

Original research-Orijinal araştırma

Evaluation of cases with claims of sexual abuse referred to service of forensic medicine in a university hospital

Adli tıp anabilim dalı servisine sevk edilen cinsel istismar mağduru olduğu iddiası olan olguların değerlendirilmesi

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Abstract

Aim. Every year, millions of children are either victims or witnesses of child exploitation worldwide. Although child mistreatment is usually seen as physical abuse, the concept of exploitation includes all kinds of mistreatment such as sexual abuse, psychologic abuse, and neglect. In this study, we aimed to reveal sociodemographic characteristics, details of medical history, physical examination findings, and general features of the offensive incident. **Method.** The forensic medicine reports related to 96 cases younger than 18 years of age who referred to our Department of Forensic Medicine between January 2008 and December 2009 with claims of being victims of sexual abuse were examined retrospectively. **Results.** Within 2 years, 96 cases (males 16.7% and females 83.3%) were referred to our outpatient clinics. Ages of the referrals ranged between 5 and 18 years of age and most of them were in the 15-18 age group. When the cases were evaluated as for their perpetrators, the offenders were seen to be intimates first and second-degree relatives (63.5%). On the examination of the cases referred to our clinics, any evidence of abuse was not found in 74% of the cases. The most frequently encountered physical finding (15%) was an old hymen rupture. For 49% of the cases any consultation was not required, and most of the consultations were demanded from psychiatry departments. **Conclusion.** Sexual abuse which is an important public health problem necessitates a multifaceted approach. Due to delay in referral to healthcare organizations because of numerous reasons, it is extremely difficult to detect evidence related to the act during physical examination, and thus a properly obtained medical history apparently conveys crucial importance.

Keywords: Child, sexual offenses, sexual abuse, forensic medicine

Özet

Amaç. Dünyada her yıl milyonlarca çocuk istismarın kurbanı ya da şahidi olmaktadır. Çocuk istismarı en sık fiziksel istismar şeklinde görülmekle birlikte, cinsel istismar, duygusal istismar ve ihmal olarak çocuğa zarar veren bütün formları içermektedir. Bu çalışmada polikliniğimize gelen olgularda cinsel istismar iddiası olan olguların sosyodemografik özellikleri, anamnez ve fiziki muayene bulguları ile olayın genel özelliklerinin ortaya konulması amaçlandı. **Yöntem.** Ocak 2008 Aralık 2009 tarihleri arasında Adli Tıp Anabilim Dalı polikliniğine cinsel istismar mağduru olduğu iddiası ile başvuran 18 yaşından küçük 96 olguya ait adli raporlar retrospektif olarak incelendi. **Bulgular.** Polikliniğimize iki yıllık süre içerisinde başvuran olguların toplam sayısı 96 olup, bunların %16,7'si erkek, %83,3'ü bayan idi. Başvuranların yaşları 5 ila 18 arasında olup, en yüksek başvuru 15-18 yaş grubunda idi. Cinsel istismarı yapan kişi yönünden olgular değerlendirildiğinde olguların %63,5'inin tanıdık ve 1. ve 2. derecede akraba olduğu görülmektedir. Olguların %74'ünün muayenesinde herhangi bir istismar bulgusuna rastlanmadı. Fizik muayene bulgusu olarak en fazla (%15) eski hymen yırtığı görüldü. Olguların %49'una herhangi bir konsültasyon istenmezken, en fazla psikiyatri bölümlerinden konsültasyon istenmiştir. **Sonuç.** Önemli bir halk sağlığı sorunu olan cinsel istismar çok yönlü bir yaklaşımı gerektirmektedir. Cinsel istismar olgusunun sayısız nedenlerle sağlık kuruluşlarına geç sevkini fizik muayenede olaya ait bulgunun saptanmasını zorlaştırmaktadır. Bundan dolayı bu tür olgularda

uygun biçimde alınacak olan tıbbi öykünün kritik önem taşıdığı görülmektedir.

Anahtar sözcükler: Çocuk, cinsel saldırı, cinsel istismar, Adli Tıp

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Introduction

Child abuse is a social, and medical problem which is known, revealed, and equally kept concealed since ancient times [1]. Child abuse is used as a general term for mistreatment of the child and it is examined in four basic groups, namely physical abuse, sexual abuse, emotional abuse, and neglect [2-4]. Although the most prevalent, and the easiest one to detect is physical abuse, sexual abuse is the most challenging diagnosis to establish, and it is extremely difficult to reveal real facts because of embarrassment, and reactions it elicits [3-6]. The concept of sexual abuse is defined as ‘mistreatment of a child or adolescent who has not completed his/her sexual maturation by an adult using threatening or deceitful means to fulfill perpetrator’s sexual desire or needs’ [5]. Incest is defined as sexual abuse exercised on a child or adolescent by a blood relative or the person responsible for the care of the sufferer [5]. Pornographic talks, exhibitionism, voyeurism, sexual contact, touching genital areas, oral sex, oral-vaginal, oral-penile, oral-anal contact, interfemoral contact, sexual penetration (vaginal, anal, genital penetration with fingers or foreign objects), sexual exploitation, child pornography, and child prostitution are included in the definition of the term “sexual abuse” [7, 8]. Although child abuse is known for years, only in recent years relevant researches, and investigations are accumulating rapidly [9]. Since comparisons are not possible because of methodologic differences among various approaches, epidemiological studies performed especially within the last 20 years have contributed significantly to the understanding of the insight, and nature of this problem [10, 11]. Sexual crimes are committed widely by men against women, and children [12, 13]. As stated in a report published in 1997 by The National Institute of Justice “One in every three women, and also every five men are victims of sexual abuse before the age of 18, and 1.8 million children aged between 12-17 years are victims of sexual abuse” [14]. As is the case worldwide, although child abuse is thought to be a widespread problem in our country, relevant information about its prevalence appears to be inadequate [9].

In this study, our aim was to reveal the findings of physical examination (PE), and information gathered with medical history such as age, gender, educational level, scene of the event, name of the perpetrator etc. related to the cases referred to our clinics.

Methods

The forensic medicine reports of 96 cases younger than 18 years of age who referred to Department of Forensic Medicine between January 2008 and December 2009 with claims of being victims of sexual abuse were examined retrospectively. In this study, our aim was to elucidate sociodemographic characteristics, medical history, PE findings, reasons for referral, place, and time of the event, and the degree of intimacy of the offender to the victim data were analyzed in SPSS for Windows 11.5 software, and presented as percentiles.

Results

Among cases referred to our clinics within two years, 117 of them had claimed to be victims of sexual abuse. Majority (n=96; 80.1%) of them was \leq 18 years of age, and of

female gender (83.3%). Encountered cases aged between 5-18 years, and most of them were within 15-18 age group. Most of the pediatric referrals (39.5%) had secondary education, while all of the uneducated ones were children below seven years of age not in the school age. Mothers of 17.7% of the children were working for living, while fathers of 14.6% of them were unemployed. Majority of the cases (41.6%) belonged to the families with multiple children (n=3-4) (Table 1). The incidence of sexual assaults peaked in winter (32.4%), and fell to its nadir in summer (15.6%). Most of the cases (40.6%) happened at home, 8.3% of them took place in various places, while 75% of the offenses occurred in urban areas.

Table1: Socidemographic characteristics of the children subjected to acts of sexual abuse.

Gender	n	%
Male	16	16.7
Female	80	83.3
Age (years)		
5-9	21	21.9
10-14	33	34.4
15-18	42	43.7
Education		
Uneducated	9	9.4
Primary	26	27.1
Secondary	38	39.5
College	23	24.0
Mother has a job		
No	79	82.3
Yes	17	17.7
Father has a job		
No	14	14.6
Yes	82	85.4
Number of siblings		
0-2	29	30.2
3-4	40	41.6
5+	27	28.2

The most frequently cited single reason for referrals was to determine if victim's physical, and mental health is normal, while 38.6% of the cases indicated more than one reason. Almost all of these patients consulted to our clinics to know if their physical, and mental health had been impaired in addition to other reasons for referral. Mostly (34.4%) the sufferer him/herself reported the event. Among perpetrators of the sexual abuse, 63.5% of them were intimates, first, and second-degree relatives. PE of 77.1% of the cases did not elicit any relevant finding. PE revealed mostly (15.6%) a hymenal rupture. In four cases out of eight who claimed to be coerced for anal intercourse, in the light of the the medical history pertaining to the time of the act relevant PE findings of anal penetration such as hyperemia, fissure, and laceration of the anal region were found to be in accordance with acute anal intercourse. For 49% of the cases a consultation was not required, and mostly (22.9%) Department of Psychiatry was called for expert opinion (Table 2). Medical history obtained, and examination of documents revealed sexual penetration in more than half of the cases (52.1%). Sexual penetration was seen mostly in the 15-18 age group (55.3%) which consisted wholly of female children. However 66.7% of the male children aged 5-9 were victims of sexual penetration. Four cases of these sufferers (4.2%) were female children, and adolescents who were victims of incest were in 10-14 (n=2), and 15-18 (n=2) age groups among those referrals inquiring if their physical, and mental were impaired, 40.3% of them were found to be intact. For 26 cases (27.1) psychiatric consultation was required which revealed diagnoses of depression (n=9; 34.6%), and posttraumatic stress disorder (PTSD) (n=5; 19.2%) (Table 2).

Table 2: Characteristics of sexual abuse, and its outcomes.

Characteristics of sexual abuse	n	%
Time of the act		
Spring	25	26.0
Summer	15	15.6
Fall	25	26.0
Winter	31	32.4
Scene of the act		
Home	39	40.6
Street	21	21.9
Open land	15	15.6
Workplace	9	9.4
Public places	4	4.2
More than one place	8	8.3
Urban	72	75.0
Rural	24	25.0
Reasons for referral		
Impaired bodily, and mental health	46	47.9
Anal intercourse	8	8.4
Other	5	5.1
More than one reason	37	38.6
Informant		
The victim	33	34.4
Family or relative	25	26.0
Legal authority	13	13.5
Foreign	7	7.3
Indeterminate	18	18.8
Identity of the Perpetrator		
Intimate, neighbour	45	46.9
Foreign person	35	36.5
1.degree relative (mother, father, sibling)	10	10.4
2.degree relative (uncle)	6	6.3
Physical examination findings		
None	74	77.1
Old hymenal rupture	15	15.6
Acute anal intercourse	4	4.2
Pounding marks	3	3.1
Consultation		
Not demanded	47	49.0
Psychiatry	22	22.9
Obstetrics-Gynecology	9	9.4
General surgery	4	4.2
Radiology	3	3.1
More than one	11	11.4
Outcome of the event		
Sexual penetration detected	50	52.1
Sexual contact without sexual penetration	38	39.6
Absence of sexual contact	8	8.3
Physical and mental examination (n=77)		
Intact	31	40.3
Impaired	15	19.5
Control: 6 months later	21	27.2
Referral to pediatric psychiatry	10	13.0

Discussion

Sexual abuse is seen in all walks of the population irrespective of ethnic, religious, and socioeconomic groups. In cases with sexual abuse, gender, disability, and age have been indicated as important risk factors [15]. However in studies performed, in cases with

sexual abuse differences based on gender were observed. Especially female children are victims of sexual abuse two and eight-fold more than male children during childhood, and adolescence, respectively [14]. In population based studies, 12-35% of women, and 4-9% of men were found to be exposed to sexual abuse [16]. Pereda et al. [17] analyzed 39 studies performed in 21 countries, and reported the incidence of sexual abuse as 10-20% for girls, and 10% for boys, respectively. In USA, relevant studies indicate that nearly 12% of the children were victims of sexual abuse, and 27% of women, and 16% of men have been exposed to sexual assaults at least one time during their childhood, and adolescence [18, 19]. Another analysis citing the results of a large scale study has indicated the incidence of child sexual abuse as 7-36% for women, and 3-29% for men, respectively, and also stated that female gender was exposed to sexual abuse 1.5-3 times more frequently than men [20]. Investigations related to child sexual abuse are apparently inadequately designed, and scarce in number. In a relevant study conducted by Salaçin et al., it was reported that 87% and 13% of the cases were female, and male victims, respectively. In another study where 84.5% of 84 cases who claimed to be the victims of sexual assaults were reportedly women [21, 22]. The reason for lower incidence of sexual abuse among male children might be the manly pride which avoids searching for help, and concerns about being judged as homosexuals which prohibits them to narrate events of sexual assaults [17]. In our study 83.3% of women, and 16.7% of men claimed of being sexually harassed. Female children were found to be sexually abused 5 times more than male children which is in accordance with other studies. It was also reported that most of the perpetrators of sexual abuse were males known intimately by their victims [23, 24]. In a relevant investigation perpetrators of sexual abuse were found to be fathers, siblings, uncles or cousins (30%), intimates of the family, babysitters, neighbours, and foreigners (10%) [25]. In another study 86% of the adults who were previously victims of child sexual abuse stated that they had recognized their perpetrators (20% fathers, 16% relatives, 50% close friends or individuals presumably well known by the family members) [26]. Although it has been reported that sex exploiters were usually of male gender, in 15% of the cases offenders were women [27]. Another study reported the incidence of sexual assaults against male (14-40%) and female children (6%) committed by women [11, 28]. Investigations performed in our country have indicated that most of the exploiters were male intimates [23, 29, 30]. Another study pointed out that the main exploiters were frequently fathers, while relatives were culprits of 20-60% of intrafamilial childhood sexual abuse [31]. In our study, it was determined that all perpetrators of sexual abuse were males, and 63.5% of them were known by the victim, and also 4.2% of the events were of incest relationship. Although these incidences are comparable to those obtained in limited number of studies conducted in our country, further studies of larger scale should be conducted to retrieve more accurate data about the subject. Most cases of sexual exploits have been reported to be sexual abuses in childhood, and sexual assaults in adolescence, and adulthood [13, 32]. In a study realized in Turkey, it was reported that children are exposed to more than one type of sexual exploits with increasing age, and thus their bodily integrities are impaired, the authors added that especially female children are vulnerable to vaginal penetration at a higher frequency as they age [29]. A similar study has indicated significant increases in vaginal intercourses, violent assaults, and exploitation of foreigners after age of 10 years [31]. In this study, 56.3% of the victims of sexual abuses were \leq 14 years of age. Peak incidences in the events of sexual abuse directed against male, and female children were seen in different age groups (54.4%; 5-9 years, and 49.3%; 14-18 years, for male, and female children, respectively) All cases of anal penetration were directed against male children under 14 years of age, while 65% of female children aged 15-18 years were victims of anal penetration.

Although studies performed hitherto reported higher incidences of sexual abuse in lower socioeconomic status, generally it is seen in every socioeconomic level [33]. While childhood sexual abuse is observed in all socioeconomic levels, severely traumatic forms are associated with lower socioeconomic classes [31]. Akbaş et al. [29] stated that 65.3%

of sexually exploited families belonged to the lower socioeconomic status. In this study it was detected that most of the cases belonged to the families with lower incomes, and mostly (85.4%) fathers worked for living in jobs with lowest incomes in 73% of the cases. However majority of the mothers (82.3%) did not usually work in any money yielding jobs. When the scene of the sexual abuses were analyzed, 40.6% of the these offenses took place at home, with highest, and lowest incidences being in winter (32.4%), and in summer (15.6%), respectively. Grossin et al. [34] reported peak incidences of sexual abuse for the last four months of the year. In another study performed in our country it was noted that in spring, and summer months number of incidents of sexual abuse were relatively higher [23, 27]. In an investigation conducted in Konya detected that 44.7% of the alleged sexual assaults happened in or near the victim's place of residency [35]. Majority of these exploitations were committed by the acquaintances of the child suggesting the residency or vicinity of the victim or the perpetrator as the scene of offence. Child sexual abuse which is clearly established as a significant public health problem has deleterious effects on the children such as behavioral disorders, poor self-esteem, feelings of isolation, depression, self-inflicting behaviours, substance dependance, suicidal thoughts, and suicidal attempts, exposure to re-exploitation, sexual dysfunction, and predisposition to juvenile delinquency in the short- and long term [36-38]. Still some authors have reported higher incidence of psychological, behavioural disorders, and PTSD in children aged 10-16 years who were the victims of sexual abuse, and male children were more prone to depressive disorders than their intact peers [39]. In a study performed on sexually exploited children, it was reported that 63.8% of them experienced PTSD, while 33% of these children had become depressive [40]. In another relevant investigation, it was observed that 64-79% of victims of sexual abuse had manifested psychiatric symptoms such as PTSD, poor self-esteem, and anxiety being more prominent [41]. In a survey performed in our country 91 sufferers of sexual abuse were asked if their 'bodily, and mental health was impaired' and as a result 5% of them had been diagnosed as PTSD. In this study, bodily and mental health of the responders were intact (Table 2). Psychiatric consultation was ordered for 26 (27.1%) of them, and depression, and PTSD were detected in 9 (34.6%), and 5 (19.2%) cases, respectively. The most important reason for inadequate establishment of psychiatric diagnoses is the lack of pediatric and adolescent psychiatrists, excluding certain medical centers of our country.

If the victim of the sexual abuse referred to a healthcare organization within 72 hours of the event, then prompt medical examination should be performed especially for acute, and hemorrhagic cases however some authors have indicated that if the sufferer applied after 72 hours from the incident or an acute infliction is not the case, then urgent medical examination of the victim might not be an absolute necessity [42]. Detailed physical, psychiatric, and genital system examinations are performed. In female children inner aspects of thighs, labias, clitoris, urethra, hymen, vestibule, posterior forchette, fossa navicularis, and anus, in male children thighs, penis, and scrotum should be evaluated as for the presence of erosions, scars, discharge, and ecchymoses. Ecchymoses, scars, ruptures in the anal region, anal dilatation, and sphincter laxity should be meticulously registered [43, 44]. A study noted physical trauma in 33-64% of the cases suffering from sexual assaults, and still another investigation detected general bodily trauma in 39.1% of the victims seen within 72 hours after the assault, while another study observed lesions in 6.3% of the cases seen later than 72 hours. The same authors also reported hymenal injury in 42.2% of the sufferers [34, 45]. In an investigation conducted in our country, in 52% of the cases, any evidence of trauma was not detected, and 13% of the victims had stigmata of physical trauma. The most frequently encountered genital examination finding was hymenal injury (38.1%), and 34.5% of them being scars of old ruptures [22]. In a study where 136 cases were evaluated, old scar of hymenal rupture was detected in 63.8% of the victims [35].

In this study, in 3.1% of the alleged cases of sexual abuse, relevant evidence of physical exploitation was revealed, while hymenal rupture is found to be the the most frequently

encountered (15.6%) sexual abuse finding during PE. Scarce number of PE findings is presumably due to a prolonged interval between the date of the offence, and PE, which results in healing of the stigmata of the sexual assault.

In conclusion, as an important public health problem, sexual abuse requires a multifaceted approach just like any other disease. In our study age and gender were considered as risk factors. Longer interval between the time of sexual abuse, and PE is seen as a barrier in the detection of relevant findings, and establishment of diagnosis. Since delayed consultation to healthcare organizations due to various reasons complicates the detection of evidence of sexual assault, a good history-taking is thought to be of crucial importance.

In addition to the measures taken by laws, and law enforcement officers, children at risk should be informed about sexual abuse. Besides, increased awareness about this offence in the family, and population at large will provide marked benefits in the prevention of child abuse. Revelation of sexual abuse should not be considered as a taboo, and legal authorities must be informed as soon as possible so as to implement the most accurate approach both from forensic, and medical perspectives.

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