CI: 3.15-26.63), history of previous abuse (AOR = 5.05; 95% CI: 2.2-11.62), low family income (AOR = 2.72; 95% CI: 1.24-5.95), and child's age ≤12 years (AOR = 2.5; 95% CI: 1.07-5.85). The results may be useful for guiding clinicians in assessing the necessity of removing sexually abused children from their family home.

Keywords: sexual abuse, out-of-home placement, Thailand

INTRODUCTION

Child sexual abuse (CSA) remains a major concern worldwide, including in Thailand. The prevalence of CSA varies across countries, depending on the study method and the reporting system used. Estimated global prevalence is approximately 20% in females and 8% in males (Pereda *et al*, 2009). The impact of CSA includes a variety of physical and psychological consequences that ranges from minor physical trauma to severe genital injuries; sexually transmitted diseases; pregnancy; and a wide range of psychosocial problems that includes post-traumatic stress disorder, depression, anxiety disorders, sexualized behaviors, and other behavioral problems (Putnam, 2003).

Management of CSA requires a multidisciplinary team approach. The process involves identification of suspected CSA, physical examination, laboratory investigation, interviewing the child and family, psychiatric assessment of the child, home visitation, and multidisciplinary team conference to develop an appropriate

Correspondence: Jariya Tarugsa, MD, Division of Child and Adolescent Psychiatry, Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University, 2 Wanglang Road, Bangkok Noi, Bangkok 10700, Thailand.
Tel: +66 (0) 2419 5830; Fax: +66 (0) 2419 8796
E-mail: jariya.tar@mahidol.ac.th

treatment plan (Boon-yasidhi *et al*, 2014). One of the most important elements of the treatment plan involves determining whether or not it is necessary to remove an abused child from his/her family home in order to preserve the safety of the child.

Although out-of-home placement as part of a treatment plan for an abused child is an important multifactorial decision and process, studies focusing on this decision are scarce. Early studies reported inability of the non-abusing parent to support the child (Meddin, 1985) and disbelief by the non-abusing parent that the abuse was actually occurring (Server and Janzen, 1982). A retrospective study by Pellegrin and Wagner (1990) found that, among 18 of 43 sexually abused children (42%) who were removed from their families, factors associated with removal included mothers' noncompliance with a recommended treatment plan and mothers' disbelief that the abuse occurred. A study by Jaudes and Morris (1990) found that the juvenile court decision to change custody in 55 of 138 (40%) sexually abused children was related mainly to the initial history or outcry of sexual abuse at intake, but not to the child's age, gender, the perpetrator's relationship to the child or access to the home, the presence of sexual transmitted diseases, developmental delay, or concomitant physical abuse. A recent report by Horwitz *et al* (2011) that analyzed data from a 3-year longitudinal study of 5,501 children that were referred to child welfare agencies for potential maltreatment in the US, found that the predictors of out-of-home placement included high level of violence within intimate relationships (as measured by Conflict Tactics Scale), prior history of child welfare involvement, high family risk scores, and caseworkers' assessment of likelihood of re-report without the child/family having received services. For children without previous child welfare history, predictors included younger children, low family income, and high family risk score (Horwitz *et al*, 2011). Differentiation among types of child abuse was not analyzed in this study.

In Thailand, the decision whether or not to remove a sexually abused child from the family home is made by a multidisciplinary team of experts in accordance with the Child Protection Act 2003. According to the Child Protection Act, an authorized competent official can order a temporary out-of-home placement for up to 7 days, with longer out-of-home placement requiring a court order. Despite this system being implemented throughout Thailand, no discernable guidelines have been established for out-of-home placement, and no studies have been conducted that examine the out-of-home placement decision in Thailand. The purpose of this study was to assess factors associated with the removal of a sexually abused child who received treatment from the multidisciplinary child protection team of the Division of Child and Adolescent Psychiatry, Department of Pediatrics, Siriraj Hospital, which is one of the major treatment centers for child psychiatric problems and child abuse in Bangkok, Thailand.

MATERIALS AND METHODS

This was a retrospective study of sexually abused children who received treatment at the Division of Child and Adolescent Psychiatry, Department of Pediatrics, Siriraj Hospital during the years 2008-2012. From a total of 2,613 new pediatric patients during the study period, 194 children aged 0-15 years were diagnosed as being victims of sexual abuse. These children were evaluated by a multidisciplinary child protection team consisting of pediatricians, forensic physicians, child and adolescent psychiatrists, social workers, and competent officials in accordance with the Child Protection Act 2003. After a comprehensive patient evaluation was conducted, which included physical, psychological, family, and social assessments, cases were reviewed in multidisciplinary team meetings, and treatment plans, including any decisions

regarding out-of-home placement, were made by the team. Patients were then scheduled for follow-up visits at the hospital and/or received home visitations by social workers for at least 6 months. The medical records of all sexual abuse cases were reviewed by the study investigators. These records included outpatient and inpatient medical records, laboratory results, and records from multidisciplinary child protection team meetings. These reviews were conducted by two study investigators. One investigator reviewed the multidisciplinary team's decision regarding whether or not to remove the child from the family home. The other investigator, who was blinded to the team's placement decision, reviewed demographic and clinical data related to sexual abuse. Safety outcome data of children regarding re-abuse after placement were also collected from medical records and recorded.

Associations between clinical factors and out-of-home placement were analyzed. These factors included the children's demographic and clinical variables, such as evidence of penetration; co-occurring other types of abuse; history of previous abuse; presence of developmental delay; psychiatric symptoms resulting from abuse; the perpetrator's relationship with and proximity to the child; caregiver belief or disbelief that the abuse had occurred; and caregiver compliance with the treatment process. The protocol for this study was approved by the Siriraj Institutional Review Board (SIRB) (COA number SI 670/2013).

Statistical analysis

Data analysis was performed using SPSS (PASW) Statistics version 18.0 (IBM, Armonk, NY). Demographic and clinical data were analyzed using descriptive statistics. Factors associated with removal of the child from the family home were evaluated by calculating odds ratios (ORs) and 95% confidence intervals (CIs). All variables statistically significant at a p-value<0.05 in univariate analysis were included in multivariate stepwise logistic regression analysis. Data are reported as adjusted odds ratios (AORs) and 95% CIs. A p-value less than 5% was regarded as being statistically significant.

RESULTS

The medical records of 194 sexually abused children aged 0-15 years were reviewed. Demographic and background clinical characteristics of included children are shown in Table 1. More than 95% of children were female. Median age was 12.7 years old, with a range of 8 months to 15 years old. A majority of children (72.1%) were in primary or secondary school. About one-fifth of children had preexisting behavioral problems (20.6%) or developmental delay (18.6%). Eighty-seven percent of children were under the care of parents, and 55% lived in single families. About 45% of children lived in families that had a family income ≤10,000 Baht per month.

Clinical characteristics related to sexual abuse

The clinical characteristics relating to sexual abuse are shown in Table 2. Thirty-six (18.6%) children were abused by persons living in the same household. About 60% of perpetrators were friends/lovers or neighbors/acquaintances, while 13% were fathers or stepfathers, and 10% were relatives. Thirty-five percent of children reported being threatened by the perpetrator. A history of previous abuse was found in 37% of cases, and co-occurring other types of child abuse was found in 19% of children. Vaginal and/or anal penetration was found in 87% of children. About 5% of caregivers did not believe that child sexual abuse had occurred, and 8% were not cooperative with the child protection process. About 29% of children suffered from psychiatric symptoms after being sexually abused, all of which met the criteria for psychiatric diagnoses (predominantly post-traumatic stress disorder and depressive disorders).

Out-of-home placement

Forty-eight of 194 (24.7%) children were placed out-of-home. Among these, 13 children

Table 1
Demographic and background clinical characteristics of 194 sexually abused children.

Characteristics	*n* (%)
Female gender	185 (95.4)
Age (years), median (range)	12.7 (0.8-15)
Educational level	
Not enrolled	24 (12.4)
Kindergarten	30 (15.5)
Primary school	54 (27.8)
Secondary school	86 (44.3)
Having preexisting behavioral problems	40 (20.6)
Having developmental delay	36 (18.6)
Having chronic medical condition(s)	16 (8.2)
Caregiver	
Parents	168 (86.6)
Relatives	24 (12.4)
Other	2 (1)
Family income	
≤10,000 Baht/month	87 (44.8)
>10,000 Baht/month	107 (55.2)
Type of family	
Single	108 (55.7)
Extended	86 (44.3)

were placed with relatives and 35 were placed in child protection facilities (Table 3).

Factors associated with out-of-home placement

From univariate analysis, significant factors associated with removal of a child from the family home included child's age ≤12 years, family income ≤10,000 Baht/month, co-occurring other types of abuse, history of previous abuse, the perpetrator being the father or stepfather, the perpetrator living in the same household, the child having a psychiatric diagnosis, and caregiver disbelief that sexual abuse had occurred. After adjusting for the effect of variables using logistic regression analysis, the following 4 factors remained statistically significant: the perpetrator being the father or stepfather (AOR = 9.16; 95% CI: 3.15-26.63); history of previous abuse (AOR = 5.05; 95% CI: 2.2-11.62); family income ≤10,000 baht/month (AOR = 2.72; 95% CI: 1.24-5.95); and, child's age ≤12 years (AOR = 2.5; 95% CI: 1.07-5.85) (Table 4).

Safety outcomes of children

After the placement decision was made follow-up data revealed that re-abuse occurred in only two children (0.01%). The first child was in the group that remained in the family. This child was abused by a person outside

Table 2
Clinical characteristics relating to sexual abuse in 194 children.

Clinical characteristics	*n* (%)
Perpetrator living in the same household	36 (18.6)
Relationship of perpetrator with the child	
Father	12 (6.2)
Stepfather	13 (6.7)
Relative	20 (10.3)
Neighbor/acquaintance	56 (28.9)
Friend/lover	63 (32.5)
Unidentified/stranger	30 (15.5)
Being threatened by perpetrator	68 (35.1)
History of previous abuse	71 (36.6)
Co-occurring other types of abuse	36 (18.6)
Vaginal and/or anal penetration	170 (87.6)
Caregiver not believing that abuse has occurred	9 (4.6)
Caregiver noncompliance	15 (7.7)
Comorbid psychiatric diagnoses	56 (28.9)

Table 3
Placement status of 194 sexually abused children.

Placement status	*n* (%)
Child remained in family home	146 (75.3)
Out-of-home placement	48 (24.7)
Placed with relatives	13 (6.7)
Placed in child protection facilities	35 (18.0)

the family (a new male friend) during a visit to relatives in another province. The second child had an intellectual disability and was placed in a child protection facility. This child was abused by a stranger after running away from the facility.

DISCUSSION

This study examined factors associated with the removal of a sexually abused child from his/her family home who received treatment by the multidisciplinary child protection team at Siriraj Hospital. We found that nearly 25% of 194 sexually abused children were removed from their homes. Factors found to be significantly associated with removal included the perpetrator being the father or stepfather, a history of previous abuse, family income ≤10,000 Baht/month, and child's age ≤12 years.

Table 4
Factors associated with out-of-home placement in 194 sexually abused children.

Factors	Univariate analysis			Multivariate analysis
	Out-of-home placement (*n*=48) *n* (%)	No placement (*n*=146) *n* (%)	Crude OR (95% CI)	Adjusted OR (95% CI)
Background information				
Female gender	47 (97.9)	138 (94.5)	2.73 (0.33-22.36)	
Age ≤12 years	29 (60.4)	59 (40.4)	2.25 (1.16-4.38)*	2.5 (1.07-5.85)*
Having developmental delay	12 (25)	24 (16.4)	1.69 (0.77-3.72)	
Having chronic medical condition(s)	7 (14.6)	9 (6.2)	2.6 (0.91-7.41)	
Having preexisting behavioral problems	13 (27.1)	27 (18.5)	1.64 (0.76-3.51)	
Non-parent caregiver	9 (18.8)	17 (11.6)	1.75 (0.72-4.24)	
Family income <10,000 Baht/month	31 (64.6)	56 (38.4)	2.93 (1.49-5.78)*	2.72 (1.24-5.95)*
Living in extended family	22 (45.8)	64 (43.8)	1.08 (0.56-2.09)	
Clinical characteristics related to sexual abuse				
Perpetrator living in the same household	22 (45.8)	14 (9.6)	7.98 (3.62-17.60)**	
Perpetrator being father or stepfather	18 (37.5)	7 (4.8)	11.9 (4.57-31.06)**	9.16 (3.15-26.63)**
Being threatened by abuser	17 (35.4)	51 (34.9)	1.02 (0.52-2.02)	
History of previous abuse	29 (60.4)	42 (28.8)	3.78 (1.91-7.46)**	5.05 (2.2-11.62)**
Co-occurring other types of abuse	18 (37.5)	18 (12.3)	4.27 (1.99-9.17)**	
Evidence of vaginal and/or anal penetration	41 (85.4)	129 (88.4)	0.77 (0.3-1.99)	
Caregiver not believing that abuse has occurred	6 (12.5)	3 (2.1)	6.81 (1.63-28.4)*	
Caregiver noncompliance	4 (8.3)	11 (7.5)	1.12 (0.34-3.68)	
Comorbid psychiatric diagnoses	20 (41.7)	36 (24.7)	2.18 (1.10-4.33)*	

**$p<0.001$, *$p<0.05$.

The management of sexual abuse requires a careful evaluation of facts involving multiple aspects of the child and family situation, including nature of the abuse, the perpetrator, the ability of the non-abusing parent to protect the child, and the level of safety in the child's family home. In this study, every sexually abused child was evaluated by the multidisciplinary child protection team at Siriraj Hospital according to the provisions and guidelines set forth in the Child Protection Act 2003. A treatment plan, including the out-of-home placement decision, was made by the multidisciplinary team after careful evaluation of clinical information, discussion,

and consensus among team professionals. It has been shown that each specialty on a child sexual abuse multidisciplinary team uses different types of information when making decisions about out-of-home placement (Britner and Mossler, 2002). As a result, placement decisions are based on the professional opinions of a spectrum of professionals that evaluate all aspects of the child's condition and setting. The out-of-home placement rate of 25% in this study was lower than the rates reported in other studies (Jaudes and Morris, 1990; Pellegrin and Wagner, 1990). This difference may be due to the fact that a majority of sexual abuse was perpetrated by persons who lived outside the child's family home and by persons who were not family members. It might also reflect the team's effort to manage the case without removing the child from the family unless absolutely necessary.

When the perpetrator lives in the same household with the abused child, there is heightened concern that the home may not be safe enough for the child to remain in the house. We found out-of-home placement to be associated with the perpetrator living in the same household in univariate analysis, but not in multivariate analysis. However, the perpetrator being the father or stepfather was found to have the strongest association with out-of-home placement. This may reflect the team's assessment that, in a Thai social context in which the man is customarily the head of the family unit, the perpetrating father or stepfather would be the person who has the most power in the family. Accordingly, the child would be at risk of being re-abused if they remained in the same household.

We found that a history of previous abuse was also strongly associated with out-of-home placement. This finding underlines the importance of carefully and accurately taking and assessing patient history. This information may indicate a lack of caregiver ability to protect the child. The other factors significantly associated with out-of-home placement in the present study were child's age ≤12 years and family income ≤10,000 Baht/month. This might be due to the fact that the team viewed older children and adolescents as less likely to be re-abused than younger children, and that the abuse of adolescents was more likely to be perpetrated by boyfriends or older adults outside the home. Thus, out-of-home placement was viewed as being more necessary for younger rather than older children. Lindsey (1991) reported that family income is a factor that reflects overall family stability. Accordingly, low family income may have been viewed by the team as one of the risk factors that makes the family less capable of supporting the child. This finding was similar to that from a study by Horwitz *et al* (2011) that found younger age and low family income were both strong predictors of out-of-home placement for children investigated for maltreatment.

In contrast to the findings of a previous study in 1990. Our study did not find significant association between caregiver disbelief that abuse had occurred or caregiver noncompliance with child protection measures and out-of-home placement (Pellegrin and Wagner, 1990). This disparity between studies may be attributable to the fact that these two factors have a lot of inherent subjectivity and they may be difficult to accurately and consistently assess. Other factors found not to be associated with out-of-home placement in the present study included evidence of vaginal and/or anal penetration, the child having developmental delay, the child having chronic medical conditions, and psychiatric diagnoses after the abuse. While these factors were not found to be statistically significant in the placement decision, each of these factors should be investigated and considered when evaluating each case of child sexual abuse.

We found only two occurrences of re-abuse in this study. One case was placed out-of-home and the other remained in the family home. Re-abuse in both of these cases was not related

to home safety. This finding suggests that the factors considered by the intervention team were appropriate for making a placement decision. Consistent with that assumption, re-abuse did not take place within the family home in children who were assessed as being safe to remain in their family home. As a result, the findings from this study might be used as guiding clinicians in making placement decisions for sexually abused children in other settings. However and given that each child and each situation are different, assessment of children that are victims of sexual abuse should not be limited to the factors assessed and found to be significant in this study. Rather, these factors should be integrated into a multidisciplinary decision process that includes all information germane to each individual case when making a determination regarding out-of-home placement.

This study has some mentionable limitations. First and consistent with this study's retrospective design, the patient information obtained was limited and, in some cases, lacking. There might also be other important factors related to out-of-home placement that could not be assessed by only reviewing a patient medical record. Second, the studied population was from one child abuse treatment center in a tertiary care medical setting. As such, the results of this study may have limited generalizability to other settings. Finally, re-abuse may have happened but have not come to the team's knowledge. We, therefore, cannot be certain that the number of re-abused children reported in this study is accurate.

In conclusion, nearly one fourth of 194 sexually abused children who received treatment by the multidisciplinary child protection team at Siriraj Hospital, during 2008 to 2012, were placed out-of-home. Factors associated with out-of-home placement included the perpetrator being the father or stepfather; a history of previous abuse; family income ≤10,000 Baht/month; and, child age ≤12 years old. The results may be useful for guiding clinicians in assessing the necessity of removing sexually abused children from their family home.

ACKNOWLEDGEMENTS

This study was supported by a Faculty of Medicine Siriraj Hospital Research Grant. The authors gratefully acknowledge staff members of the Division of Child and Adolescent Psychiatry, Siriraj Hospital for data collection, and Mr Suthipol Udompunthuruk of the Clinical Epidemiology Unit, Office for Research and Development, Faculty of Medicine Siriraj Hospital, Mahidol University for assistance with statistical analysis.

CONFLICTS OF INTEREST

The authors hereby declare no personal or professional conflicts of interest regarding any aspects of this study.

REFERENCES

Boon-yasidhi V, Tarugsa J, Na-manorom N, Manaboriboon B, Chokephaibulkit K, Sathirareuangchai S. A hospital-based clinical practice guideline for the management of child abuse. *Thai J Pediatr* 2014; 53: 161-72.

Britner PA, Mossler DG. Professionals' decision-making about out-of-home placements following instances of child abuse. *Child Abuse Negl* 2002; 26: 317-32.

Horwitz SM, Hurlburt MS, Cohen SD, Zhang J, Landsverk J. Predictors of placement for children who initially remained in their homes after an investigation for abuse or neglect. *Child Abuse Negl* 2011; 35: 188-98.

Jaudes PK, Morris M. Child sexual abuse: who goes home? *Child Abuse Negl* 1990; 14: 61-8.

Lindsey D. Factors affecting the foster care placement decision: an analysis of national survey data. *Am J Orthopsych* 1991, 61: 272-81.

Meddin BJ. The assessment of risk in child abuse and neglect case investigations. *Child Abuse Negl* 1985; 9: 57-62.

Pellegrin A, Wagner WG. Child sexual abuse: factors affecting victims' removal from home. *Child Abuse Negl* 1990; 14: 53-60.

Pereda N, Guilera G, Forns M, Gomez-Benito J. The prevalence of child sexual abuse in community and student samples: a meta-analysis. *Clin Psychol Rev* 2009; 29: 328-38.

Putnam FW. Ten-year research update review: child sexual abuse. *J Am Acad Child Adolesc Psychiatry* 2003; 42: 269-78.

Server JC, Janzen C. Contraindications to reconstitution of sexually abusive families. *Child Welfare* 1982; 61: 279-88.