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Delusional Disorder and False Allegations of Child Sexual Abuse: A Case Report

الاضطراب الوهامي والمزاعم غير الحقيقية بتعرض أطفال لاعتداء جنسي: تقرير حالة

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Abstract

Child sexual abuse is a public health problem worldwide. When a court carries out an investigation into cases of sexual abuse, they are likely to ask for a genital examination report from a forensic pathologist indicating whether they believe sexual abuse contact has occurred. Any suspicion about the sexual abuse of a child should be evaluated prudently. Nevertheless, the investigation of sexual abuse is sometimes undertaken according to misguided or unnecessary complaints from concerned parents suffering from mental illness.

Three siblings who were 10, 6, and 6 years old were registered with Child Protective Services (CPS) three times in sixteen months following allegations of sexual abuse. Though the genital examinations of all the children were normal, the mother's behavior and statements were found to be doubtful. Therefore, this case was immediately reported to the legal authorities. After that, the mother of the siblings consulted an adult psychiatrist to determine whether she had a mental illness. After the consultation, she was diagnosed with the persecutory subtype of delusional disorder (DD).

Keywords: Forensic Science, Forensic Medicine, Child maltreatment, Delusional disorder, Sexual abuse, Mental illness.



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المستخلص

يعد الاعتداء الجنسي على الأطفال إحدى المشكلات الصحية العامة حول العالم. فعندما تجري إحدى المحاكم تحقيقاً في قضايا الاعتداء الجنسي على الأطفال، فإنه من المحتمل أن تطلب حينها من أحد الأطباء تقريراً حول فحص الأعضاء التناسلية. حيث يوضح هذا التقرير رأي الطبيب في مدى تعرض الطفل لاعتداء جنسي من عدمه. وبالتالي ينبغي التحلي بالحكمة والتعقل عند تقييم أي اشتباه في تعرض طفل لاعتداء جنسي. وعلى الرغم من ذلك، يتم في بعض الأحيان إجراء التحقيق في وقوع اعتداء جنسي بناء على شكاوى مضللة أو غير ملحة تقدم بها أولياء أمور يعانون أمراضاً عقلية.

كان هناك ثلاثة إخوة أعمارهم 10 و6 و6 أعوام مسجلون لدى خدمات حماية الطفل (CPS) لثلاث مرات في خلال ستة عشر شهراً من مزاعم تعرضهم لاعتداء جنسي. وعلى الرغم من أن فحوصات الأعضاء التناسلية لجميع هؤلاء الأطفال كانت طبيعية، فقد كانت سلوكيات الأم ورواياتها مريبة. لذا تم بصورة فورية إبلاغ السلطات القانونية عن هذه الحالة. بعدها راجعت الأم أحد الأطباء النفسيين المتخصصين في علاج البالغين لتحديد ما إذا كانت مصابة بمرض عقلي أم لا. وشخص الطبيب النفسي حالة الأم على أنها تعاني النوع الثانوي الاضطهادي من الاضطراب الوهامي.

الكلمات المفتاحية: علوم الأدلة الجنائية، الطب الشرعي، سوء معاملة الأطفال، الاضطراب الوهامي، الاعتداء الجنسي، المرض العقلي.

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In this case, it was revealed that maternal mental illness gave rise to improper claims. Parental mental status should always be considered in claims of child sexual abuse.

كشفت هذه الحالة عن أن المرض العقلي للأم نتجت عنه مزاعم غير حقيقة. ومن ثم ينبغي دائمًا الانتباه للحالة العقلية لأولياء الأمور عند النظر في دعاوى تعرض أطفال لاعتداءات جنسية.

1. Introduction

The maltreatment of children is a serious public health issue worldwide [1]. At present, many social services, including those offered by Child Protective Services (CPS), have been established to control this significant problem. Although these CPS have different names, they have a joint aim to protect children from maltreatment and sexual abuse. CPS serve minors who have been sexually abused, physically, and/or neglected by caregivers. However, it is still possible for minors who have not been abused to be admitted to CPS due to maltreatment via a parent's false claim of child sexual abuse. CPS examiners should pay attention to all possible causes behind the complaint of child sexual abuse to CPS.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) [2], delusional disorder (DD) refers to a diagnosis of non-bizarre delusions related to scenarios of everyday life, for example, delusions of being followed, suffering from an illness, or having an unfaithful partner. The presence of bizarre elements is important in differentiating schizophrenia from DD [3]. DD diagnosis requires one month or more of delusions in a patient who has not had another psychotic diagnosis [3]. On the other hand, a patient with DD can also have transient hallucinations that are not based on the main delusion [3]. DD patients typically do not consult physicians and often resist medical treatment due to their internal cognitive dissonance [4]. The prevalence of DD is nearly 0.2% worldwide [2]. DD is separated into subtypes, including erotomania, jealousy, persecution, somatic, mixed, grandiosity, and unspecified, based on the elements of delusion [5]. Commonly, females diagnosed with

DD experience two peaks in their condition: young adulthood and the post-productive period [5]. Although DD is known as a stable disease, some patients go on to suffer from schizophrenia [3]. Despite nearly one-third of DD patients showing remission, one-fifth of DD patients experience a progression to schizophrenia [3].

Forensic examination of child sexual abuse is a significant part of the routine practice of forensic medicine specialists. Aside from physical and genital examinations, it is also important to evaluate the mental status of the children and parents. While taking the medical history from the children and parents, the forensic medicine specialists should observe the mental status of the whole family. Parental mental illness has been associated with various mental disorders in their children [6]. The aim of presenting this unusual case is to remind colleagues that they may encounter false allegations of sexual assault in their practice. Particularly in such complicated cases involving the sexual abuse of children, a multidisciplinary approach is required. Shedding light on complicated cases prevents other professionals from spending unnecessary time examining cases of false sexual abuse allegations. The present case is thus a reminder that allegations of sexual assault should be considered based on evidence rather than speculation. Additionally, this case report also aims to draw attention to the overall problem of child sexual abuse in a society.

2. Case Report

A 38-year-old divorced woman brought her three children, who were 10, 6, and 6 years old, to CPS in the Turkish city of Bursa three times in



sixteen months with the allegation of child sexual abuse. During the mother's first application to Bursa CPS, she suggested that her younger daughter had been fondled nearly ten times by an unnamed student at the child's school. According to the mother's statement, a student unknown to the girl asked her daughter to go to a rural area in the schoolyard. After that, the student allegedly held her daughter roughly behind him with an intense sexual intention. During the mother's second visit to Bursa CPS, she alleged that the parents of her ex-husband sexually assaulted her three children via digital anal penetration. The mother told the legal authorities that at the time of this assault, she had been living with her entire family, including her husband's parents, in a common house in her ex-husband's village. She expressed that she had not wanted to live in this location or under these arrangements. She reported sleeping with her three children and locking the bedroom door out of fear of her husband. Finally, during the mother's third visit to Bursa CPS, she accused her ex-husband and the father of her ex-husband of sexual assault involving the fondling of her three children. Legal investigations concluded that everything was normal. After each of the three allegations, the authorities requested forensic examinations of the children. Each time, the genital examinations of the children were found to be normal. On the other hand, during and after the examinations of the children, the mother's delusional behavior was noted. An adult psychiatrist consulted with the mother to determine whether she had any mental illness that may have caused suspicion of child sexual abuse. After the consultation, she was diagnosed with the persecution subtype of DD. This unusual case was also reported to the court.

3. Psychiatric Examination

During the psychiatric examination, the mother

was found to be open-minded and cooperative. She suggested that her children were sexually and physically abused by her ex-husband and her ex-husband's family before they were divorced. Moreover, she added that another two young men who had been hired by her ex-husband's father were living in buildings next to the home where she lived with her children. She said that they had followed her via cell phone tracking and had reported on her movements and activities to her husband. She had thoughts about being exposed to systematic harm. Her memory and tendency were normal. She was adamant that she was being truthful and wanted the examiners to believe her. The Minnesota Multiphasic Personality Inventory (MMPI) and the Symptom Check List (SCL-90) tests were performed. According to the MMPI test, chronic and intense anger were seen, and the paranoia scale score was high. During the tests, it was determined that she had tried to justify herself. The psychiatric report concluded with the diagnosis of DD of the persecution subtype. It was determined that her mental illness may have given rise to these situations, including the claims of sexual assault.

4. Discussion

In the literature, very few publications exist about misguided or unnecessary applications to CPS and about parental delusions of child sexual abuse. Nevertheless, a few studies have drawn attention to this issue.

Kohl et al., (2011) have suggested that nearly two-thirds of abused children's mothers have a mental illness [7]. Initially, it appears that children being placed in foster families was almost two times higher for children whose mothers suffered from a psychiatric illness [7]. In a study in which participants claimed physical and sexual abuse in their childhoods, they also reported that their parents had suf-



ferred from mental illnesses such as schizophrenia, mania, and depression. Furthermore, the number of participants from the same demographic was two to three times higher than the number of participants whose parents were healthy [8]. O'Donnell et al. reported that half of the abused children in their study had a mother who suffered from a mental illness [9]. Chaopricha et al., (2011) found that the prevalence of parental mental illness in those whose children had been abused was almost 57% [10].

Physicians are legally mandated to make declarations to the appropriate authorities when they have any suspicion of child maltreatment, among other crimes, according to Turkish Penal Code Article 280 [11]. Furthermore, child patients have a special characterization in this regard. Often, children cannot easily and clearly provide details about their medical histories. Moreover, physicians should be informed by both the children as well as their parents. When a physician's findings are unusual or inconsistent with a patient's medical history during an examination, the doctors should investigate the case in more detail. Sometimes, this can require investigation of parental mental status. Mothers suffering from serious mental disorders can be those who pose a threat to their children's stability and safety [7]. The physician should also consider that parental mental disease can be damaging to all members of a family.

Thus, we can see that a parent's mental disease could cause unwanted conditions for their children [7]. Parents with mental illness have also been shown to sometimes relate more roughly to their children, such as through physical punishment (e.g., hitting or slapping) [7]. Children have been shown to be more likely to be abused by mothers with depression [7]. Furthermore, the majority of mothers studied in this context were diagnosed after the first maltreatment report.

5. Conclusion

In summary, maternal mental health is of great importance in preventing child maltreatment [9]. It is clear that many abused children are admitted to CPS; not only should children be evaluated by medical professionals, but their parents should also be evaluated by adult mental health physicians for their own well-being and the well-being of their children. Parental mental status should always be considered in cases where CPS is involved.

Informed Consent

The mother and her relatives provided written informed consent for the dissemination of this unusual case in a medical journal.

Conflict of Interest

The authors have no relevant financial or non-financial interests to disclose.

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Authors' contributions

SK wrote the first draft of the manuscript and then SK and AV worked together to improve subsequent versions. Both authors have approved the final version of the manuscript.

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Abbreviations

Child Protective Services: CPS; Delusional Disorder: DD; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-V; Minnesota Multiphasic Personality Inventory: MMPI; Symptom Check List: SCL-90.



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