

The Study of Familial History and Associated Risks of Sexually Abused Children at Ramathibodi Hospital

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Background: Nowadays, the incidence of sexual abuse in children is increasing especially in Thailand and the ASEAN countries. However, the study of risk factors in family history is limited.

Objective: Assess the significant family background and family history risks of sexually abused children.

Material and Method: This retrospective cross-sectional study used standard questionnaires to collect the general information of children who were sexually abused victims and explore their family history at the Parenting and Family Support Clinic, Department of Pediatrics, Ramathibodi Hospital, Mahidol University between 2011 and 2013.

Results: The majority of sexually abused children were aged 13 to 15 years (33 cases, 66%). Twelve children (24%) had underlying substances abuse and mood disorder in parental history, eleven (22%) had fathers with alcoholism problem, nine (18%) had mothers with mood disorder, and eight (16%) had both underlying conditions. There were 41 single families (82%). Twenty-nine cases (58%) had conflicting relationship between their parents. The significant risk factors such as baseline children's behaviors, abusers, family status, violent history in family background, underlying substances abused or mood disorder, and baseline relationships in family were studied to develop a decision matrix to see when urgent separation to save the child from sexually abuse event is required. The logistic regression was analyzed and demonstrated that parental physical violent history and age group 8 to 12 years were higher odds ratio 19.0 (95% CI: 2.62-137.52, p-value = 0.004), and 19.2 (95% CI: 2.15-171.82, p-value = 0.002) when compared to other groups.

Conclusion: Basic familial problems were commonly found in sexually abused children. Some of these factors are significant and can be applied as guidance for safety separation protocol for child safety in case of a sexually abused event.

Keywords: Background Family, Child Sexual Abuse, Abuse, Logistic Regression

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Current advances in technology and communications in Western civilization have led to rapid progress in economic development and social changes. These may affect moral and ethical behavior in relation to domestic violence in the society. One important issue of these changes is the sexual abuse in children. Children sexual abuse will affect both the short and long-term children's physical and psychological health. Additionally, it will seriously burden to public health system.

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The worldwide prevalence of child sexual abuse was 0.9 to 45%⁽¹⁻³⁾. Estimates of the prevalence of sexual abuse varied greatly depending on definitions and the way in which information was collected. The reported prevalence was different and it was very difficult to determine the exact number. The data from the Child Protection Fund (2008-2009) showed that children under 18 years who were sexually abused increased over time. The incidence of child sexual abused cases increased from 5,885 in 2008 to 6,398 cases in 2009 or an average of 18 cases per day.

Vallipakorn et al (2014) reported 2,400 cases (5.5%) of child abuse in the age range of 0 to 19 years from a multicenter study across Thailand between April 2010 and October 2012. The study found that 3.8% (91 cases) of overall abused and neglected were child sexual abuse. Of these cases, 43 (47.2%)

were unspecified abusers, 22 (24.2%) were abused by boyfriends, 19 were abused by strangers (20.9%), five were abused (5.5%) by relatives, and two were abused by father/stepfather (2.2%). No death was report in sexually abused children. All of these victims had reported the comorbid evidences of physical and psychological injuries. In these victims, 23 (25.3%) were classified as serious injury and had to be admitted in hospital. About 98.9% of cases showed minor disability, needed 10 to 14 days to recover, and needed long-term follow-up and support for psychological problems⁽⁴⁾.

The reported incidence of sexual abuse of a child is usually less than the actual number because of the influence of culture in a society. The family or the victim will feel a sense of shame on the family lineage and the impact of living in a society, when a case of assault or sexual abuse occurs to one of family members. The short-term consequence of the victims of sexual abuse includes physical, emotional, and social development. Furthermore, there are many long-term problems such as increasing risk of psychiatric disorders. These affect individuals, families, and society, with even more damage to the economy and the community⁽⁵⁻⁷⁾. The associated factors of the occurrence of sexual abuse were family problems, disruption of family, and social background of the child's family or caregivers. These primary factors had significant risk of sexual abuse in children.

Bentovim A et al (1987) found that 75% of sexually abused children were abused by the people living in the family, 46% were the individual's father, and 27% were stepfather. Girls living with stepfather were six times more likely to be abused compared to girls living with their own father⁽⁸⁾. World Health Organization (2006-2010) reported that 80% of abused children were abused by parents or guardians. The risks of being abused were the low socioeconomic status, pathological mental or psychological problems, low education, the use of alcohol or illicit drugs, abuser had been abused in childhood, broken family, and violence from other family members⁽⁹⁾.

Limsakul U, and the Ministry of Social Development and Welfare and Human Security of Thailand (2009) reported 71 cases of abused children and the impact of domestic violence. From these, 37 patients (44%) were victims of sexual abuse. Children aged 12 to 15 years had higher risk of injury and sexual abuse. Sixteen cases were sexually abused by their family members, four cases were abused by individual's fathers, and six cases were abused by

stepfathers. In addition, children aged 10 to 14 years and 15 to 19 years had a higher rate of sexual abuse⁽¹⁰⁾.

From the above, we realize that the problems of child sexual abuse in our country have become more serious and complicated. Several important associated risk factors were demonstrated within the family history and their background. Therefore, our objectives are to study the background of the families, and the associated risk factors of children being sexually abused to find the significant key factors. With these tools, we will recommend the help, the planning of the urgent separation of victim, and the prevention to eliminate future problems.

Definition

Sexual abuse is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. Forms of child sexual abuse include asking or pressuring a child to engage in sexual activities (regardless of the outcome), indecent exposure (of reproductive organs, etc.) to a child with intent to gratify their own sexual desires, to intimidate, or to groom the child, physical sexual contact with a child, or using a child to produce child pornography^(11,12).

Material and Method

The present study was retrospective cross-sectional study. It enrolled children ages 5 to 15 years old diagnosed of child sexual abuse, and their parents who visited the Parenting and Family Support Clinic, Department of Pediatrics, Faculty of Medicine, Ramathibodi Hospital, Mahidol University. The clinic provided services by multidisciplinary team consisting of pediatricians, child and adolescent psychiatrists, social workers, and pediatric nurses to manages and rehabilitates the sexually abused children and their family.

All of subjects were chosen as particular sample into the present study. The standard questionnaire was used as a tool for explore the family history and background. The main questionnaire consisted of two parts. The first part was asking about general information, e.g. the child's age, education, behavioral problems, and types and relation of person who sexually abused the child. The second part was a set of questions about characteristics and background of family, history of domestic violence in family, and the relationship among parents and children. The composition of the structures and language/meaning of questionnaires were proposed to three experts for

consideration, revised for appropriate queries, and approved.

Data collection

The retrospective data collection was done after the approval of the Ethics Committee of Ramathibodi Hospital, Mahidol University (Certificated number 486/2555, ID 10-55-53). The social workers and assigned members collected information from anecdotal reports of children being sexually abused, and extracted the data into the social work, mental health, and clinical perspectives.

Statistical analysis

The interested factor of risks and background of family history were reviewed and collected from questionnaires. The descriptive analyses were done, and then some of factors related to outcome of safety protocol to separation of the sexually abused child from family as an urgent condition were selected and analyzed by univariate analysis. The significant factors from univariate analysis, which had a *p*-value <0.10, were further analyzed by multiple logistic regression analysis to find out significant association with the outcome (*p*-value <0.05). The analysis was done using STATA 13.0 software (College Station, TX, USA).

Results

Fifty sexually abused children attended the Parenting and Family Support Clinic, Department of Pediatrics, Ramathibodi Hospital, Mahidol University between January 2011 and December 2013. All the sexually abused children were girl victims (100%). The baseline characteristics of subjects had been described in Table 1. The mean aged was 11.88±3.13 years, median age 13 years (range = 5-15). About 33 cases (66%) were sexually abused teenage (13-15 years), followed by lowest age group 5 to 7 years (9 cases, 18%), and 8 to 12 years (8, 16%), respectively. Most of the abused were secondary school student (28 cases, 56%) with separated or divorced family status (32 cases, 64%).

The behavioral problems of the subjects that might be at risk to sexual abuse were truancy (36%), loafing behavior (30%), and learning problems (22%). The incidence of child sexually abuse was occurred more on single-family type than secondary or tertiary family types (42% vs. 8%).

The most common person who sexually abused children were boyfriends (36%) followed with strangers (24%), stepfather (22%), and relatives (12%).

Sexually abused by individual's father in the present study reported only 6%. This might be different when compared with the incidences among ASEAN countries. Tang CS et al (2002) reported the prevalence of child sexual abuse at about 6%, and showed average age of the victims at the time of the sexual abuse was 11 years old. The majority had sexual abuse during their teenage years. Of these, 28% of abusers in this studied were strangers⁽¹³⁾. From this study, the most common person who children would consult after being sexually abused was mother (48%) and relative (32%).

We found that the relationship in family, especially between father and mother was the most common problem (58%). The relationship between the fathers and sons was estranged (60%), followed by neglected relationships (20%). The rapport between mothers and children were abandoned, neglected, and let loose (30%), followed by disaffected (26%). The history of verbal violence (26%) and physical violence (22%) were reported in parent's family history.

Most of the children selected to consult their mother after a sexual abuse event. Sixty-eight percent

Table 1. Baseline characteristics of 50 sexually abused children

Baseline characteristics	Number (%) or mean ± SD Total n = 50
Age (years), mean ± SD	11.88±3.13
Median (range)	13 (5, 15)
Age groups (years)	
5-7	9 (18)
8-12	8 (16)
13-15	33 (66)
Education	
Kindergarten	5 (10)
Primary School	7 (34)
Secondary School	28 (56)
Baseline of child behaviors	
Lying	6 (12)
Truancy	18 (36)
Loafing behavior	15 (30)
Learning problems	11 (22)
Family types	
Single	42 (84)
Secondary to tertiary	8 (16)
Family status	
Couple	18 (36)
Separated	25 (50)
Divorced	7 (14)

of familial reactions and responses for this situation were negative responses, rebuked (30%), concealed (24%), and neglected (14%). Only 32% of family responses were listening and helping the sexually abused children to cope with the problems. The management of children who were the victim of sexual abuse was to refer them to the responsible agency to look after their children, if there were any risks of serious outcome or the environment being unsafe for the children.

Twenty-six sexually abused cases (52%) were in the group of seriously abused that needed immediate separation of the children from their family by the Child Protection Organization/Units. Among the risk factors, we found the trend of the most severity of sexually abuse occurred by stranger and boyfriend (19 cases, 63% vs. 7 cases, 35%). Both groups needed urgent separation to the supportive care team after exploring the risks and their background. The relationship in family had shown to be a key factor to predict the urgency to separate child from family for safety. The present study found the significant factors that associated with urgent separation strategy to safe the child were age groups (p -value = 0.101), baseline of behaviors (p -value <0.001), type of abuser (p -value = 0.049), family status (p -value = 0.074), parental history of domestic violence (p -value <0.001), underlying behavior of parent such as substance abuse or mood disorder (p -value = 0.002), and the baseline of relationships in family, such as separation, argument, and argument with physical assault (p -value = 0.008) were associated with mode of management to separate child from family (26 cases, 100%, p -value <0.05). The association of baseline relationships in family showed a trend of those responses association when increasing of arguments and conflicts in family (Table 3). After univariate analysis, we included all the factors that were statistically significant (p -value <0.10) into the multiple logistic regression analysis to find a parsimonious model or factor(s) that helps make a decision to manage sexually abused children. The results showed that two significant factors were strongly associated with sexually abused children. They are the parental background history of physical domestic violence and age group. First, the parental background history of physical domestic violence had Odds ratio (OR) 19 times higher when compared with verbal domestic violence and no domestic violence in family history (p -value = 0.004, 95% CI: 2.62-137.52). The second significant factor was age group and the age 8 to 12 years showed OR 19.2 times higher when

Table 2. Family-based information of the sexually abused children

Studied factors	Number (%) Total n = 50
Abusers	
Father	3 (6)
Step father	11 (22)
Cousin/relative	6 (12)
Strangers	12 (24)
Boyfriend	18 (36)
Choices of consultation	
Mother	24 (48)
Cousin/relatives	16 (32)
Teacher	5 (10)
Neighbor	2 (4)
Friends	3 (6)
Intimacy of children with family member	
Father	2 (4)
Mother	30 (60)
Both	3 (6)
Relatives	10 (20)
None	5 (10)
Relational to family members	
Family relationship	
Loving great camaraderie	2 (4)
Incompatible	11 (22)
Controversy, but it is not assault	29 (58)
Conflict and controversy with mayhem	8 (16)
Child-Father relationships	
Loving great camaraderie	4 (8)
Disaffected/estranges	30 (60)
Let loose abandoned, neglected	11 (22)
Conflict and controversy	5 (10)
Child-Mother relationships	
Loving great camaraderie	10 (20)
Disaffected/estranges	14 (28)
Let loose abandoned, neglected	15 (30)
Conflict and controversy violent modes	11 (22)
Parent history of domestic violent	
Physical violent	11 (22)
Verbal violent	13 (26)
None	26 (52)
Behavior response after sexual abuse	
Concealed	12 (24)
Rebuke	15 (30)
Listen and help	16 (32)
Negligent	17 (34)
Helping method after sexual abuse	
More close	11 (22)
More attentive	13 (26)
Sent to agency's responsibility units	26 (52)

compared with other age groups (p -value = 0.008, 95% CI: 2.15-171.82). This mean that children with a parental history of physical domestic violent would have a greater risk of 19 times and 19.2 times when the age group was 8 to 12 years of being sexually abused. Therefore, they need urgent separation from family when compared to no parental history and verbal violence history in family, and other age groups (Table 4).

Discussion

The present study found that children are sexually abused as early as 8-year-old through late teenagers. Sixty percent (30 cases) are sexually abused by father, step-father, or relatives closed to family. Twenty percent (20 cases) are abused by strangers and boyfriends. Thirty-six percent (18 cases) are sexually abused by boyfriends with their collusion. The analyses of this child sexually abused database revealed that

Table 3. Univariate analysis among risk factors and management strategies (urgent separation vs. closed observation)

Risk factors	Urgent separation n = 26 (52%)	Closed observation n = 24 (48%)	Odds ratio (95% CI)	p -value
Age groups				
5-7	2 (22.2)	7 (77.8)	1	0.101
8-12	6 (75.0)	2 (25.0)	10.5 (0.69-159.69)	
13-15	18 (54.5)	15 (45.5)	4.2 (0.69-25.40)	
Baseline of child behaviors				
Lying	1 (16.7)	5 (83.3)	1	<0.001*
Truancy	17 (94.4)	1 (5.6)	85.0 (0.71-10,200.00)	
Loafing behavior	4 (26.7)	11 (73.3)	1.8 (0.15-22.31)	
Learning problems	4 (36.4)	7 (63.6)	2.9 (0.21-38.70)	
Abused by				
Family member/relatives	7 (35.0)	13 (65.0)	1	0.049*
Non family member	19 (63.3)	11 (36.7)	3.2 (0.93-11.11)	
Family types				
Secondary to tertiary	2 (25.0)	6 (75.0)	1	0.132
Single	24 (57.1)	18 (42.9)	4.0 (0.67-23.73)	
Family status				
Couple	7 (38.9)	11 (61.1)	1	0.074
Separated	17 (68.0)	8 (32.0)	3.3 (0.86-12.74)	
Divorced	2 (28.6)	5 (71.4)	0.6 (0.09-4.38)	
Parent history of domestic violent				
None	6 (23.1)	20 (76.9)	1	<0.001*
Physical violent	8 (72.7)	3 (27.3)	8.9 (1.40-56.37)	
Verbal violent	12 (92.3)	1 (7.7)	40.0 (2.00-799.32)	
Underlying of parents				
None	15 (39.5)	23 (60.5)	1	0.002*
Alcoholism or mood disorder	11 (91.7)	1 (8.3)	16.9 (1.49-190.53)	
Baseline relationships in family				
Loving great camaraderie	0 (0.0)	2 (100.0)	1	0.008*
Incompatible	2 (18.2)	9 (81.8)	0.2 (0.05-1.03)	
Controversy, no assault	17 (58.6)	12 (41.4)	1.4 (0.68-3.00)	
Conflict and with mayhem	7 (87.5)	1 (12.5)	7.0 (0.86-56.89)	

* p -value <0.05

Table 4. Multiple logistic regression analysis among risk factors and management strategies

Risk factors	Adjusted OR	95% CI	p -value
Parental history of physical violent	19.0	2.62-137.52	0.004
Age 8-12 years	19.2	2.15-171.82	0.008

74% (37 cases) have family disputes and 16% (8 cases) have evidences of physical abuses or assaults in the relationship between fathers and mothers.

In depth interview, the present study found that most children often felt a lack of shelter. The majority of children also have a closed relationship with the family as a dependent condition. Most families have frequent financial problems. The interviews reveal that most parents who took care of their families have to work and get more stress to earn enough money to support their families. Moreover, most of the families often lack the skills to encourage their children to grow up in both physically and mentally healthy. Those children were exposed to the physical and verbal violence or abusive environment in their family. The reports show that both parents usually had emotional and psychological problems, including judgment and responsibilities to the family.

The present study found that the sexually abused children had at least one behavioral problems. Truancy behavior was the majority of the problems, followed by learning problem, and loafing behavior. Because the present study was descriptive and analytical, without time incidence, we could not clarify whether these behaviors were the cause or the result of being sexually abused. However, we demonstrated statistically significant association between the trend of truancy behavior with sexually abused cases, and more association between truancy behavior with severely sexually abused cases that needed urgent separation from family (17 cases, 65.4%) (p -value <0.001). These results agree with results of previous researches such as studies of Caminis A et al (2007) and Teplin (2005), which found that sexual risk behavior correlated with other behavioral problems such as illegal behavior, truancy, substance abuse^(14,15).

Parental history of substances abuse, alcoholism, or mood disorder are demonstrated as the higher risks associated with sexual abuse in children. The results showed 11 cases (22%) of father having alcoholism history, and nine cases of mother having mood disorder (18%) from psychological evaluation. This relevance to Norman R et al (2010) shown that poverty, alcohol, and substance abuse in parents, family rift, and domestic violence were risk factors of child being sexually abused⁽¹⁶⁾. Similar to the study of the American Psychological Association (2011), it found the family characteristics of children being sexually abused were children without parents and live with stepfathers, their parents experienced violence in

childhood, parents or caregivers used drugs and alcohol, economic problems, history of family abuse, marriage failure, and neglected children by their parents. These factors were at high risk of children being sexually abused⁽¹⁷⁾.

In summary, we determine that the families with problems are often found in sexually abused children. Some of these problems or risks may associate to the children who were sexually abused. The novel care of sexually abused children should focus on the whole family, parental background, intrinsic and extrinsic factors within family, and relationships among parents and child as holistic approach. More support by multidisciplinary teams to provide the appropriate continuity care for abused children is required.

Conclusion

The present study show that family of sexually abused children had many problems and conflicts within family, such as their parents' divorce, socioeconomic problems, domestic violence, estranged relationship, child rearing problems (abandoned and neglected children), substance abuse problems of their father (alcohol and other substances), and mother with emotional and psychological problems. Some of these factors may cause a risk of serious episode up to fatal outcome or may impede the restoration of the child health back to normal. They reveal important concepts of care for these children consisting of professional approaches and exploring the family background and risks. The multidisciplinary work should begin with the evaluation of the child safety and well prepared emergency separation if any evidence of high risks of sexually abused or predisposed to morbidity-mortality outcome is found. A following step to help restore and strengthen the families tie to allow the child going back to normal as soon as possible should be done with the help of the multidisciplinary team.

Because sexual abuse is not only a civil problem of children or family, it is regulated by the UN Declaration on the Rights of Children, which is an international issues affecting the nation integrity. It is important that public and private sector stakeholders focus on developing and rehabilitating tangible holistic approach to cover all children, families, communities, and society.

The present study had some limitations. First, the population was relatively small due to the nature of epidemiology of sexually abused victims. Second,

this study was only of sexually abused children who had been rescued and came to the hospital for treatment, which did not represent the children who were sexually abused in the general community. Therefore, some cases may not have been helped in the hospital. Finally, the present study had no control group except severity within abused group only. The control group may make a difference in a child's condition, the family of the sexually abused, and children who have not been sexually abused. Therefore, future research should plan to collect widely data ranges from the population or reviews from child abuse report from community, including from child death record. The control groups of other child abuse should be selected from a wider range of locations such as hospitals or community agencies. Additional research would make the data more accurate and could be applied in healthcare practices to find better ways to help, rehabilitate, and prevent children from being sexually abused.

What is already known on this topic?

The effects of sexual abuse on the incidence of depression and had been published in Journal of Boromarajonani College of Nursing, Bangkok, Volume 27 Issue 2; May-August 2005. The study used a 27-questions questionnaire self-report and the Children's Depression Inventory (CDI) by Maria Kovacs, adapted from Beck Depression Inventory. In the future, the correlation between childcare of sexually abuse child and child safety will be studied.

What this study adds?

Benefit of this study is to evaluate the family-based information for helping the sexually abused children. The family problems, such as mental health problems or substance abuse needs psychiatric treatment and social rehabilitation leading to empathy and intimacy within the family. Therefore, children can return to their own families and prevent repetitive incidences.

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Potential conflicts of interest

None.

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การศึกษาประวัติภูมิหลังและความสัมพันธ์ของปัจจัยเสี่ยงในครอบครัวของเด็กที่ถูกทารุณกรรมทางเพศที่โรงพยาบาลรามาริบัติ

สายทิพย์ เจ็ทท์, พลิสรา อังคฺุสิงห์, ฉัตรชัย อิมอรรมย์, อติศักดิ์ ผลิตผลการพิมพ์, ศักดา อาจองค์ วัลลิภากร

ภูมิหลัง: ปัจจุบันการศึกษาปัจจัยเสี่ยง รวมถึงภูมิหลังและประวัติครอบครัวที่เกี่ยวข้องกับการทารุณกรรมทางเพศของเด็กยังมีจำกัด แม้อุบัติการณ์การเกิดมีแนวโน้มเพิ่มขึ้นทุกวันโดยเฉพาะอย่างยิ่งในประเทศไทยและกลุ่มประเทศอาเซียน

วัตถุประสงค์: การศึกษานี้เป็นการศึกษาแบบตัดขวาง โดยการทบทวนเวชระเบียนและแบบประเมินของเด็กที่ถูกทารุณกรรมทางเพศย้อนหลัง เพื่อประเมินภูมิหลัง ประวัติครอบครัว ปัจจัยพื้นฐานของเด็ก และปัจจัยเสี่ยงจากประวัติครอบครัว รวมถึงศึกษาความสัมพันธ์ระหว่างปัจจัยเหล่านี้กับความเสี่ยงในการถูกทารุณกรรมทางเพศและความปลอดภัยของเด็ก

วัสดุและวิธีการ: โดยแบบสอบถามมาตรฐานสองส่วนหลัก ส่วนแรกนำมาใช้ในการเก็บรวบรวมข้อมูลทั่วไปของเด็กที่ถูกทารุณกรรมทางเพศ และส่วนที่สองนำมาสำรวจภูมิหลังของประวัติครอบครัวของเด็กที่ถูกทารุณกรรมทางเพศ ที่คลินิกส่งเสริมการเลี้ยงดูภาควิชากุมารเวชศาสตร์ คณะแพทยศาสตร์ โรงพยาบาลรามาริบัติ มหาวิทยาลัยมหิดล ระหว่าง พ.ศ. 2554 ถึง พ.ศ. 2556

ผลการศึกษา: ผู้ป่วยเด็กส่วนใหญ่ที่ถูกล่วงละเมิดและทารุณกรรมทางเพศ มีอายุระหว่าง 13-15 ปี (33 ราย, 66%), 12 ราย (24%) ของเด็กที่พบ พบว่ามีประวัติใช้สารเสพติดและมีความผิดปกติของอารมณ์ของบิดามารดา เด็ก 11 ราย (22%) มีบิดาที่มีปัญหาโรคพิษสุราเรื้อรัง, 9 ราย (18%) มีมารดาที่มีความผิดปกติทางอารมณ์ และ 8 ราย (16%) มีทั้งสองปัญหาร่วมกัน นอกจากนี้พบว่า 42 ราย มีลักษณะแบบครอบครัวเดี่ยว (84%) 29 ราย (58%) พบความขัดแย้งในครอบครัวของความสัมพันธ์ระหว่างบิดามารดา จากการศึกษาพบปัจจัยความเสี่ยงที่สำคัญ เช่น พฤติกรรมพื้นฐานของเด็ก ประเภทผู้ทารุณกรรม สถานะครอบครัว ประวัติความรุนแรงในครอบครัวของบิดามารดา การใช้สารเสพติดและความผิดปกติของอารมณ์ รวมถึงความสัมพันธ์พื้นฐานภายในครอบครัว ซึ่งพบความสัมพันธ์อย่างมีนัยสำคัญ ระหว่างปัจจัยต่างๆ เหล่านี้กับมาตรการแยกเด็กออกจากครอบครัวเพื่อช่วยให้เด็กปลอดภัยจากเหตุการณ์การถูกล่วงละเมิดและทารุณกรรมทางเพศ เมื่อวิเคราะห์ด้วยวิธีถดถอยโลจิสติก พบว่าปัจจัยเสี่ยงที่สำคัญ คือ ประวัติใช้ความรุนแรงในครอบครัว ซึ่งผู้ปกครองเคยมีประวัติครอบครัวได้รับการทารุณกรรมทางกายมาก่อน และช่วงอายุ 8-12 ปี โดยพบว่ามีความเสี่ยงสูงอย่างมีนัยสำคัญทางสถิติ โดยมี odds ratio 19.0 (95% CI: 2.62-137.52, p-value = 0.004) และ 19.2 (95% CI: 2.15-171.82, p-value = 0.002) ตามลำดับ เมื่อเทียบกับช่วงอายุอื่นๆ และกลุ่มที่ไม่มีประวัติการใช้ความรุนแรงทางกายในครอบครัว

สรุป: พื้นฐานปัญหาครอบครัวเป็นปัจจัยและความเสี่ยงที่พบมากในเด็กที่ถูกทารุณกรรมทางเพศ ปัจจัยบางอย่างที่มีความสำคัญ และสามารถนำมาประยุกต์ใช้ในการกำหนดแนวทางการจัดการเพื่อเฝ้าระวังและดำเนินการแยกเด็กออกจากครอบครัว เพื่อให้เด็กมีความปลอดภัยของเด็กที่ถูกทารุณกรรมทางเพศมากที่สุด
