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Antécédents d'agression sexuelle dans l'enfance et conduites suicidaires chez les adolescents suivis en pédopsychiatrie : étude descriptive rétrospective

Antecedentes de agresión sexual en la infancia y conductas suicidas en adolescentes atendidos en psiquiatría infantil y de la adolescencia: estudio descriptivo retrospectivo

History of childhood sexual assault and suicidal behavior in adolescents followed in child and adolescent psychiatry: a retrospective descriptive study

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Résumé

Introduction et objectifs : L'agression sexuelle dans l'enfance est un facteur de risque reconnu de psychopathologie et de conduites suicidaires à l'adolescence, mais reste probablement sous-repérée. L'objectif de cette étude est de décrire, dans une population d'adolescents suivis en pédopsychiatrie, la fréquence et les caractéristiques des antécédents d'agression sexuelle dans l'enfance, ainsi que le profil de suicidalité et de psychopathologie associé, afin d'améliorer le repérage.
Méthodes : Étude rétrospective, descriptive et monocentrique, fondée sur l'analyse systématique des dossiers médicaux des adolescents suivis dans notre unité de pédopsychiatrie entre 2021 et 2026, à l'aide d'une fiche standardisée (données sociodémographiques et scolaires, contexte familial, antécédents, caractéristiques de l'agression sexuelle, autres maltraitances associées, suicidalité et évaluation psychopathologique).
Résultats : L'échantillon (n = 199) a un âge moyen de 14,7 ± 1,4 ans. Un antécédent d'agression sexuelle (AS) dans l'enfance est rapporté chez 19,6 % des adolescents. L'agression est intrafamiliale dans 78,6 % des cas, unique dans 71 % des cas et recherchée activement par le médecin dans 73 % des cas. Une autre forme de maltraitance associée, principalement psychologique, est retrouvée chez 87 % des adolescents victimes d'AS. Dans l'échantillon global, la fréquence des idées suicidaires est de 22,6 %, celle des tentatives de suicide de 21 % (dont 18 % de tentatives réitérées) et celle des automutilations non suicidaires de 42,2 %. L'évaluation psychopathologique (n = 199) retrouve principalement un tableau de dysrégulation émotionnelle (60,1 %) et une dépression secondaire (52,6 %).
Conclusion : Cette étude illustre, dans une population de pédopsychiatrie, la fréquence élevée des antécédents d'AS, très majoritairement intrafamiliaux et non révélés spontanément, ainsi que leur association avec une charge élevée de conduites suicidaires et de dysrégulation émotionnelle. Ces résultats plaident pour un dépistage systématique et structuré de l'AS chez tout adolescent suivi en pédopsychiatrie, en particulier en cas de conduites suicidaires.

Abstract

Introduction and objectives: Sexual abuse in childhood is a recognised risk factor for psychopathology and suicidal behaviour in adolescence, but is likely to remain under-reported. The aim of this study is to describe, within a population of adolescents receiving child and adolescent psychiatric care, the prevalence and characteristics of a history of childhood sexual abuse, as well as the associated profile of suicidal behaviour and mental health conditions, with a view to improving detection.

Methods: A retrospective, descriptive, single-centre study based on the systematic analysis of medical records of adolescents treated in our child and adolescent psychiatry unit between 2021 and 2026, using a standardised form (sociodemographic and educational data, family background, history, characteristics of the sexual abuse, other associated forms of maltreatment, suicidal ideation and psychopathological assessment).

Results: The sample (n = 199) had a mean age of 14.7 ± 1.4 years. A history of sexual abuse (SA) in childhood was reported in 19.6 per cent of the adolescents. The abuse was perpetrated by a family member in 78.6 per cent of cases, was a single incident in 71 per cent of cases, and was actively investigated by the doctor in 73 per cent of cases. Another form of associated abuse, mainly psychological, was found in 87 per cent of adolescents who had been victims of SA. In the overall sample, the prevalence of suicidal ideation was 22.6 per cent, that of

suicide attempts 21 per cent (of which 18 per cent were repeat attempts) and that of non-suicidal self-harm 42.2 per cent. Psychopathological assessment (n = 199) primarily revealed a pattern of emotional dysregulation (60.1 per cent) and secondary depression (52.6 per cent).

Conclusion: This study illustrates, within a child and adolescent psychiatry population, the high prevalence of a history of AS, the vast majority of which occurred within the family and were not disclosed spontaneously, as well as their association with a high burden of suicidal behaviour and emotional dysregulation. These findings support the case for systematic and structured screening for AS in all adolescents receiving child and adolescent psychiatric care, particularly in cases involving suicidal behaviour.

Resumen

Introducción y objetivos: El abuso sexual en la infancia es un factor de riesgo reconocido de psicopatología y conductas suicidas en la adolescencia, pero probablemente sigue sin detectarse en su totalidad. El objetivo de este estudio es describir, en una población de adolescentes atendidos en psiquiatría infantil, la frecuencia y las características de los antecedentes de abuso sexual en la infancia, así como el perfil de tendencias suicidas y psicopatología asociado, con el fin de mejorar su detección.

Métodos: Estudio retrospectivo, descriptivo y monocéntrico, basado en el análisis sistemático de los historiales médicos de los adolescentes atendidos en nuestra unidad de psiquiatría infantil entre 2021 y 2026, mediante una ficha estandarizada (datos sociodemográficos y escolares, contexto familiar, antecedentes, características del abuso sexual, otros maltratos asociados, tendencias suicidas y evaluación psicopatológica).

Resultados: La muestra (n = 199) tiene una edad media de 14,7 ± 1,4 años. Se registra un historial de agresión sexual (AS) en la infancia en el 19,6 % de los adolescentes. El abuso es intrafamiliar en el 78,6 % de los casos, único en el 71 % de los casos y investigado activamente por el médico en el 73 % de los casos. Se observa otra forma de maltrato asociado, principalmente psicológico, en el 87 % de los adolescentes víctimas de AS. En la muestra global, la frecuencia de ideas suicidas es del 22,6 %, la de intentos de suicidio del 21 % (de los cuales el 18 % son intentos reiterados) y la de autolesiones no suicidas del 42,2 %. La evaluación psicopatológica (n = 199) revela principalmente un cuadro de desregulación emocional (60,1 %) y una depresión secundaria (52,6 %).

Conclusión: Este estudio ilustra, en una población de psiquiatría infantil, la elevada frecuencia de antecedentes de AS, en su gran mayoría intrafamiliares y no revelados de forma espontánea, así como su asociación con una elevada carga de conductas suicidas y desregulación emocional. Estos resultados abogan por un cribado sistemático y estructurado de la AS en todos los adolescentes atendidos en psiquiatría infantil, especialmente en caso de conductas suicidas.

Introduction

Sexual abuse experienced during childhood constitutes a major public health issue, capable of causing lasting effects on the psycho-emotional development of children and adolescents [12]. Identifying such cases remains difficult, particularly when the perpetrator is a close family member, as attachment bonds, emotional dependence and family loyalty can hinder disclosure [19].

In adolescence, sexual abuse is associated with anxiety and depressive symptoms, difficulties with emotional regulation, self-harming behaviours and suicidal behaviour [23]. Disclosure is a complex process, influenced by the nature of the abuse, the relationship with the perpetrator, family dynamics and the reactions of those around the victim. In child and adolescent psychiatry, certain clinical manifestations may therefore serve as indirect warning signs of previous, undisclosed abuse.

Despite growing interest in this issue, data describing the characteristics of the abuse and its psychopathological manifestations among adolescents receiving child and adolescent psychiatric care remain limited, particularly in North African contexts.

The aim of this study is to describe the characteristics of sexual abuse and its psychopathological manifestations, particularly suicidal behaviour, among adolescents receiving child and adolescent psychiatric care, in order to improve its detection and to guide clinical assessment and management.

Materials and methods

Study design and population

This is an observational, descriptive, retrospective, single-centre study conducted within the child and adolescent psychiatry unit at the Mohammed VI University Hospital in Marrakesh, focusing on the case records of adolescents seen in outpatient consultations between 2021 and 2026. Included are all records of adolescents for whom a structured child and adolescent psychiatric assessment—including a systematic screening for a history of sexual abuse and an assessment of suicidal risk—has been completed. Records that are incomplete regarding the main variables of interest are excluded from the corresponding analysis.

Data collection

Data are collected from medical records using a standardised data collection form developed specifically for this study. This form records: identifying characteristics (age, sex); personal medical and psychiatric history; educational status (in school, out of school, in vocational training, academic difficulties, repeating a year, committed to schooling); family background (parental separation, domestic violence, family history of psychiatric disorders and suicide attempts, availability of family support); personal psychiatric history, including depressive episodes, anxiety disorders, pathological personality traits, neurodevelopmental disorders, use of psychoactive substances, and a history of suicide attempts; the characteristics of any history of sexual abuse (type of abuse, relationship with the perpetrator, whether a single or repeated incident, and how it came to light); other associated forms of abuse (physical, psychological, neglect); suicidal behaviour (suicidal ideation, suicide attempt, aborted attempt, non-suicidal self-

harm) and, finally, the psychopathological assessment (depressive disorder, post-traumatic stress disorder, emotional dysregulation/acute stress, use of psychoactive substances, anxiety disorder, others).

Results

General characteristics of the sample

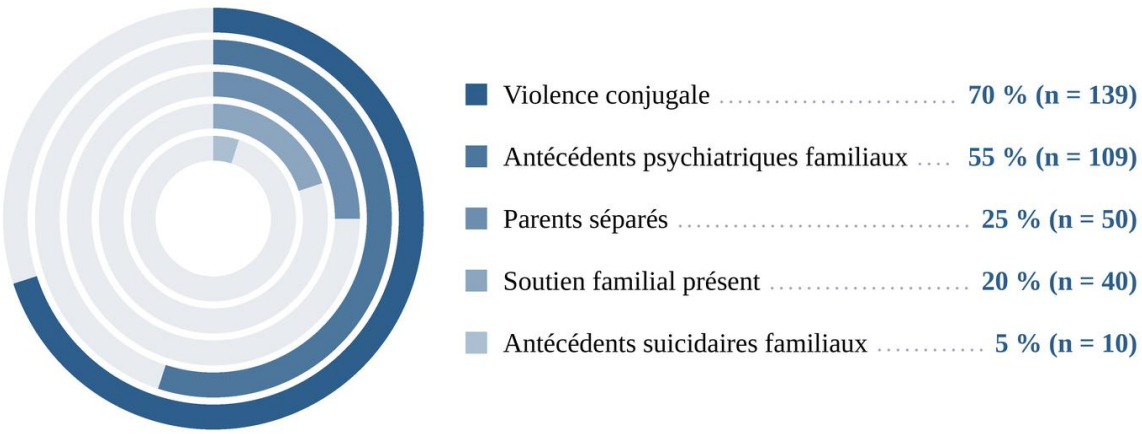
The study involved a population of 199 adolescents (girls and boys) receiving child and adolescent psychiatric care

The mean age is 14.7 ± 1.4 years. In terms of education, 71 per cent of the adolescents (n = 141) are in school, 20 per cent (n = 40) have left school and 3 per cent (n = 6) are in vocational training; educational status is not recorded for 6 per cent of the participants (n = 12). Furthermore, 47 per cent experience academic difficulties and 11 per cent (n = 22) have repeated a year amongst those still in school (**Table 1**).

Educational status	(n = 199)
in education	71 per cent (n = 141)
not in education	20 per cent (n = 40)
in vocational training	3 per cent (n = 6)
not registered	6 per cent (n = 12)

With regard to the family context, the variables collected (parental separation, domestic violence, family history of psychiatric disorders and suicide attempts, family support) as well as personal psychiatric history (depressive episodes, anxiety disorders, pathological personality traits, neurodevelopmental disorders, substance use, history of suicide attempts) were systematically investigated across the entire sample (**Figure 1**).

Figure 1. Family background. *Each ring is proportional to the percentage (100% = full circle).*

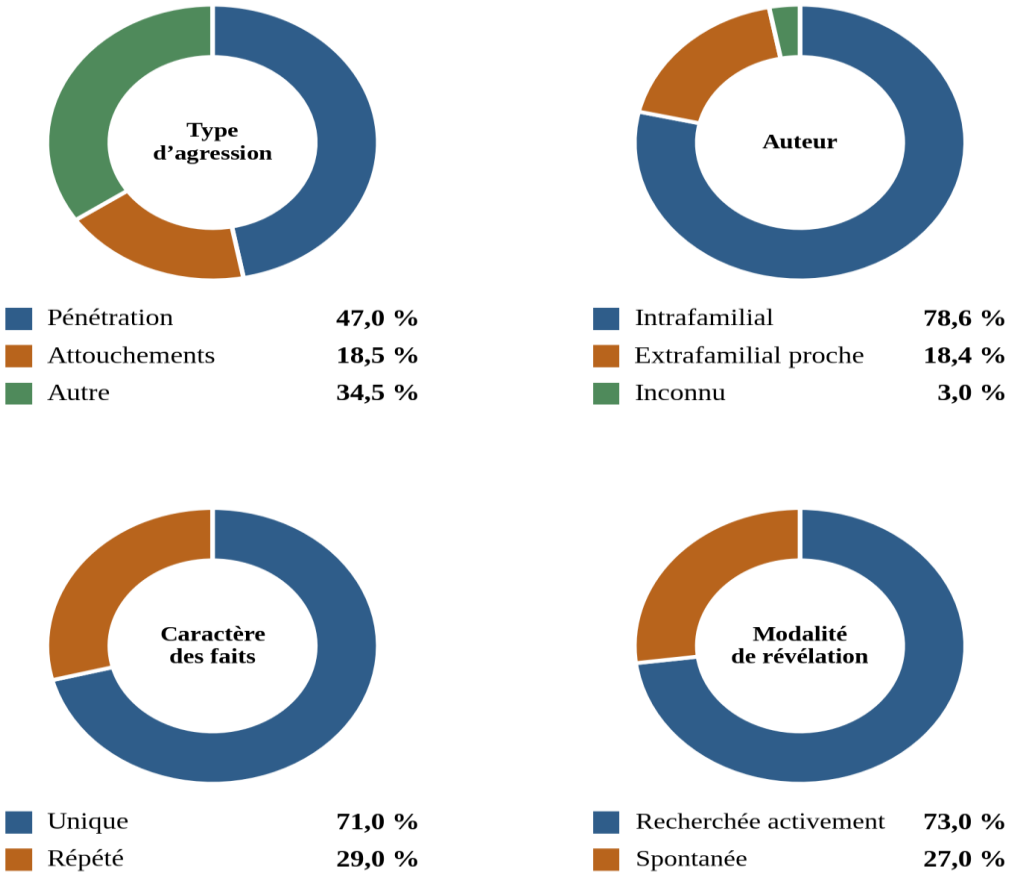


Characteristics of sexual abuse

A history of childhood sexual abuse is reported in 19.6 per cent of adolescents in the sample. Among the documented instances of sexual abuse, penetration accounted for 47 per cent of cases, touching for 18.5 per cent, and other forms of abuse (cyberbullying, exposure to pornography or sexual scenes, sexual harassment, etc.) for 34.5 per

cent. The perpetrator was a family member (intra-family abuse) in 78.6 per cent of cases, a close non-family member in 18.4 per cent of cases, and a person unknown to the adolescent in 3 per cent of cases. The incidents were one-off in 71 per cent of cases and repeated in 29 per cent of cases. Sexual assault was actively investigated by the doctor in 73 per cent of cases, compared with 27 per cent of cases where the adolescent disclosed the incident spontaneously (**Figure 2**).

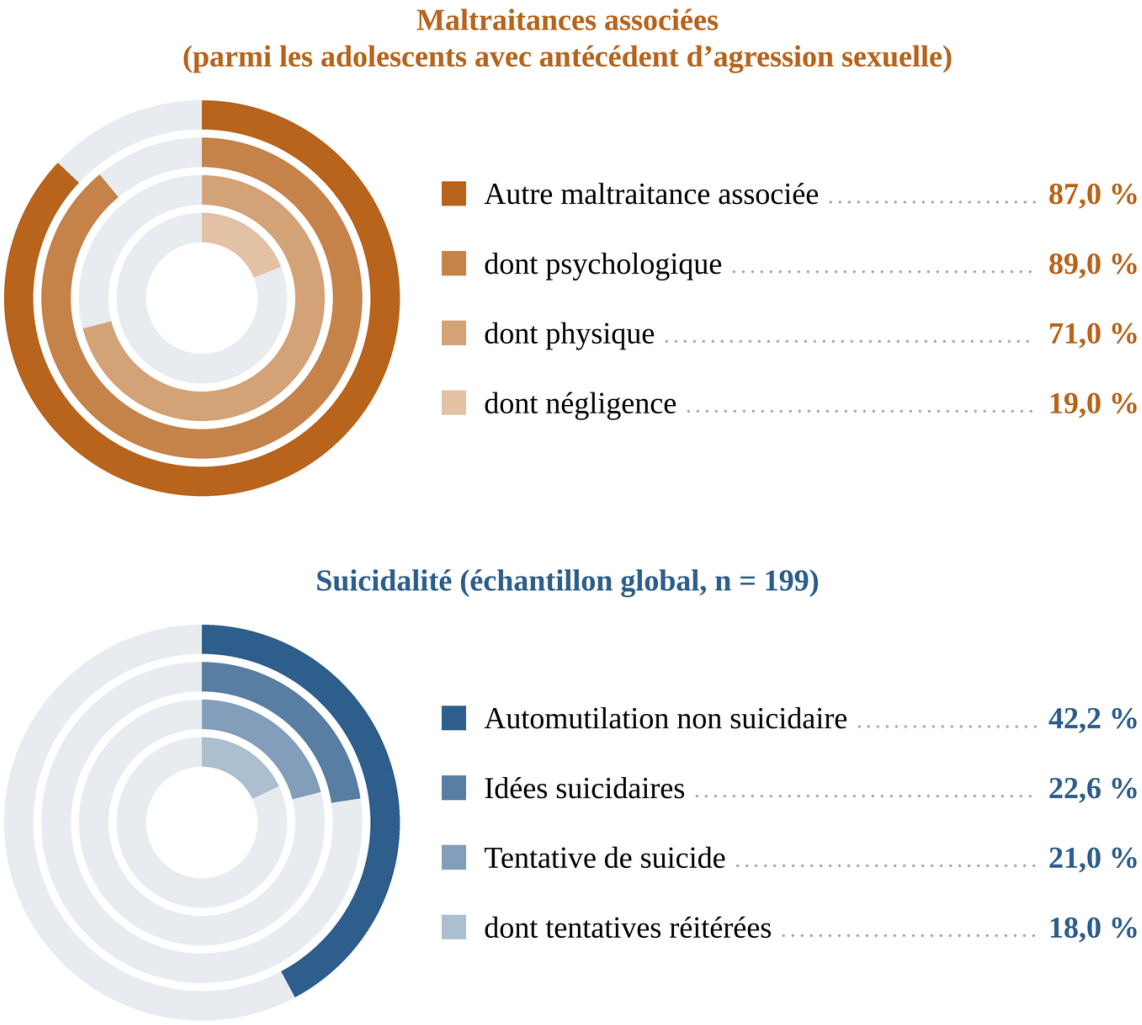
Figure 2. *Characteristics of reported sexual abuse among the adolescents concerned (n = 39; 19.6 per cent of the total sample).*



Associated forms of abuse and suicidal behaviour

Another form of abuse is associated with sexual assault in 87 per cent of the adolescents concerned. This associated abuse is primarily psychological in nature (89 per cent), followed by physical abuse (71 per cent) and neglect (19 per cent), with these categories not being mutually exclusive. With regard to suicidal ideation and self- behaviour in the overall sample, the prevalence of suicidal ideation is 22.6 per cent, that of suicide attempts is 21 per cent – of which 18 per cent are repeated (multiple) suicide attempts – and that of non-suicidal self-harm behaviour is 42.2 per cent (**Figure 3**).

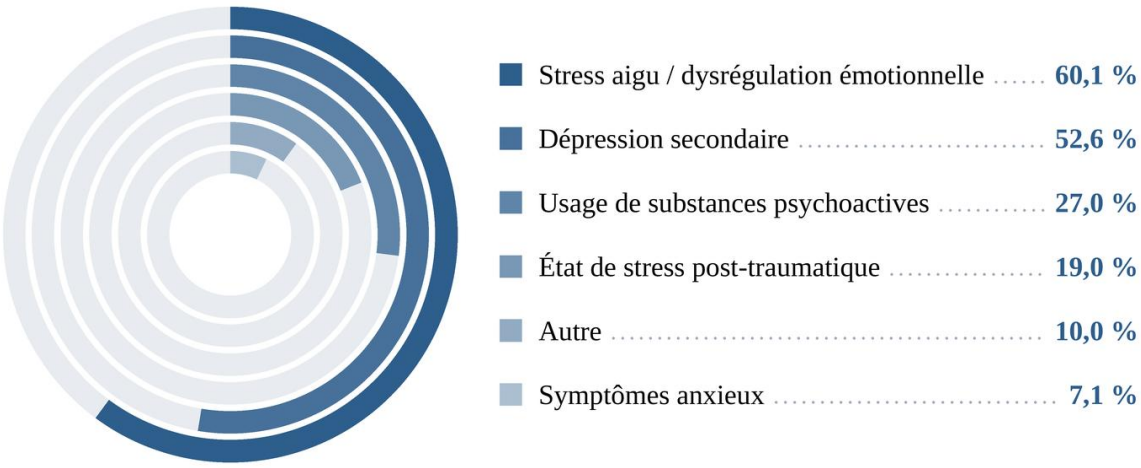
Figure 3. *Forms of abuse associated with sexual assault and the prevalence of suicidal behaviours. Each ring is proportional to the percentage (100 per cent = full circle*



Psychopathological assessment

The psychopathological assessment, based on DSM-5 criteria, primarily revealed a pattern of emotional dysregulation (60.1 per cent) and secondary depression (52.6 per cent). Substance use was reported in 27 per cent of adolescents, post-traumatic stress disorder in 19 per cent, and other anxiety disorders in 7.1 per cent. Other clinical manifestations, grouped under an 'other' category (pathological personality structure, functional neurological disorder, eating disorder, etc.), were observed in 10 per cent of the sample **(Figure 4).**

Figure 4. *Psychopathological assessment of the sample (n = 199). Each ring is proportional to the percentage (100 per cent = full circle).*



In summary, these results highlight, within this population of adolescents receiving child and adolescent psychiatric care, a high prevalence of experiences of sexual assault and associated maltreatment, forming part of a clinical picture dominated by emotional dysregulation and secondary depression, as well as a notable prevalence of suicidal and self-harming behaviours.

Discussion

This study found a prevalence of a history of childhood sexual abuse of 19.6 per cent, a very clear predominance of perpetrators from within the family (78.6 per cent), sexual abuse most often actively sought out (73 per cent), as well as a high burden of suicidal behaviour and emotional dysregulation across the entire sample.

The prevalence observed falls within the upper range of data reported by large-scale studies conducted on the general population, which estimate it at between 8 and 31 per cent among girls [3, 22], and is consistent with the findings of two French studies conducted in child psychiatry and paediatric liaison medicine, which reported a history of sexual abuse in 20.6 per cent and 12.7 per cent of hospitalised adolescents, respectively [6, 11]. This convergence supports the hypothesis, already put forward by these authors, that a history of sexual abuse is over-represented in clinical child and adolescent psychiatry populations compared with the general population, possibly linked to a recruitment bias (as adolescents with the most severe symptoms are more likely to be referred to specialist care) but also to a direct causal effect of the abuse on the onset of psychiatric disorders requiring treatment [9, 10].

The overwhelming predominance of perpetrators from within the family in our sample (78.6 per cent) highlights the role of relational proximity in sexual abuse. This proximity, whilst facilitating access to the child, can paradoxically delay the disclosure of the abuse, due to emotional dependence, family loyalty or the fear of disrupting the family system. According to the 2019 Ipsos survey, the majority of sexual abuse cases are committed by people known to the child and frequently take the form of incest [9, 20]. When it occurs within the very environment that is supposed to protect the child, the assault constitutes a breach of trust that is likely to amplify the psychotraumatic impact and contribute to its becoming chronic.

The active seeking out of sexual abuse, observed in the vast majority of cases in

our sample (73 per cent), is consistent with the literature, which highlights the complex, often delayed and rarely spontaneous nature of disclosure, particularly when the perpetrator is a family member [14, 25]. It is estimated, however, that sexual abuse of children is significantly under-reported due to cultural factors, non-disclosure and an inability to recognise the reprehensible nature of the act [4].

Research into the reactions of those close to the victim upon disclosure shows that an unsupportive reaction from family members increases the risk of self-blame, shame and traumatic symptoms in adolescents [7, 16], which may help to explain, in our sample, the frequent association between sexual abuse and other forms of psychological maltreatment, the co-occurrence of multiple forms of abuse being itself documented as a factor that worsens the psychological prognosis [15]. On the other hand, parental support aimed at maintaining the child's functioning as far as possible constitutes a rational and caring response that can help prevent the onset of psychopathological disorders.

These findings call for increased vigilance regarding any behavioural changes in adolescents, in line with the recommendations of the Haute Autorité de Santé on the identification of intra-family sexual violence [13].

The high prevalence of suicidal behaviour in our overall sample (suicidal ideation 22.6 per cent, suicide attempts 21 per cent, of which 18 per cent were repeat attempts) and non-suicidal self-harm (42.2 per cent) is consistent with data reported in the literature establishing a robust link between a history of sexual abuse and suicide risk in adolescence [2, 5, 8, 18, 20, 21]. The co-occurrence of a high prevalence of a history of sexual abuse and a high prevalence of suicidal behaviour is consistent with the findings of two French studies, both of which identified a statistically significant association between these two variables [6, 11]. The marked prevalence of emotional dysregulation in our sample (60.1 per cent) is also consistent with current explanatory models, according to which difficulties with emotional regulation act as a central mediator between exposure to early-life violence and the onset of suicidal ideation or non-suicidal self-harm [23, 24].

From a clinical perspective, these findings reinforce the importance of systematic and structured screening for sexual abuse in all adolescents receiving child and adolescent psychiatric care, and particularly in cases of suicidal behaviour, self-harm, behavioural difficulties or early substance use [1, 15, 17], in line with the World Health Organisation's recommendations on the prevention of violence against children [26].

Conclusion

Our study, in line with the literature, highlights an association between a history of sexual abuse during childhood or adolescence and the onset of suicidal behaviour in adolescence (suicidal ideation, self-harm, suicide attempts). This association forms part of a multifactorial psychopathological trajectory, in which depressive symptoms, post-traumatic manifestations, emotional dysregulation and impulsivity may contribute to vulnerability to suicide.

Furthermore, the impact of the violence experienced depends on factors linked to traumatic exposure and the psychosocial environment; consequently, the link between experienced violence and mental health disorders is neither a straightforward causal relationship nor a systematic sequence of events. These findings nevertheless reinforce the importance of systematic and structured screening for sexual abuse in all

adolescents receiving child and adolescent psychiatric care, particularly in cases of suicidal behaviour, self-harm, behavioural difficulties or early substance use.

Limitations of the study

Our study is hospital-based and retrospective, relying on the analysis of medical records, which leaves it open to information and recall bias. Furthermore, the descriptive nature of the analysis does not allow us to draw a formal conclusion regarding a statistical association between sexual abuse and suicidality in our sample, nor does it enable us to control for potential confounding factors such as family context or personal and family psychiatric history. These limitations open up direct avenues for further research: conducting a stratified comparative analysis and, in the longer term, setting up a prospective study – ideally a multicentre one – to better characterise the factors associated with the early identification of sexual abuse in adolescents receiving child and adolescent psychiatric care.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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