



Early-married and sexually abused girls differ in their psychiatric outcomes



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ABSTRACT

Early marriage and sexual abuse are the two of the most frequent types of childhood abuse. Although early marriage is also a type of sexual abuse, it is associated with different physical, social, and mental outcomes than sexual abuse alone. The purpose of this study was to compare early-married girls and sexually abused girls who were referred for forensic evaluation in Turkey in terms of their sociodemographic characteristics, mental disorder rates, and mental symptom severity. We included 63 adolescent girls for whom a judicial report had been demanded and who were under 15 years old when they were married but were not yet 18 years old during the evaluation (15.51 ± 0.78) and 72 sexually abused adolescent girls between 14 and 18 years old (15.80 ± 1.10) in this study. Following a psychiatric evaluation, the study participants completed the Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI) and the Brief Symptom Inventory (BSI). We used the Windows SPSS 16.0 software program to assess the results. At least one psychiatric disorder was determined in 44.4% of the early-married and 77.8% of the sexually abused cases ($p < 0.001$). A diagnosis of PTSD or ASD was observed in 11.1% of the early-married cases and in 54.2% of the sexually abused victims ($p < 0.001$). MDD was determined in 33.3% of the early-married cases and 56.9% of the sexually abused cases ($p = 0.006$). The CPTS-RI scores of the sexually abused victims were higher than those of the early-married cases ($p < 0.001$). All of the subscale scores of the BSI were higher in the sexually abused adolescents than in the early-married cases ($p < 0.001$). Although early marriage has severe physical, social and mental outcomes, it is not as severe as sexual abuse in terms of psychiatric disorder rates and the psychiatric symptom severity it causes.

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Introduction

Rooted in human history, child negligence and abuse are important public health problems, the extent of which is not precisely known because they usually remain a secret (Fallon et al., 2010; Teeuw, Derkx, Koster, & Van Rijn, 2012). Of all the types of negligence and abuse, sexual abuse is probably the most destructive for children and their families (Aktepe, 2009). Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening (Glaser, 2008). The global prevalence of the sexual abuse of children

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is constantly increasing. According to some social studies, 4–9% of men and 12–35% of women are exposed to this type of abuse before the age of 18 (Putnam, 2003).

One of the most frequent forms of child abuse worldwide is child marriage (UNICEF, 2005). Child marriage generally refers to the marriage of a child who is under 18 years of age (UNICEF, 2012; Nour, 2009). Because the majority of these marriages are performed without the conscious consent of the child, they are also defined as “early and forceful marriages” (Özcebe & Biçer, 2013). Early marriage interrupts the childhood of girls and takes away their fundamental rights such as being able to leave their parents of their own volition, freedom of expression, education, entertainment, playing games, and protection from sexual abuse (Santhya, 2011). Thus, child marriages are considered an abuse (Özcebe & Biçer, 2013).

Although many countries have legal arrangements for early marriage, these are not sufficient preventative measures, due to factors such as poverty and a need to reinforce social bonds and beliefs. Therefore, child marriages continue (Nour, 2006). It has been indicated that 36% of women worldwide between the ages of 20 and 24 were married before reaching the age of 18 (UNICEF, 2006). Moreover, in a 2008 study that focused on the Turkish population and health, it was determined that 14.0% of women between the ages of 20 and 24 were forced into marriage before reaching the age of 18 (Hacettepe University Institute of Population Studies, 2009). According to the Turkish Civil Code, the marriage age is 17 for both women and men and is 16 in cases that are judicially determined to be urgent (Turkish Civil Code, 2001). However, the Turkish Penal Code does not include any guidance to individuals who marry before reaching this age. In the event of discovering early marriages, if those involved are not 15 years old, the marriages are regarded as “sexual child abuse” and punishments are given on this basis (Turkish Penal Code, 2004).

The literature includes a number of studies that have examined the mental effects of sexual abuse on children and adolescents (Bedi et al., 2011; Bernard-Bonnin, Hébert, Daignault, & Allard-Dansereau, 2008; Dube et al., 2005; Kendall-Tackett, Williams, & Finkelhor, 1993; McLeer, Deblinger, Henry, & Orvaschel, 1992; Mullers & Dowling, 2008). Sexual abuse in children may result in psychiatric disorders including behavioral problems, anxiety, substance abuse, suicidal behavior, borderline personality disorder, depression and posttraumatic stress disorder (PTSD) (Hornor, 2010). In contrast, the studies that have been conducted on early marriages have generally focused on the social, sexual, and pregnancy problems of these marriages (Clark, Bruce, & Dude, 2006; Ertem, Saka, Ceylan, Değer, & Çiftçi, 2008; Nour, 2009; Santhya, 2011). Juristically, early marriage is evaluated as sexual abuse in Turkey, and the judicial process is conducted accordingly (Turkish Penal Code, 2004). However, social values and cultural beliefs have normalized early marriages in some regions of Turkey, where they are frequently observed (Grand National Assembly of Turkey, Committee on Equality of Opportunity for Women and Men, 2009). Moreover, the individuals involved are exposed to sexual abuse and a number of psychosocial stressors associated with early marriage (Nour, 2009). Early marriage is also assessed as sexual abuse; however, we hypothesized that its mental, physical, and social outcomes differ from those of sexual abuse due to the reasons mentioned earlier. Because early marriage is normalized by a section of society, we expected the rates of mental disorders and the severity of mental symptoms to be lower in these cases than in cases of sexual abuse alone. Thus, in this study conducted in Turkey, we compared girls who had been forced into early marriage and had experienced similar forensic and mental evaluations with sexually abused girls in terms of their sociodemographic characteristics, rates of psychiatric disorders caused by a traumatic event and severity of psychiatric symptoms.

Method

Study Population

The study included 63 early-married girls, who had been sent to the Child Psychiatry Outpatient Department of Gaziantep Children's Hospital, Turkey for treatment and a judicial report between 1 June 2011 and 31 December 2012, and 72 sexually abused girls, who had been sent to the same hospital for the same reasons between 1 June 2012 and 31 December 2012. The early marriage group consisted of girls who were not yet 15 years old when they married and who were younger than 18 during the evaluation. The sexually abused group was composed of girls in the same age group who had been exposed to sexual abuse including touching (penetration, petting, sexual touching, and being forced into prostitution). In the clinical evaluation, the Wechsler Intelligence Scale for Children-Revised (Wechsler, 1974) or Wechsler Adult Intelligence Scale – Fourth Edition (Wechsler, 2008) was administered to girls who were thought to have an intellectual disability. An intellectual disability was not determined in any of the girls who had been forced into early marriage. In the sexually abused group, the 7 girls who were found to have an intellectual disability were not included in the study. Of those forced into early marriage, 4 gave the answer “none” to all of the questions in the Child Posttraumatic Stress Reaction Index and Brief Symptom Inventory, which was inconsistent with the findings of the psychiatric examination. Because these 4 girls were thought to be hiding their symptoms, they were not included in the study.

Materials

Sociodemographic Information Form. This form, which was generated by those conducting the study based on a review of the current literature, asked the participants to provide information regarding their sociodemographic characteristics, education, family characteristics, the educational levels of their parents, their history of smoking and alcohol or substance use, and having been forced into marriage or abuse.

Child Posttraumatic Stress Reaction Index (CPTS-RI). Pynoos et al. developed this index to examine the severity of symptoms of posttraumatic stress disorder (PTSD). The CPTS-RI is a semi-structured Likert scale with 20 entries and was developed to evaluate the stress reactions that children and adolescents undergo after various traumatic experiences. In completing the scale, respondents mark one of the following according to the frequency level with which emotions, thoughts, or behaviors are experienced: “none,” “seldomly,” “very seldomly,” “frequently,” “very frequently.” A total score between 12 and 24 implies low-level PTSD symptoms; a total score between 25 and 39 implies medium-level PTSD symptoms; a total score between 40 and 59 implies severe PTSD symptoms; and a total score over 60 implies very severe PTSD symptoms. A total of 40 points is correlated with a diagnosis of clinical PTSD (Pynoos et al., 1993). A Turkish validity and reliability study was conducted on this index by Erden, Kılıç, Uslu, and Kerimoğlu (1999). The test–retest reliability was .86, and the Cronbach’s alpha internal consistency was .75 (Erden et al., 1999).

Brief Symptom Inventory (BSI). The BSI is a self-assessment scale that is applied to screen for a variety of psychological symptoms and was developed by Derogatis in 1992. It is the short form of the Symptom Checklist (SCL)-90-R and was developed as a result of studies conducted with the latter. Among the 90 items that were distributed into 9 factors of the SCL-90-R, the 53 items with the highest load in each factor were selected, and a short scale that could be administered in 10 min was obtained in a similar form (Derogatis, 1993). In 2002, a reliability and validity study of the Turkish form was conducted with 597 13- to 17-year-old adolescents. In this study, it was determined that the Cronbach’s alpha values of the subscales varied between .70 and .88, and the value obtained for the total score was .94 (Şahin, Batıgün, & Uğurtaş, 2002). The subscales include somatization, obsessive compulsive disorder, interpersonal sensitivity, depression, anxiety disorder, hostility, phobic anxiety, paranoid thoughts, psychoticism, and additional items. The global indexes of the scale include a global severity index, positive symptoms total, and positive symptoms distress index.

Procedures

We began the study after receiving ethics committee approval from Gaziantep University. Early-married and sexually abused victims are primarily taken to the Child Follow-up Center in the body of our hospital. Generally, a social worker conducts a pre-assessment with the victims and their families. Then, a psychologist trained in forensic interviewing takes the testimony of victims in a mirror room. If necessary, the forensic expert performs a physical examination on the victims on the same day. According to the Turkish Penal Code, if the mental health of sexually abused victims has deteriorated due to sexual abuse, the punishment of the abuser will increase. Thus, after the evaluation is performed in the Child Follow-Up Center, cases are referred to the Child Psychiatry polyclinic in another department of the hospital to evaluate whether the patients’ mental health has deteriorated due to the sexual abuse and to arrange for their treatment. Here, the primary researcher, who was a child and adolescent psychiatrist, conducted a clinical interview based on the DSM-IV with the child and her family for at least 40 min. At the end of the interview, the participants were informed about the study. We created a personal information form and used this to collect sociodemographic characteristics, marriage and abuse features, and mental diagnoses with the consent of the participants. The participants then completed the CPTS-RI and the BSI within approximately 20 min in the company of the child psychiatrist who performed the interview. The first researcher completed the scales for those who were illiterate after reading the questions aloud and obtaining verbal answers from these individuals. The participants who had not been diagnosed or who did not have their parents with them in the first interview were reevaluated in the company of their parents or caregiver one week later, and the scales used in the study were completed during this second interview. To compare the mental outcomes of early marriage and sexual abuse more accurately, mental disorders (such as ADHD) that were present before the abuse or marriage were not taken into consideration during the comparison.

Statistical Analysis

We used the SPSS for Windows 16.0 software program to conduct the statistical analysis. We performed comparisons of the continuous variables that showed a normal distribution between the two groups using the independent sample *t* test, a parametric test, and we compared the continuous variables that showed no normal distribution between the two groups using the Mann–Whitney *U* test. We used Pearson’s Chi-square test to compare the variables to obtain a categorical value with groups. We accepted a *p* value of 0.05 as significant.

Results

Table 1 illustrates the sociodemographic characteristics of the study participants. The average age of the early-married group was 15.59 ± 0.84 (ranging between 14 and 17.8 years), and the average age of the sexually abused group was 15.80 ± 1.06 (ranging between 14 and 17.7 years). We determined no significant difference between the two groups in terms of average age ($p = 0.228$).

The marriage age of those in the early-married group varied between 12.8 and 14.90 years (14.23 ± 0.59), and we determined the average age gap between them and their husbands to be being 7.68 ± 4.20 years. All of the participants had experienced sexual intercourse involving vaginal penetration with their husbands. A total of 17.5% ($n = 11$) stated that they had been forced into marriage; 17.5% ($n = 11$) stated that they had been exposed to physical violence from their husbands, and 20.6% ($n = 13$) stated that they had been exposed to emotional violence from their husbands. During the evaluation, we

Table 1
Sociodemographic characteristics of the cases.

	Early marriage (n = 63)		Sexual abuse (n = 72)	
	n	%	n	%
Educational status				
Illiterate	7	11.1	0	0.0
No school education but literate	5	7.9	0	0.0
Drop off from primary school	32	50.8	13	18.1
Primary school student	0	0.0	12	16.7
Graduated primary school	16	25.4	10	13.9
Drop off from high school	3	4.8	18	25.0
High school student	0	0.0	19	26.4
Smoking status				
Present	14	22.2	21	29.2
Absent	49	77.8	51	70.8
Alcohol use				
Present	4	6.3	13	18.1
Absent	59	93.7	59	81.9
Substance use				
Present	2	3.2	8	11.1
Absent	61	96.8	64	88.9
Living with (before marriage and abuse)				
Parents	43	68.3	46	63.9
Mother	10	15.9	16	22.2
Father	7	11.1	2	2.8
Relatives	3	4.8	1	1.4
In an institution	0	0.0	7	9.7
Maternal education				
Illiterate	41	65.1	22	30.6
No school education but literate	5	7.9	1	1.4
Graduated primary school	16	25.4	45	62.5
Graduated high school	1	1.6	3	4.2
Graduated university	0	0.0	1	1.4
Paternal education				
Illiterate	15	23.8	2	2.8
No school education but literate	6	9.5	1	1.4
Graduated primary school	39	61.9	57	79.2
Graduated high school	3	4.8	9	12.5
Graduated university	0	0.0	3	4.2
Monthly income of the family				
Minimum wage or below	55	87.3	51	70.8
Above the minimum wage	8	12.7	21	29.2

found that 30.2% ($n = 19$) of the early-married group were pregnant, 39.7% ($n = 25$) already had a child, 6.3% ($n = 4$) had two children, and 23.8% ($n = 15$) were neither pregnant nor had a child. Of a total of 52 pregnancies that had been experienced, 76.9% were unplanned and 34.6% were unintended.

For the victims of sexual abuse, we determined the type of the sexual abuse to be touching the body for sexual purposes in 25% ($n = 18$) of the cases, petting in 8.3% ($n = 6$) of the cases, vaginal penetration in 34.7% ($n = 25$) of the cases, anal penetration in 20.8% ($n = 15$) of the cases, oral penetration in 2.7% ($n = 2$) of the cases, and being forced into prostitution in 8.3% ($n = 6$) of the cases. A total of 56.9% ($n = 41$) of the individuals had been exposed to multiple types of sexual abuse. The abuser was someone known to the victim in 70.8% ($n = 51$) of the group and a family member in 12.5% ($n = 9$) of cases.

During the evaluation, all of the patients in the early-married group ($n = 63$) and 56.9% ($n = 41$) of the sexually abused group did not attend a school appropriate for their age ($\chi^2 = 35.210$, $p < 0.001$). We found that the monthly income of the families was primarily the minimum wage or below in the early-married group ($\chi^2 = 6.199$, $p = 0.013$). A total of 31.2% of the early-married group and 36.1% of those who had been sexually abused lived separately from one or both of their parents before marriage or the abuse ($\chi^2 = 0.285$, $p = 0.593$). The mothers ($\chi^2 = 22.683$, $p < 0.001$) and fathers ($\chi^2 = 19.554$, $p < 0.001$) of the early-married individuals had lower levels of primary and above education than did the parents of those who had been sexually abused.

Mental Evaluation Results

Table 2 illustrates the mental disorders that developed in the groups following the early marriage or sexual abuse. We observed at least one mental disorder in 44.4% ($n = 28$) of the early-married group and 77.8% ($n = 56$) of those who were sexually abused following the marriage or sexual abuse ($\chi^2 = 15.882$, $p < 0.001$). Although we observed post-traumatic stress disorder (PTSD) or acute stress disorder (ASD) and major depressive disorder (MDD) at a higher rate in the sexually abused group, we observed a higher rate of adjustment disorder in the early-married group ($p < 0.05$).

Table 2

Comparison of cases in terms of mental disorders developing after marriage and sexual abuse.

Mental disorder	Early marriage (<i>n</i> = 63) <i>n</i> (%)	Sexual abuse (<i>n</i> = 72) <i>n</i> (%)	Statistics ^a	
			χ^2	<i>p</i>
Psychiatric disorder	28 (44.4%)	56 (77.8%)	15.882	<0.001
PTSD or ASD	7 (11.1%)	39 (54.2%)	27.728	<0.001
Major depressive disorder	21 (33.3%)	41 (56.9%)	7.543	0.006
Adjustment disorder	7 (11.1%)	0 (0.0%)	8.438	0.004
Conduct disorder	0 (0.0%)	4 (5.6%)	5.136	0.123
Conversion disorder	3 (4.8%)	1 (1.4%)	1.371	0.339
Generalized anxiety disorder	3 (4.8%)	0 (0.0%)	4.651	0.099

^a Chi-square test.

We found that 34.9% (*n* = 22) of the early-married group developed suicidal thoughts following their marriage, and 79.2% (*n* = 57) of those who had been sexually abused developed suicidal thoughts following the abuse ($\chi^2 = 27.098$, $p < 0.001$). A total of 20.6% (*n* = 13) of the early-married group and 40.3% of those who had been sexually abused had suicidal thoughts during the evaluation ($\chi^2 = 6.049$, $p = 0.014$). Similarly, 25.4% (*n* = 17) of the early-married group and 37.5% (*n* = 27) of those who had been sexually abused had attempted suicide at least once following the marriage or abuse ($\chi^2 = 2.268$, $p = 0.132$).

Although there was no significant difference between the two groups in terms of smoking ($\chi^2 = 0.844$, $p = 0.358$) or substance abuse ($\chi^2 = 3.086$, $p = 0.079$), alcohol abuse ($\chi^2 = 4.183$, $p = 0.041$) was higher in the sexually abused group.

Comparison of the Two Groups in Terms of Their Scale Scores

Table 3 illustrates the comparison of the two groups in terms of their CPTS-RI and BSI subscales scores. We found that the mean scores were higher in those who had been sexually abused than those in the early marriage group ($p < 0.05$). A total of 15.9% (*n* = 10) of the early married cases and 65.3% (*n* = 47) of the sexual abuse cases obtained a score of 40 or above on the CPTS-RI ($\chi^2 = 33.62$, $p < 0.001$).

Discussion

Early marriage and sexual abuse are two of the most common and frequent forms of childhood abuse. In the present study, we compared early-married girls and sexually abused girls in terms of their socio-demographic characteristics, psychiatric disorder rates, and severity of psychiatric symptoms.

Our study revealed that families in both groups had low socioeconomic and education levels, which is more apparent in the early-married cases. Brown, Cohen, Johnson, and Salzinger (1998) stated that broken families, a low economic status, and a low level of education of mothers were among the risk factors for child abuse (Brown et al., 1998). Socioeconomic status is unrelated to the incidence of child sexual abuse in population studies (Berliner & Elliott, 1996), but there is an overrepresentation of lower socioeconomic groups in clinical samples (Bentovim, Boston, & Van Elburg, 1987). There is a clear relationship between childhood sexual abuse and the educational levels of parents (Aktepe, 2009). Studies conducted in Turkey with sexually abused individuals who showed that the victims' mothers generally had education levels of primary school and lower (Çengel-Kültür, Çuhadaroglu-Çetin, & Gokler, 2007; Bahali, Akçan, Tahiroglu, & Avci, 2010; Bilginer, Hesapçioğlu, & Kandil, 2013). Of the many reasons to force children into marriage, the family's financial situation is prominent (Ahmad,

Table 3

Comparison of cases in terms of Child Posttraumatic Stress Reaction Index and Brief Symptom Inventory subscale scores.

	Early marriage (<i>n</i> = 63) Mean ± SD	Sexual abuse (<i>n</i> = 72) Mean ± SD	Statistics	
			<i>t</i> ^a	<i>p</i>
CPTS-RI	23.81 ± 19.9	51.26 ± 16.4	8.37	<0.001
BSI				
Depression	6.41 ± 6.31	14.27 ± 7.43	6.30	<0.001
Anxiety	5.91 ± 6.85	12.74 ± 6.51	5.69	<0.001
Psychoticism	3.59 ± 4.37	8.74 ± 4.84	6.13	<0.001
Somatization	5.48 ± 5.41	12.07 ± 7.37	5.59	<0.001
Obsessive-compulsive	5.85 ± 6.17	12.09 ± 5.72	5.83	<0.001
Interpersonal sensitivity	4.80 ± 4.57	9.69 ± 4.20	6.23	<0.001
Hostility	5.05 ± 6.09	9.47 ± 5.27	4.34	<0.001
Phobia	4.09 ± 4.75	9.14 ± 4.73	5.95	<0.001
Paranoia	5.46 ± 5.22	10.39 ± 4.48	5.69	<0.001
Global Severity Index	0.44 ± 0.29	0.72 ± 0.23	6.15	<0.001

CPTS-RI: Child Posttraumatic Stress Reaction Index; BSI: Brief Symptom Inventory.

^a Student's *t* test, *t* value.

2004; Gottschalk, 2007; Nour, 2009; UNICEF, 2001). Families with a low socioeconomic status consider girls to be an economic burden and consequently force them into early marriage (Grand National Assembly of Turkey, Committee on Equality of Opportunity for Women and Men, 2009; T.R. Ministry of Family and Social Policies, 2011). Similarly, it has been stated that the rate of early marriage increases as the educational level of the parents decreases (Hacettepe University Institute of Population Studies, 2009; T.R. Ministry of Family and Social Policies, 2011).

Sexual abuse might result in several psychiatric disorders including PTSD, depression, anxiety, drug addiction, suicidal behavior and borderline personality disorder (McLeer et al., 1992). In their review of 45 studies, Kendall-Tackett et al. (1993) observed psychiatric symptoms in 64–79% of sexually abused children, and the rate of psychiatric disorders following sexual abuse was reported in 67.1%–87.9% of the victims in studies in Turkey (Ayaz, Ayaz, & Soyulu, 2012; Bahali et al., 2010; Gökçe-İmren, Ayaz, Yusufoglu, & Rodopman Arman, 2013; Soyulu, Pisan, Ayaz, & Sönmez, 2012). In the order of prevalence, these studies found that the mental disorders developed most frequently by sexually abused victims were PTSD, MDD, conduct disorders, and anxiety disorder (Ayaz et al., 2012; Bahali et al., 2010; Gökçe-İmren et al., 2013; Soyulu et al., 2012). In our study, 77.8% of the sexually abused girls developed at least one mental disorder, and PTSD and MDD were found to be the most frequent; this result is in line with the results of other studies conducted in Turkey and other countries. The existing literature does not include sufficient data on the mental health outcomes of early marriages. In our study, it was found that 44.4% of the early-married girls developed at least one mental disorder. The rates of mental disorder were found to be lower in the early-married cases than among sexual abuse victims. In addition, the severity of mental health symptoms such as depression, anxiety, hostility, and interpersonal sensitivity, which we determined with the BSI, was also lower in the early-married group. Our results showed that the psychiatric disorder rates and severity of psychiatric symptoms were lower in the early-married girls than in the girls who had been sexually abused.

Sexual abuse is an acute and chronic trauma that is detrimental to the emotional and sexual development, interpersonal relationships, and self-confidence of the victim (Aktepe, 2009). In contrast, early marriage means leaving parents and peers at an early age, becoming acquainted with sexuality before completing the necessary mental and physical development, and being exposed to pregnancy, birth and physical and emotional violence by the partner and his family, which may result in multiple and chronic traumas (Figueiredo, Pacheco, & Costa, 2007; Nour, 2009; Raj, Saggurti, Lawrence, Balaiah, & Silverman, 2010). PTSD has been reported to be the most frequent mental disorder encountered in sexually abused children with a rate of 40–50% (Bernard-Bonnin et al., 2008; McLeer et al., 1992). Similar results have also been obtained in studies conducted in Turkey (Ayaz et al., 2012; Bahali et al., 2010; Gökçe-İmren et al., 2013; Soyulu et al., 2012). Although the literature includes several studies that address the traumatic mental outcomes of sexual abuse, there are currently an insufficient number of studies that investigate the traumatic effects of early marriage. Our results showed that the PTSD/ASD rates and PTSD symptom severity were lower in the early-married group than in the sexually abused group. Turkish society traditionally supports early marriages, and these marriages are generally performed with a social agreement (Grand National Assembly of Turkey, Committee on Equality of Opportunity for Women and Men, 2009). Therefore, we believed that our early-married group would not perceive early marriage, which has been normalized by society, to be being as traumatic as sexual abuse alone. The multiple and chronic traumas, taking on responsibilities such as caring for a family, home and children before being ready, unplanned and unintended pregnancies, low social support and the economic difficulties that are experienced in these instances are thought to result in MDD and adjustment disorder rather than PTSD.

An increasing number of studies have suggested that the frequency of suicidal thoughts, plans, and acts in adolescents is greatly increased by the experience of psychological trauma (Hill, Castellanos, & Pettit, 2011; Miller, Esposito-Smythers, Weismore, & Renshaw, 2013; Venta, Ross, Schatte, & Sharp, 2012). Numerous studies have shown that sexual abuse, which causes serious mental trauma in victims, also increases the risk of suicidal behavior (Bedi et al., 2011; Martin, Bergen, Richardson, Roeger, & Allison, 2004; Plunkett et al., 2001). The socio-cultural characteristics of the south-eastern region of Turkey, where this study was conducted, give women have a negative social and domestic position; some studies have reported that young women living in this area have made frequent attempts at suicide (Alptekin, Duyan, & Demirel, 2006; Sir, Özkan, Altındağ, Özen, & Oto, 1999; Yıldız, 2008). In the present study, we found that the rates of suicidal behavior were high in both the victims of sexual abuse and the early-married girls. Although the numbers of both suicidal thoughts and suicidal attempts were higher in the sexually abused group, this difference was statistically significant for only suicidal thoughts. This may be because sexually abused individuals develop mental disorders that increase the risk of suicide than those who experience an early marriage.

We observed that the great majority of our early-married participants were either pregnant or already a mother. In addition, unplanned and unintended pregnancies were also frequent in this group. Our study did not include a relevant detailed evaluation; however, a number of studies have stated that adolescent pregnancies are associated with higher rates of complications and an increased mortality risk for mother and child (Demir et al., 2000; Kongnyuy et al., 2008; Raj et al., 2010; Şimsek, Kabalcıoğlu, & Kurcer, 2005); mortality risk is five times greater in the pregnancies of girls younger than the age of 15 than for pregnancies in women in their 20s (IPPF, 2006). A tendency toward sexually transmitted diseases also increases in parallel with these pregnancies (Clark et al., 2006). In addition, early marriages restrict the freedoms of girls and prevent them from developing personally and having access to education (Grand National Assembly of Turkey, Committee on Equality of Opportunity for Women and Men, 2009; Nour, 2009). The educational lives of all our early-married girls are apparently interrupted. Deprived of educational access, these children are also deprived of their ability to join productive society, that is, to have a job and work (Boran, Gökçay, Devicioğlu, & Eren, 2013; Grand National Assembly of Turkey, Committee on Equality of Opportunity for Women and Men, 2009; Özcebe & Biçer, 2013). Early marriages appear

to be a barrier to the decrease of poverty, the extension of education, the procurement of gender equality, the protection of children's lives, and the promotion of health, which are required for community development. Our results and those of previous studies lead us to believe that, although the mental health outcomes of early marriage may not be as severe as those of sexual abuse, its physical and social outcomes may be more severe.

In Turkey, when girls that are forced into marriage at an age younger than 15 are presented to the judicial authorities an evaluation is made as to whether a mental disorder has developed or the young person's mental health has deteriorated following the sexual abuse. This is required by law. These mental evaluations also have great importance for the punishments that are imposed at the end of the judicial process (Turkish Penal Code, 2004). The results of the present study revealed that sexually abused girls showed psychiatric symptoms and had a higher rate of diagnosis of psychiatric disorders than did early-married girls. However, these results might be because the early-married girls revealed a lower number of symptoms of mental health problems than were actually present at the end of the judicial process due to the fear that their husbands and parents would be punished. Thus, it may be inconvenient to focus on only sexual abuse and mental disorder development in evaluations of, punishments for, and precautions against early marriages. In addition, because it is generally impossible to remove the individuals from the abusive environment, the existence of multiple traumas and many psychological stress factors in these cases leads us to believe that mental symptoms may be more resistant to treatment and far more chronic than we previously thought. There is a need for studies that examine the course of symptoms in early-married individuals.

Our study has some limitations in that the mental evaluation was conducted during the judicial process, the mental disorders were not diagnosed with structured interviews, the cases were evaluated in only a cross-sectional way, and the girls were not followed for a long period. Because our sample group included only cases referred for forensic evaluation in the southeastern region of Turkey, where early marriages are common, our results may not fully represent girls forced into early marriage in Turkey or around the world. However, the study is also strong in some respects in that all of the participants were comprehensively evaluated by a child psychiatrist, a scale was used in the study and all of the participants were socially examined. We believe that this study could make an important contribution to the literature because it is, to the best of our knowledge, the first to compare sexually abused and early-married individuals in terms of mental disorders and severity of symptoms of mental health problems.

As a consequence, we compared the early-married girls and those who were sexually abused in terms of their sociodemographic characteristics, psychiatric disorder rates, and severity of psychiatric symptoms. We found that there was a higher rate of interruption to the education of early-married girls and that their parents had lower levels of education. We also found that the number of suicidal thoughts and the development of PTSD/ASD and MDD were higher in the sexually abused group and that the number of adjustment disorders was higher in the early-married group. In addition, the severity of PTSD and symptoms of mental health problems determined with the BSI was higher in the sexually abused group.

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