SEXUAL ASSAULTS AND MEDICAL APPROACH

Kenan Kaya

*Department of Forensic Medicine, Adana Group Administration, Adana, Turkey

Article Info: Received 28 June 2019; Accepted 14 July, 2019

DOI: <https://doi.org/10.32553/ijmbs.v3i7.389>

Address for Correspondence: Kenan Kaya, Department of Forensic Medicine, Adana Group Administration, Adana, Turkey

Conflict of interest: Nil

Abstract

Sexual abuse can be accompanied with physical force, threatening, horrifying, drugging and / or misuse of the consents such as the unable ones to give consent because of their underage and / or mental disease. It is a major problem in all over the world as well as our country. Most of the sexual assault victims are actually also child abuse cases. This study aims to contribute to the solution of these abuses and assaults as well as to increase the awareness of the clinical examiners. We designed this study to present the data and increase the benefit for to prevent these abuses.

154 cases had been evaluated at our department in between the dates of October 2012 and January 2014. The ages varied as in groups such as 0-12, 12-15, 15-18 and over the age of 18. The majority of the cases (46.7%) were in the 12 – 15 age group. 25.9% were aged as 15 – 18 and 15.6% were over the age of 18. Only 11.8% were under 12 years of age. The youngest victim was seven years old while the oldest one was 27 years old. 135 cases (87.7%) were female and only 19 of the cases (12.3%) were male. 66 cases (42.8%) had been examined for second time while 88 cases (57.2%) had come to our unit for the first time. 60 cases (39%) have been abused repetitively. 94 cases (61%) defined that they have been abused for the first time. Way of the abuse is evaluated via history taken from victim and demand letter sent to us by facilities. It is claimed that 94 cases (61%) had been abused vaginally while 40 cases (26%) had been abused anally, and 20 cases (13%) had been abused both vaginally and anally.

When we analyze the abusers' profiles in majority of the cases (87%), the victim knows the perpetrator long before the event happens. Violent findings accompanied with sexual abuse in 14 cases (9.1%).

The sexual assault victims should not be traumatized repeatedly by clinicians as well as the official authorities. The major point should be the victim's higher benefit and it should always be protected.

Key words: Sexual Abuse, Examination, Clinical Legal Medicine

INTRODUCTION

Sexual abuse is a major problem in all over the world as well as in our country. It has multiple dimensions and very unique clinical evaluation, examination and reporting processes of the medico – legal expertise system (1). Sexual abuse can be accompanied with physical force, threatening, horrifying, drugging and / or misuse of the consents such as the unable ones to give consent because of their underage and / or mental disease. The sexual abuse cases have always multiple dimensions, such as the point of view of the expertise system, legal approaches, medical and social handling of the cases, statements and interviews, evaluation of the case history and examination of the victim. Family supports are of valuable as also the physician, social life and rehabilitation. The protection and prevention of the victim from a second insult is also very important. Forensic sciences and medicine plays extremely

important role during all those processes. Studies show that sexual abuse occurs almost in every minute and one out of every five women are exposing to one kind of sexual assault until the age of 21. Most of the sexual assault victims are actually also child abuse cases. In most of the child abuse cases the definitions vary and it is estimated that one out of every ten boys are in risk of sexual abuse before the age of 18 while three out of every ten girls are carrying the same risk of abuse (2,3).

This study aims to contribute to the solution of these abuses and assaults as well as to increase the awareness of the clinical examiners. We designed this study to present the data and increase the benefit for to prevent these abuses.

MATERIALS AND METHODS:

154 cases which had examined for sexual abuse and applied to our Forensic Medicine Department at Çukurova University between the dates of October

2012 and January 2014; were evaluated retrospectively. Cases were evaluated in terms of age, gender, facility which demanded the report, examination number, first time abuse or repetitive abuse, way of the abuse, abuser proximity, concomitant assault and content of the report.

FINDINGS:

154 cases had been evaluated at our department in between the dates of October 2012 and January 2014. The ages varied as in groups such as 0-12, 12-15, 15-18 and over the age of 18. The majority of the cases (46.7%) were in the 12 – 15 age group. 25.9% were aged as 15 – 18 and 15.6% were over the age of 18. Only 11.8% were under 12 years of age. The youngest victim was seven years old while the oldest one was 27 years old (Figure 1).

135 cases (87.7%) were female and only 19 of the cases (12.3%) were male (Figure 2).

Figure 1: Age distribution

Figure 2: Sex distribution

124 cases (80.5%) were sent by police departments, 20 cases (13%) were sent by gendarmerie stations, 10 cases (6.5%) were sent by prosecution office/court; to us for examination.

88 cases (57.2%) examined once while 66 cases (42.8%) examined twice. 60 of the cases (39%) had repetitious abuses. 94 of the cases (61%) had been abused for the first time. The patients' history of abuse and informed consent were classified by the responsible physician at the clinic. Figure 3 and 4 shows the details of the abuses. 14 of the cases (9.1%) had findings of violence.

Way of the abuse is evaluated via history taken from victim and demand letter sent to us by facilities. It is claimed that 94 cases (61%) had been abused vaginally while 40 cases (26%) had been abused anally, and 20 cases (13%) had been abused both vaginally and anally.

When we analyze the abusers' profiles in majority of the cases (87%), the victim knows the perpetrator long before the event happens. Violent findings accompanied with sexual abuse in 14 cases (9.1%).

40 of the cases (35%) had healed hymenal rupture. 12 of the cases (10.5%) had fresh hymenal ruptural findings. 20 of the cases (17.5%) were anatomically suitable for penetration while 38 of the cases (33.5%) had normal findings. Four of the cases (3.5%) refused to be examined. Evaluation and examination of the anal region showed acute anal penetration in eight of the cases (13.34%) and the rest of the cases [50 cases / (83.3%)] had normal findings. Two of the patients did not accept to be examined.

Figure 3: Form of abuse

Figure 4: Abuser proximity

DISCUSSION:

Our study reveals that 84.4% of our cases were under 18 years of old age as it was 77.4% to 84.3% in previous similar studies(4,5). Most of the victims under age of 18 were not aware of the sexual abuse and its consequences both physically or psychologically. In most of the series it is recognized that 85% of the victims are females(2, 6). Our study shows slight decrease of the male cases with 12.3 %.(Figure 2) There were no male sexual assault victims over the age of 18 in our serial.

Children Protection & Observation Center (CPOC) built on 01.11.2012 in Adana city. The assault victims apply to this center at first and usually problematic cases are yielded to our department for better evaluation and reporting. 22.3% of our cases were sent by this center to us. The major problem with these kind of cases is, repeated examination and revictimization of the person.

Abuser could also be a very close relative such as the victim's biological father as well as a complete stranger. The studies show that the abusers are mostly from the same environment of the children(7,8).

Examinations and evaluation of a sexual assault victim can be very hard since one may not notice any abnormal signs or findings. The history taken, the clothes of the victim, the biological samples as well as the Crime Scene Investigation sometimes can be more helpful than any other. Sexual Assault Victim's evaluation, examination and reporting is a multidisciplinary scientific and clinic practice and should always taken care of seriously in all manners. It is not a local some countries' own problem but a global humanitarian problem and should be solved as an international project.

In conclusion; we should not traumatize the victim over and over again by examining repeatedly. A rape crises center or sexual victim evaluation center can be of valuable to provide a better environment for the victims as well as for a complete organized examination and reporting. The evidences should always keep secure during the investigation period. The major point should be the victim's higher benefit and it should always be protected. The social life and the environment should always provide to a person, a complete organized examination right, also victim's legal requirements should kept as a human right issue. The governments should also provide powerful social support facilities and powerful state which can protect and also support these victims. The victims' should always feel that their healthy growth will be provided by their government and their physicians. The medicals and legal experts should support the victims both physically, mentally and socially.

REFERENCES:

1. Gölge ZB, Yavuz MF, Bakan TM. Hukukçuların ve polislerin ırza geçme ile ilgili ceza sistemine bakış açılarının değerlendirilmesi. Adli Tıp Bülteni 2000; 5(1): 5-11.
2. Polat O. Tüm boyutlarıyla çocuk istismarı. Ankara: Seçkin Yayıncılık, 2007.
3. Bolen RM, Scannapieco M. Prevalance of child sexual abuse: A corrective metanalysis. Social Service Review 1999; 73:281-313.
4. Günaydın İG, Demirci Ş, Doğan KH, Aynacı Y. Konya'da 2002 Ocak-2005 Temmuz tarihleri arasında yapılan hymen muayenelerinin değerlendirilmesi, 12. Ulusal Adli Tıp Günleri, 28 Eylül-2 Ekim 2005, Antalya. Paneller ve Poster Sunuları Kitabı. s.241-5.
5. Salaçin S, Alper B, Uçkan H, Seksüel Saldırılarda Mağdurun Muayenesinde Karşılaşılan Sorunlar. Adli Tıp Derg 1991;7:133-9.
6. Grossin C, Sibille I, Lorin de la Granmaison G, Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. For Sci Int. 2003;131:125-30.
7. Noshpitz JD, Kernberg P, Bemporad JR, Handbook of Child and Adolescent Psychiatry. Wiley & Sons Inc. USA, 1997 Vol 2. p.253-78.
8. Terr, L. Acute responses to external events and posttraumatic stress disorders. In: M Lewis, ed. Child and adolescent psychiatry: A comprehensive textbook (pp. 755-763). Baltimore, MD: Williams & Wilkins. 1991. pp. 755-63.