

소아청소년 정신과병동 입원아동의 학대에 대한 임상 연구

CLINICAL STUDY OF THE ABUSE IN PSYCHIATRICALLY HOSPITALIZED CHILDREN AND ADOLESCENTS

이 수 경* · 홍 강 의**

Soo-Kyung Lee, M.D.,* Kang-E M. Hong, M.D.**

요 약 :

본 연구는 소아청소년 정신과병동 입원아동의 학대 경험에 대한 임상적 특성을 알아보고자 하였다. 1995년 9월부터 1997년 8월까지 입원한 22명의 아동과 청소년을 대상으로 하였다. 평균 연령은 11.1 ± 2.5세였다. 학대 경험의 유형은 다음과 같다.

1) 학대 경험의 빈도 : 1 : 6.3, 11.1 ± 2.5
 . 가 12 (54.5%), 5 (23%), 2 (9%) 3 (13.5%)
 2) 학대 경험의 기간 : 3 (13.5%), 9 (41%), 9 (41%), 1 (0.5%)
 . 가 3 3 (13.5%), 4 5 17 (77.5%), 6 7 2 (9%) . 가
 18 (81.8%) 가 7 (32%)
 가 5 (23.0%), 2 (9%) 19 (86.5%)
 . 7 (32%), 10 (45.5%)
 5 (23%) 17 (77.3%) 6 (27%)

3) 학대 경험의 장소 : 가 18 (81.8%), 4 (18.2%)
 3 15 (54.5%) 3 가 5 (27.5%), 가 1 (5%) . 가
 2 (9%) 8 (35.4%)
 8 (35.4%)
 가 7 (27%)
 가 가 4 (18.2%)
 4) 학대 경험의 결과 : 10 (45.5%)
 12 (54.5%) . 9 (41%)
 가 15

*Child & Adolescent Psychiatry, Cheong-Ju St. Mary's Hospital,
Cheong-Ju* () *Department of Psychiatry, College of Medicine
Seoul National University, Seoul*

가 6 (27.5%) . 9 (41%),
(difficult child) 6 (27.5%) . 5 (23%),
4 (18.2%), - 14
(63.5%) . IQ 12 ((54.5%), 9
(41.0%) .
5) : 가 6 (27.3%), (borderline child) 5 (23.0%),
4 (18%), - 4 (18%), 2 (9%),
1 (5%) .
2 6
, , , , , , , ,
, , , , , , , ,
6) : 2.4 (±1.5) . 14
(63.5%), 6 (27.3%) 11 (50%)
11 (50%) .
중심 단어 :

90% 10)11).

서 론

1962 Kempe¹⁾가 가
Fontana²⁾가 (malt - 가 가
reatment syndrome) 가 가 가
가 12)13). DSM -
14) , ,
, ,
가
3-5) .
26%,
33% 72%가
6) 가 가
. 11 15
98%가 7) , ,
12 8.2%
8) 9) , ,
46%가 가 15-17) .

가) 가 22 가 2. 연구방법 가 64 가 가 가 가

결 과

1. 아동의 인구학적 특징(Table 1)
 19 (86.5%), 3 (13.5%)
 가 1 : 6.3
 11.1±2.5 가 2 (9%), 가 14 (63.5%), 가 6 (27.5%)
 가 12 (54.5%), 5 (23%), 2 (9%) 3 (13.5%)

연구대상 및 방법

1. 연구대상
 1995 9 1997 8 2 224
 가
 22
 Straus¹⁸⁾
 N(

Sex	
Male	19(86.5%)
Female	3(13.5%)
Age	
Mean	11.1 ± 2.5
Educational level	
Preschool	2(9%)
Elementary school	14(63.5%)
Middle school	6(27.5%)
Birth order	
First	12(54.5%)
Second	5(23%)
Third(last)	2(9%)
Only child	3(13.5%)

Table 2. Characteristic of families

SES*		
Mid to high	3(13.5%)	
Mid	9(41%)	
Mid to low	9(41%)	
Low	1(5%)	
Educational level of father		
Elementary school	2(9%)	
Middle school	5(23%)	
High school	7(23)	
College	8(35.5)	
Educational level of mother		
Elementary school	3(13.5)	
Middle school	5(23)	
High school	9(41)	
College	5(23)	
Family size		
3 or less	3(13.5)	
4 to 5	17(77.5)	
6 to 7	2(9)	
Occupational state		
Father	18(82%)	
Mother	7(32%)	
Marital discord		
Divorced	2(9%)	
Separated	3(13.5%)	
Remarried	2(9%)	
Significant discord	19(86.5%)	
Parental psychopathology		
Father		
Antisocial behavior(a)	7(32%)	Abusive father 4(18%)
Alcohol addition(b)	10(45.5%)	Abusive father 7(23%)
a+b	3(13.5%)	Abusive father 3(13.5%)
Mother		
Alcohol abuse	5(23%)	Abusive mother 3(13.5%) Emotional abuse 2(9%)
Depression	17(77.5%)	Abusive mother 13(59%)
Hysterical personality	4(18%)	
Passive-aggressive personality	1(5%)	

Table 2. Continued

History of suicidal attempt	1(5%)
Anxiety disorder	2(9%)
Psychiatric Treatment history	6(27%)**
Physical abuse during drunken state	3(13.5%)

*SES : socioeconomic status

**admission(2), OPD(4)

2. 가족의 특징 (Table 2)

3 (13.5%), 9 (41%), 9 (41%), 1 (0.5%)	.
2 (9%), 5 (23%), 7 (32%), 8 (35.4%)	3 (13.5%), 5 (23%), 9 (41%), 5 (23%)
. 가 3 가 3 (13.5%), 4 5 17 (77.5%), 6 7 2 (9%)	. 가 18 (81.8%) 가 7 (32%)
7 (32%)	가 5 (23.0%), 2 (9%) 19 (86.5%) 7 (32%)
.	4 . 10 (45.5%) 7
.	3 5 (23%) 3 2
.	17 (77.3%) 4 (18%), 1 (5%), 1 (5%), 2 (9%) 6 (27%)

3. 학대의 특징 (Table 3)

18 (81.8%)	가
4 (18.2%)	.
가	2 (9%) 8 (35.4%) 8 (35.4%)
4 (18.2%)	가
	Straus N

Table 3. Characteristics of abuse

Abuse type	Physical & emotional abuse	n(%)	Physical & emtional neglect	n(%)
		18(82%)		4(18%)
Abuser	Father only	2(9%)	Both of them	4(18.2%)
	Mother only	8(35.5%)		
	Both of them	8(35.5%)		
Degree of physical abuse*				
K. throwing things				
L. pushing, shoving, grabbing				
M. slapping				
N. kicking, biting, or hitting				
O. hit or tried to hit with something				
P. beat up				
Q. threatened with a knife or gun				
R. used a knife or gun				
Age of 1st episode	Before 1	2	3	
	1 - 3	9	1	
	3 - 6	6		
	After	6	1	
Frequency of physical abuse	More than once a week	15(68%)		
	Once a month	3(13.5%)	1(5%)	
Spouse physical abuse				
6(27%)				
Sibling abuse by main abuser				
4(18%)				

*according to the conflict resolution technique scales by Straus(1974, 1978)

18 (81.8%)
 (, ,) 가
 3 (13.5%)
 1 15 (68%), 1 3 (13.5%)
 가 1 5
 (23%) 1 3 가 10 (45.5%)
 3 6 가 6 (27.5%), 6 1 (5%)
 3 가 15 (68.2%)
 가 7 (27%)
 가
 가
 가 4 (18.2%)

Table 4. General characteristics & Developmental History of Child

Wanted baby	10(45.5%)
Unwanted baby	12(54.5%)
Birth weight	
More than 2.5kg	21(95.5%)
Less than 2.5kg	1(5.0%)
Perinatal problem	4(18.0%)
Developmental delay before abuse	
Language	8(35.5%)
Motor	5(23.0%)
Language and motor	4(18.0%)
Unknown	3(13.5%)
Comorbid developmental disorder	
Developmental delay before abuse	9(41.0%)
No developmental delay before abuse	6(27.5%)
Overactivity before abuse	9(41.0%)
Difficult child	6(27.5%)

4. 학대아동의 일반적 특징 및 발달력 (Table 4)
 10 (45.5%)
 12 (54.5%)

2.5kg 1 (5%)
 가 4 (18.2%)

Table 5. Brain Organicity of subjects

	EEG ¹⁾	CT ²⁾ or MRI ³⁾	Bender-Gestalt test	IQ ⁴⁾
Normal	13(59%)	10(45.5%)	6(27.5%)	12(54.5%)
Abnormal	5(23%)*	4(18.2%)**	14(63.5%)	9(41%***
Not applied	4(18.2%)	8(35.5%)	2(9%)	1(5%)

1) EEG : electroencephalogram, 2) CT : computed tomography, 3) MRI : magnetic resonance imaging, 4) IQ : Intelligence Quotient

* : partial seizure(2), diffuse cerebral dysfunction(2) ** : cerebro malacia due to epidural hematoma(1), benign intraventricular cyst(1), focal lacunae in white matter(1), low cerebellar position and cervicocranial joint obliteration(1)

*** : borderline intelligence(3), mild MR(1), moderate to severe MR(5)

9 (41%)
 5 (23%)
 가
 6 (27.5%)
 9 (41%)
 (difficult child) 6 (27.5%)
 18
 4 (18.2%)
 14 (63.5%)
 2가
 (35.4%)
 IQ 12 ((54.5%),
 9 (41.0%)
 7
 5 (23%)
 1
 3 (13.5%),
 1
 5. 정신병리 및 진단(Table 6, 7)
 가 6 (27.3%),
 (Table 6)
 2%),
 5 (23.0%),
 (23.0%),

Table 6. Psychopathology of the subjects

1. Academic underachievement	15(68%)
2. Impulsivity	15(68%)
3. Overactivity	14(63%)
4. Inattentiveness	13(59%)
5. Oppositional	11(50%)
6. Not obey the rule	10(45.5%)
7. Depressed	10(45.5%)
8. Stubborn	10(45.5%)
9. Antisocial behavior	8(35.5%)
10. Delayed language	8(35.5%)
11. Violence to caregiver	7(32%)
12. Unpredictable violence	7(32%)
13. Acute anxiety reaction	7(32%)
14. Withdrawal	6(27%)
15. Negativistic	6(27%)
16. Lowered self-esteem	5(23%)
17. Hypervigilant	3(13.5%)
18. Unresponsiveness	3(13.5%)
19. Pseudomature behavior	1(5%)
20. Suicidal idea	1(5%)

4 (18%),
 -
 4 (18%),
 2 (9%),
 1 (5%) (Table 7).
 2
 3 (13.5%), 3
 10 (45.5%), 4 6
 9 (41.0%)
 -
 9 (41%), 5 (23%),
 9 (41%), 4 (18.2%),
 6 (27.3%), 5
 4 (18.2%),

Table 7. Diagnosis

Main diagnosis	Conduct disorder	6(27.3%)
	Borderline disorder	5(23.0%)
	Depression	4(18.0%)
	ADHD*	4(18.0%)
	PDD NOS**	2(9.0%)
	Selective mutism	1(5.0%)
No of comorbidity	2	3(13.5%)
	3	10(45.5%)
	4 - 6	9(41.0%)
Comorbid disorder	ADHD	9(41.0%)
	Depression	5(23.0%)
	MR***	9(41.0%)
	LD†	4(18.2%)
	DLD‡	6(27.3%)
	ODD#	5(23.0%)
	Chronic tic dis.	4(18.2%)
	Functional enuresis	3(13.5%)
	Functional encoporesis	4(18.2%)
	Anxiety dis. NOS	1(5.0%)
	Dissociative dis.	1(5.0%)
	PD## due to medical condition	1(5.0%)

*Attention deficit hyperactivity disorder, **Pervasive developmental disorder not otherwise specified, ***Mental retardation, † Learning disorder, ‡ Developmental language disorder, #Oppositional defiant disorder, ##Personality disorder

Table 8. Treatment and outcome

Mean duration of admission	2.4 ± 1.5 months
Form of discharge	
BMA*	14(63.5%)
AMA**	6(27.3%)
Outcome	
Improvement	11(50.0%)
No change	11(50.0%)

*By medical advise, **Against medical advise

3 (13.5%), 4 (18.2%),
 1 (5%), 1 (5%),
 1 (5%)
 2.4 (± 1.5)
 14 (63.5%),
 6 (27.3%)
 11 (50%) 11 (50%)
 (Table 8).

고 찰

1. 성비 및 출생순서

6.8 : 1
 (Table 1)

가 , 가
 가 , 가
 가 가
 가 3
 가 15 (68%)
 86.5% (Table 2)
 가 가

2. 연령 분포 및 첫 학대 시기

가 14 (64.5%)
 3 15
 (68.2%) 3 6 가 6 (27.5%)
 6 가 95%
 가 3 가 68.2%
 가

2

가
 10) 12 (54.5%)
 (Table 4).

3. 학대형태의 특성

Straus Gelles¹⁹⁾²⁰⁾
 가 가

가 2, 2, 가

9가 가 가 2, 2 가

가 55.7%

(N) N 1.5% 22) 가 가 가 23)

가 10)11) 가 가

가 8) 가

가

18 (82%) 68% 1 가 가

(33%) (22%) 가

21) 67%

가 80%가 가

가 가 1

가 가

가 가

가 가

가 가

가 가 14 (63%)

5 (23%) 가 2)24 - 26)

4. 학대부모의 특성

가 10 (45.5%) 가 가

27)28)

19

3 (13.5%)

가 가

2 (9%) 가

가 가 8 (35.5%)

13 17 34)
6 12
(54.5%) 9 (41%), 9 (41%),
가 6 (27.5%)
가
30) 9 (41%)
가 15 (68%) 가
35)36)
29)
가 5 (23%),
가 5 (23%) 39%
5. 가족특성 13.5% 41%,
41% 가 가 68.
2% 가 4 가 90%
82% 가
가 , 6
8)31)
가
61%
Ammerman³⁷⁾³⁸⁾
가
가 가
가 가
6. 학대아동의 특징
7. 정신병리 및 진단적 특징
가 가 가
가 가 가
32)33)
41)
가

가 . 가 . 가
 , , 2 6
 Cumings³⁹⁾ (habit -
 uation)가 가
 (sensitization) DSM
 가
 46)47)
 40)
 (50%) (68%), (14%) , , , ,
 (35.5%) (45.5%), 가 , , ,
 (32%) (32%), 가 가 , 가
 가 가 가
 48) 8
 가 5 가 2 , , 1
 가 가 14
 가 8. 연구의 한계 및 의의
 가 가 가 가
 41)42) 15
 Kaplan /
 가 가
 43)44) Green⁴⁵⁾ 가 가
 가 가

References

- 1) **Kempe CH, Silverman FN, Steele BF, Droegemuller W, Silver HK**(1962) : The Battered child syndrome. J Am Med Asso 181 : 107-112
- 2) **Fontana V**(1973) : Somewhere a child is crying : Maltreatment-causes and prevention. New York : Macmillan, pp175-187
- 3) 오창규, 이명숙, 박태규, 김정규(1975) : Battered-Child Syndrome의 1예. 중앙의학 28(2) : 185-188
- 4) 권은주(1977) : 아동학대의 원인 및 대책에 대한 고찰-신체적 학대를 중심으로(석사학위). 이화여자대학교 대학원
- 5) 전행조, 송영명, 신미자, 강석철(1979) : 피학대아 증후군 1예. 소아과 22(2) : 61-62
- 6) 한국갤럽(1980) : 체벌에 대한 태도조사. 한국 갤럽
- 7) 신영화(1986) : 한국 아동학대의 사회, 인구 및 가족환경적 특성에 대한 연구(석사학위). 서울대학교 대학원
- 8) 김광일, 고복자(1987) : 아동구타의 발생률 조사. 정신건강연구 6 : 66-81
- 9) 안동현, 홍강의(1987) : 한국에서의 아동학대 현황. 정신건강연구 5 : 53-65
- 10) 고복자(1992) : 아동 구타의 발생률조사. 소아청소년정신의학 3(1) : 56-72
- 11) 주영희(1984) : 가출아동을 통한 학대에 대한 조사연구. 사회복지 80 : 71-133
- 12) 노혜련(1992) : 아동훈육과 아동학대의 구분 : 문화적 배경의 영향. 한국사회복지학 19
- 13) 고성혜(1992) : 아동학대 개념규정 및 아동학대에 대한 모, 자녀의 지각성향(박사학위). 서울대학교 대학원
- 14) **American Psychiatric Association**(1994) : Diagnostic and Statistical Manula of Mental Disorder. 4th ed. Washinton DC, America Psychiatric Association
- 15) **Belsky J**(1980) : Child maltreatment : an ecological integration. Am Psychol 35 : 320-335
- 16) **Belsky J**(1993) : Etiology of child maltreatment : a developmental-ecological analysis. Psychol Bull 114 : 413-434
- 17) **Cicchetti D, Lynch M**(1993) : Toward an ecological/transactional model of model of community violence and child maltreatment : consequences for children's development. Psychiatry 56 : 96-118
- 18) **Straus MA**(1979) : Measuring intrafamily conflict and aggression : The Conflict Tactic Scale. J Marriage Fam 41 : 75-88
- 19) **Straus MA, Gelles RJ**(1986) : Social change and Family violence from 1975 to 1985 as revealed by two national surveys. J Marriage and the Family 48 : 465-279
- 20) **Straus MA, Gelles RJ**(1990) : How violent are American families? Estimates from the national family violence Resurvey and other studies. New Brunswick, NJ Transction books, pp95-112
- 21) 김광일(1989) : 아동학대의 현황과 전망. 아동학대, 한국아동학대 예방협회, pp66-69
- 22) **Bergman AB**(1986) : Changing spectrum of serious child abuse. Pediatrics 77 : 113-116
- 23) **Solomon T**(1973) : History and demography of child abuse. Pediatrics 51 (suppl) : 773-776
- 24) **Wertham F**(1972) : Battered children and baffled parents. Bull New York Acad Med 48 : 888-898
- 25) **Martin MJ, Walters J**(1982) : Familial correlates of selected types of child abuse and neglect. J Marriage Fam 44 : 267-276
- 26) **Egami Y, Ford DE, Greenfield SF, Crum RM**(1996) : Psychiatric profile and sociodemographic characteristics of adults who report physically abusing or neglecting children. Am J Psychiatry 153(7) : 921-928
- 27) **Leonard KE, Facob T**(1988) : Alcohol, alcoholism, and family violence. Handbook of family violence. New York, Plenum, pp383-406
- 28) **Gelles RJ**(1993) : Alcohol and other drugs are associated with violencethey are not its cause, Current controversies on family violence. Newbury Park, CA : Sage, pp182-196
- 29) **National Research Council**(1993) : Understanding child abuse and neglect. Washington, DC, National Academy Press
- 30) **Ethier LS**(1995) : Childhood adversity, parental stress,

- and depression of negligent mothers. *Child Abuse Neglect* 19(5) : 619-632
- 31) **Flisher AJ** (1997) : Psychosocial Characteristics of physically abused children and adolescents. *J Am Acad Child Adolesc Psychiatry* 36(1) : 123-131
 - 32) **Verdugo MA** (1995) : The maltreatment of intellectually handicapped children and adolescents. *Child Abuse Neglect* 19(2) : 205-215
 - 33) **Herrenkohl EL** (1995) : Risk factors for behavioral dysfunction : The relative impact of maltreatment SES, physical health problems, cognitive ability, and quality of parent-child interaction. *Child Abuse Neglect* 19(2) : 191-203
 - 34) **Trickett P, Susman E** (1988) : parental perceptions of Child-rearing practices in physically abusive and nonabusive families. *Developmental Psychology* 24(2) : 270-276
 - 35) **McFadyen RG, Kitson WJH** (1996) : Language comprehension and expression among adolescents who have experienced childhood physical abuse. *J Child Psychol Psychiatr* 37(5) : 551-562
 - 36) **Egeland B, Sroufe LA, Erickson MF** (1983) : Developmental consequence of different patterns of maltreatment. *Child Abuse Neglect* 7 : 459-469
 - 37) **Ammerman RT, Hersen M, Van Hasselt VB, McGonigle JJ, Lubetsky MJ** (1989) : Abuse and neglect in psychiatrically hospitalized multihandicapped children. *Child Abuse Negl* 13 : 335-343
 - 38) **Ammerman RT, Hersen M, Van Hasselt VB, Lubetsky MJ, Sieck W** (1994) : Maltreatment in psychiatrically hospitalized children and adolescents with developmental disabilities : prevalence and correlates. *J Am Acad Child Adolesc Psychiatry* 33(4) : 567-576
 - 39) **Cummings EM, Hennessy K, Rabideau G, Cicchetti K** (1994) : Responses of physically abused boys to interadult anger involving their mothers. *Dev Psychopathol* 6 : 31-42
 - 40) **Lewis DO** (1992) : From abuse to violence : psychophysiological consequences of maltreatment. *J Am Acad Child Adolesc Psychiatry* 31 : 383-391
 - 41) **Cicchetti D, Toth S** (1995) : A developmental psychopathology perspective on child abuse and neglect. *J Am Acad Child Adolesc Psychiatry* 34(5) : 541-565
 - 42) **Abe JL, Allen JP** (1987) : The effects of maltreatment on young children's socio-emotional development : A attachment theory perspective. *Dev Psychology* 23 : 406-414
 - 43) **Kaplan ST, Zitrin A** (1983) : Psychiatrists and child abuse. *J Am Acad. Child Adolesc Psychiatry* 22 : 257-261
 - 44) **Kaufman J** (1991) : Depressive disorders in maltreated children. *J Am Acad Child Adolesc Psychiatry* 30 : 257-265
 - 45) **Green AH** (1985) : Child maltreatment : Recent studies and future directions. *J Am Acad Child Adolesc Psychiatry* 23 : 675-678
 - 46) **Andrulonis P, Glueck B, Stroeged C, Vogel N** (1982) : Borderline personality subcategories. *J Nerv Ment Dis* 170 : 670-679
 - 47) **Petti TA, Vela RM** (1990) : Borderline disorders of childhood : An overview. *J Am Acad Child Adolesc Psychiatry* 29 : 327-337
 - 48) **홍강익, 이정섭, 신민섭** (1995) : 아동기 경제선 장애 : 8증례. *소아청소년정신의학* 6(1) : 3-17

— ABSTRACT —

Korean J Child & Adol Psychiatr 10 : 145~157, 1999

CLINICAL STUDY OF THE ABUSE IN PSYCHIATRICALY HOSPITALIZED CHILDREN AND ADOLESCENTS

Soo-Kyung Lee, M.D., Kang-E M. Hong, M.D.

Child & Adolescent Psychiatry, Cheong-Ju St. Mary' Hospital, Cheong-Ju

This study was performed by the children and adolescents who were abused or neglected physically, emotionally that were selected in child & adolescents psychiatric ward.

We investigated the number of these case in admitted children & adolescents, and also observed

characteristics of symptoms, developmental history, characteristics of abuse style, characteristics of abusers, family dynamics and psychopathology. We hypothesized that all kinds of abuse will influence emotional, behavioral problems, developmental courses on victims, interactive effects on family dynamics and psychopathology.

That subjects were 22 persons of victims who be determined by clinical observation and clinical note.

The results of the study were as follows :

1) Demographic characteristics of victims : ratio of sex was 1 : 6.3 (male : female), mean age was 11.1 ± 2.5 . According to birth order, 1st was 12 (54.5%), 2nd was 5 (23%), 3rd was 2 (9%) and only child was 3 (13.5%).

2) Characteristics of family :

According to socioeconomic status, middle to high class was 3 (13.5%), middle one was 9 (41%), middle to low one was 9 (41%), low one was 1 (0.5%). according to number of family, under the 3 person was 3 (13.5%), 4 -5 was 17 (77.5%), 6 -7 was 2 (9%). according to marital status of parents, divorce or separation were 5 (23%), remarriage 2 (9%), severe marital discord was 19 (86.5%). In father, antisocial behavior was 7 (32%), alcohol dependence was 10 (45.5%). In mother, alcohol abuse was 5 (23%), depression was 17 (77.3%), history of psychiatric management was 6 (27%).

3) Characteristics of abuse :

Physical abuse was 18 (81.8%), physical and emotional abuse and neglect were 4 (18.2%). according to onset of abuse, before 3 years was 15 (54.5%), 3 -6 years was 5 (27.5%), schooler was 1 (15%). Only father offender was 2 (19%), only mother offender was 8 (35.4%), both offender was 8 (35.4%), accompanying with spouse abuse was 7 (27%), and accompanying with other sibling abuse was 4 (18.2%).

4) General characteristics and developmental history of victims :

Unwanted baby was 12 (54.5%), developmental delay before abuse was 9 (41%), comorbid developmental disorder was 15 (68%). there were 6 (27.5%) who didn't show definite sign of developmental delay before abuse.

5) Main diagnosis and comorbid diagnosis :

According to main diagnosis, conduct disorder 6 (27.3%), borderline child 5 (23%), depression 4 (18%), attention deficit hyperactivity disorder (ADHD) 4 (18%), pervasive developmental disorder not otherwise specified 2 (9%), selective mutism 1 (5%). According to comorbid diagnosis, ADHD, borderline intelligence, mental retardation, learning disorder, developmental language disorder, oppositional defiant disorder, chronic tic disorder, functional enuresis and encopresis, anxiety disorder, dissociative disorder, personality disorder due to medical condition.

5) Course of treatment :

A mean duration of admission was 2.4 ± 1.5 months. 11 (50%) showed improvement of symptoms, however 11 (50%) was not changed of symptoms.

KEY WORDS : Abuse · Child abuse and neglect · Physical abuse · Emotional abuse.