

Incest In Türkiye: The Example Of An Adolescent Center

Türkiye'de Ensest: Bir Ergenlik Merkezi Deneyimleri

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ABSTRACT

AIM: Child sexual abuse, especially incest may reveal more serious consequences in terms of young victims, the relationship's context between abuser and victim, and the presence of the risk associated with sexual activity. In this context, the aim of this study was to provide awareness and perspective for healthcare professionals on the subject by publishing our experiences on incest, which is a difficult and sensitive subject.

MATERIAL AND METHOD: This study was carried out retrospectively and descriptively based upon medico-legal records of girl children under the age of 18 evaluated in an Adolescence Center between the years of 2004-2012.

RESULTS: Intrafamilial abuse was 23 of 139 victims of child sexual abuse during this period of time. The gender of the victims was female only, and the age of victims was between 2-18 ages, and 10 of 23 presented with various gynecological complaints. The abuse of 56.52% of the cases was detected by gynecologists. Also, 34.7% of them were pregnant. In addition, psychiatric and psychological outcomes of incest were determined as acute stress disorder, post-traumatic stress disorder, social isolation, attention deficit and hyperactivity disorder, and substance use.

CONCLUSION: The decision as to whether the child is a victim of incest or not is difficult and has serious implications. In cases with delayed notification, changes or loss in evidence may lead to confusion in medico-legal evaluation, which makes social and legal management harder, thus causing a delay in the protection of victims from abuse. At this stage, early diagnosis of abuse becomes very important in line with the best interests of the child.

Keywords: Child sexual abuse, incest, early diagnosis, prevention, adolescence center

ÖZET

AMAÇ: Çocuk cinsel istismarı, özellikle ensest, genç mağdurlar, istismarcı ve mağdur arasındaki ilişkinin bağlamı ve cinsel aktivite ile ilişkili riskin varlığı açısından daha ciddi sonuçlar ortaya çıkarabilir. Bu bağlamda, bu çalışmanın amacı, zor ve hassas bir konu olan ensest konusunda deneyimlerimizi yayınlamak, sağlık çalışanlarına konuyla ilgili bir farkındalık ve bakış açısı kazandırmaktır.

GEREÇ VE YÖNTEM: Bu çalışma, 2004-2012 yılları arasında, üçüncü basamak tedavi hizmetlerinin verildiği bir kurumun gençlik merkezinde değerlendirilen 18 yaş altı kız çocuklarına ait tıbbi ve adli sicil kayıtlardan taranarak, geriye dönük ve tanımlayıcı olarak gerçekleştirilmiştir.

BULGULAR: Araştırmada, çocuk cinsel istismar mağduriyeti yaşayan 139 kişinin 23'ünün, aile içi cinsel istismar yaşamış olduğu belirlendi. Tüm mağdurların yaşlarının 2-18 arasında değiştiği ve cinsiyetlerinin de kız olduğu görüldü. Ensest mağdurlarından 10'unun çeşitli jinekolojik şikâyetlerle merkeze başvuru yapmış olduğu tespit edildi. Vakaların %56,52'sinin istismar mağduriyeti yaşamış olduğu; %34,7'sini de mağduriyet sonucunda gebe kaldığı jinekologlar tarafından yapılan muayene sonucunda tespit edilmiş olduğu görüldü. Ayrıca, ensestini psikiyatrik ve psikolojik sonuçlarının, akut stress bozukluğu, post-travmatik stress bozukluğu, sosyal izolasyon, dikkat eksikliği-hiperaktivite bozukluğu ve madde kullanımı olduğu belirlendi.

SONUÇ: Çocuğun ensest mağduru olup olmadığına karar vermek güçtür ve ciddi sonuçları bulunmaktadır. Bildirimin geciktiği durumlarda, delillerdeki değişiklik veya kayıp, tıbbi-hukuki değerlendirmede kafa karışıklığına yol açabilmekte, bu da sosyal ve hukuki açılardan yönetimi zorlaştırarak, mağdurların istismardan korunmasında gecikmeye neden olabilmektedir. Bu bağlamda, çocuğun yüksek yararı doğrultusunda, istismarın erken teşhisi çok önemli bir hale gelmektedir.

Anahtar kelimeler: Çocuk cinsel istismarı, ensest, erken teşhis, önleme, ergenlik merkezi

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INTRODUCTION

Child sexual abuse (CSA) is an important problem that seriously threatens public health at present. The National Center on Child Abuse and Neglect (NCCAN) has defined sexual abuse of children as the behavior of adults with sexual content toward children for obtaining sexual satisfaction. Also, for the definition of sexual abuse, there must be an age difference of at least five years between the abuser and the victim and the abuser must have a dominant position on the child¹. Child sexual abuse is considered violence that violates society's laws or social taboos². Sexual abuse is generally considered as a child taking part in sexual activity without her/his consent, preparation, or comprehension.

Child sexual abuse is divided into two categories according to whether the abuser is from the family or from outside the family. Incest is evaluated as the sexual relationship between family members who are relatives and whose marriage is morally, legally, and religiously forbidden by law.

Women who are sexually abused experience negative health outcomes stemming from abuse including depression, post-traumatic stress disorder, substance abuse, and suicidal tendencies³. While sexual abuse is linked with several gynecologic disorders including recurrent vaginal and urinary tract infections as well as sexually transmitted infections (STIs), little is known regarding the effects that abuse has on other common gynecologic disorders^{3,4}. The factors such as being very young, in danger of continued abuse, the relationship context between abuser and victim, lack of family support, and the presence of the risk associated with sexual activity such as pregnancy, and sexually transmitted diseases can have serious consequences in the incest. In addition, incest has economic and social effects on the family and society. Therefore, adolescents who are victims of incest require more meticulous care⁴. It is not easy to prevent the sexual abuse of children, especially incest, and manage it correctly. Therefore, multidisciplinary approaches and enabling coordination between health workers, legal institutions, families, and victims is of great importance.

The present study aimed to describe the characteristics of incest and review its medico-social, moral and legal aspects, hence helping physicians, especially gynecologists, who have a higher likelihood of encountering it, to determine medico-legal approaches to incest and discuss treatment strategies.

MATERIAL AND METHOD

The present retrospective and descriptive study were as conducted based on the review of these medico-legal records of female children below the age of 18 who were evaluated for apparent or suspected sexual abuse between the years of 2004 and 2012 in Zekai Tahir Burak Women's Health Education and Research Hospital. The study was approved by the Institutional Review Board of the hospital. It complies with the World Medical Association Declaration of Helsinki.

The adolescent center, in which the study was conducted, is a tertiary center offering services, especially about adolescent gynecology within the obstetrics and gynecology department of a maternity hospital.

The limitation of the study was that no male patients were examined at this center. 34.011 adolescent patients were examined in the adolescence center between 2004 and 2012. As a hospital policy, cases of childhood sexual abuse and neglect are handled by a multidisciplinary team providing full assessment and treatment. This team consists of gynecologists, dermatologists, psychiatrists, psychologists, dieticians, social workers, and nurses.

Demographic data, family characteristics, interview notes, and physical and genital examination findings were recorded systematically. Interventions were made by a committee composed of gynecologists, psychologists, and a psychiatrist, taking great care to protect confidentiality. The interviews were conducted with the victim alone. The accompanying relatives of the victim were also interviewed separately. A thorough physical examination was performed for each victim to find traces of violence or self-injury. Psychological findings were evaluated with a standardized mini-mental test. At the next stage, biological legal evidence was collected under legal regulations. According to the history of abuse, culture was obtained for sexually transmitted disease (STD) screening and serological tests were carried out. The detection of pregnancy was performed through blood sample investigation and ultrasound evaluation. Social workers employed in the

center contacted institutions of social services to enable the victims to be taken into protection.

RESULTS

It was established in the present study that, of the 139 child sexual abuse victims who were referred to our center between 2004 and 2012 years, 23 (16.54%) of them were found to be incest victims.

The distribution of mode of presentation, accompanying person and diagnostic features according to age groups are shown in Table 1. According to Table 1, when the age range of 23 incest victims is examined, it is found that the youngest victim is 2 years old and the oldest is 18 years old; it is seen that more than half of them (56.52%) are under the age of 15. When the victims are evaluated in terms of mode of presentation to the adolescence center, almost half of them (43.47%) applied to the center with various gynecological complaints; it is observed that more than half of them (56.53%) were referred to the adolescence center by the prosecutors as required by the legal procedure. However, when the persons accompanying the victim are analyzed, more than half of the victims (56.52%) are the juvenile police; four (17.40%) were brought to the clinic by their parents and three (13.04%) were brought to the clinic by their relatives; the other three victims of incest (13.04%) applied to the center on their own without accompanying them or any legal procedure. When the victims were evaluated in terms of the gynecological diagnosis characteristics they received in the adolescence center, it was determined that almost one-third of the victims (34.78%) became pregnant as a result of the incest.

Table 1: The distribution of mode of presentation, accompanying person, and diagnostic features according to age groups

Age	Mode of presentation		Accompanying People				Diagnosis				Total
	Legal	Outpatient clinic	Legal	Parents	Relative	Herself	Genital founding and touching	Touching	Genital trauma	Pregnancy	
0-6	1	1	1	1	0	0	0	0	2	0	2
7-11	1	3	1	3	0	0	1	0	3	0	4
12-14	4	3	4	0	2	1	2	2	0	3	7
15-16	6	1	6	0	1	0	4	0	0	3	7
17-18	1	2	1	0	0	2	1	0	0	2	3
Total	13	10	13	4	3	3	8	2	5	8	23

Socio-demographic data such as the education level of the victim, marital status of the family, socio-economic level of the family, and the relationship context between the abuser and the victim are shown in Table 2. According to Table 2, it is seen the education level of incest victims is a mostly secondary school (47.83%). This level of education is followed by primary school (30.43%) and high school (17.40%), respectively. When the parents of the victims are evaluated in terms of their marital status, it is seen that most of them (65.22%) are married. When the families of the victims are analyzed in terms of socioeconomic level, almost all of them are at a low economic level (69.56%); others were also identified at a medium economic level (30.44%). When the relationship between the incest victims and their abusers is evaluated, more than half of the abusers are relatives (60.86%); the others were found to be the father (17.40%) and stepfather (8.70%).

Table 2. Socio-demographic characteristics

		N	%
Education level of the victim	Illiterate	1	4.34
	Primary school	7	30.43
	Secondary school	11	47.83
	High school	4	17.40
	Total	23	100
Marital status of the family	Divorced	8	34.78
	Parents living together	15	65.22
	Total	23	100
Economic level of the family	Low	16	69.56
	Medium	7	30.44
	High	0	-
	Total	23	100
The relationship context between the abuser and the victim	Father	4	17.40
	Stepfather	2	8.70
	Grandfather	1	4.34
	Relative	14	60.86
	Unknown	2	8.70
	Total	23	100

Characteristics of examination findings such as physical, anogenital, and psychiatric findings and outcome of the abuse are shown in Table 3. According to Table 3, when the gynecological examination findings are examined, 47.82% of the incest victims were exposed to vaginal intercourse; it is seen that 8.69% of them were also exposed to anal intercourse. Physical trauma due to sexual abuse of 30.43% of the victims; it is observed that 13.04% of them have experienced genital trauma requiring surgical intervention. In addition, 34.7% of victims were pregnant. Pregnancy terminated in 37.5% of the pregnant women and 62.5% of them ended with birth. When the psychiatric examination findings of the victims were examined, it was found that 26.08% had acute stress disorder (ASD) and 34.78% had post-traumatic stress disorder (PTSD). 8.69% of incest victims had attention deficit and hyperactivity disorder (ADHD); it was determined that 4.34% had substance abuse and 17.39% experienced social isolation after sexual abuse.

Table 3. Characteristics of examination findings

Examination findings	N	%
Genital trauma requiring surgical intervention	3	13.04
Physical trauma	7	30.43
Vaginal penetration	11	47.82
Anal penetration	2	8.69
Pregnancy	8	34.78
Termination	3	13.04
Delivery	5	21.74
PTSD*	8	34.78
ASD**	6	26.08
ADHD***	2	8.69
Substance abuse	1	4.34
Social isolation	4	17.39

* Post-traumatic Stress Disorder

** Acute Stress Disorder

*** Attention Deficit and Hyperactivity Disorder

At this stage of research in, the way how the abuse was terminated and its social consequences were analyzed. In thirteen cases, the abuse was terminated after being identified with a gynecological problem. The eight cases recovered from abuse with the help of a third person. The remaining two victims ended the abuse of their own free will. It was also determined that two victims who attempted to terminate abuse were subjected to abuse only once and hence were protected from its repetition. Another interesting point is that in 56.52% of the victims, sexual abuse was terminated upon its detection by the gynecologist.

The social problems faced by victims were also evaluated. Ten of the victims had to be separated from their families. Eight of them complained about social pressure, while nine said they discontinued their education. Moreover, for the three of them, family integrity was impaired and education life was adversely affected since they gave birth. One of the victims had long-term treatment for psychomotor development disorder.

DISCUSSION

Child sexual abuse is a comprehensive and complex problem related to its physical, emotional, ethical, cultural, and legal aspects, a mysterious secret problem that is often kept confidential. It has existed for centuries, but its frequency has increased in recent years and is considered a pediatric problem 5. According to the investigations of the World Health Organization, 43% of the cases exposed to child sexual abuse were abused by family members 6. In the study of Raboei et al. 7, the rate of incest was reported as 53.8%. According to the first statistical data published in Türkiye on the sexual assault, 7% of the women are exposed to sexual abuse before the age of 15 and in 60% of the cases; the abuser is in close proximity to the victim 8. It was reported that one-fifth of the girls who are victims of sexual abuse were exposed to incest 9. In the present study, similar to the results of Csorba et al. 9, the rate of intrafamilial sexual abuse was 16.5% in 139 victims of sexual abuse, over 8 years. Large variations reported in sexual abuse and incest rates may be due to the fact that cases are diagnosed or recorded depending upon varying socio-economic structures of societies and those family individuals and relatives tend to hide abuse and protect the perpetrator with the concern that family name and image will be stained.

Incest relationships are reported to start at an earlier age than in other cases of sexual abuse 3. The age range at which sexual abuse occurred most commonly was 11-14 9. Similar to the findings of the aforementioned studies, in the present study, 73.9% of them were also 15 or younger.

Although child sexual abuse is present in all kinds of socioeconomic groups, studies have shown that more severe forms of abuse appear to be associated with lower socio-economic status 10. In the present study, the rate of divorce among the parents of victims was found to be 34.8% and the low socio-economic level was 69.5%. Although the hospital, where the study was carried out, is the reference hospital of the region, it serves people at a low-income level, due to the location of the neighborhood. The reason why most of the victims are at low socio-economic levels can be explained by the location of the hospital and the population it serves. Nevertheless, studies are advocating that low socioeconomic status and divorce are risk factors for sexual abuse in childhood 11.

In incest relationships, blood ties with the perpetrator and being a member of the same family can make the results more dramatic. In a study involving 1.054 cases, the incest relationship was reported as 40.2% 3. In studies evaluating incest findings, the two cases where the perpetrator was a father were reported as 44.8% and 23% respectively, and the case with a stepfather as 23.4% 10,12. In the present study, 17.4% were fathers, 8.6% were stepfathers, 4.3% were grandfathers and 60.8% were relatives, while in 8.6% the identity of the abuser was kept hidden. Families experiencing incest, which is an ethical problem, show introverted features. In the study we published earlier, it was determined that only 3% of mothers were able to remove their children from the incest environment by applying to the criminal prosecutor's office, even if they were aware of the incest incidents to which their children were exposed 11. The reason why sexual violence is practiced by family members can be explained by the necessity of relatives to live in the same house, especially in families with low economic income. Also, the fact that the abuser is a primary family member, such as the victim's father or brother, may be a factor

influencing the abuser's protection and concealment. As a matter of fact, in Leander's study, it was reported that in cases of sexual abuse with serious consequences, children rarely tend to give accurate information about the case when the abuser is a family member¹³. For the reasons mentioned above, the reporting rates of incest cases also show great variability. Late diagnosis of incest can lead to loss of evidence and confusion in medical-legal evaluation, making legal management difficult. The first point that requires us to pay special attention to the issue of incest is that there is a silent agreement between the victim and their relatives that no one can speak up. This makes the detection of incest quite difficult compared to other types of sexual abuse. Second, victims of incest are more likely to develop long-term sequelae than other forms of abuse¹¹⁻¹⁴.

Symptoms and signs that include sexualized behavior reports such as trauma to the genital area, sexually transmitted infections (STIs), chronic vulvovaginitis, abnormal findings on genital examination, signs of pregnancy, emotional stress, and drawings, expressions, or games that are not suitable for the child's age and development warn immediately of the possibility of being a victim of abuse¹⁵. The data of published reports on genital findings in prepubertal girls with and without a history of sexual abuse have shown that posterior hymenal perforations, processes, and deep notches are consistent with sexual contact and are never seen in girls who have not been abused¹⁶. In our study, genital trauma was found in 6 victims and anal penetration was reported in 2 victims. In the 12 cases, no genital trauma (52.17%) was found. This may be explained by the importance of virginity in girls in Türkiye. In our study, the fact that incest was detected in 11 cases, although there was no genital finding, can be explained by the training given in the youth counseling services and the increased awareness of the adolescent center staff on this issue. The rate of sexually transmitted diseases in the child sexual abuse cases was reported to be approximately 5%¹⁷. Centers for Disease Control and Prevention (CDC) recommends screening and empirical antimicrobial therapy for common sexually transmitted infections, as well as additional related infections, such as human immunodeficiency virus (HIV), hepatitis B, and syphilis, for victims of sexual abuse¹⁸⁻¹⁹. We also could not detect any physical signs such as injuries, sexually transmitted diseases, or spermatozoa in the swabs of the abused children included in the study.

Incest relationship can also be terminated with pregnancy detection. There is little data in the literature on childhood pregnancies caused by incest. In the study of Sapp & Vandeven²⁰, the pregnancy rate was reported as 7.1% in cases of sexual abuse, whereas it was found to be much higher (34.7%) in this study. Whether the pregnancies caused by incest should result in termination or birth is an important issue of debate regarding the quality of life for the victim. It is also maintained that the termination of pregnancy is another trauma that will not solve the problem. According to the Penal Code of Türkiye, it is possible to terminate pregnancies caused by sexual assault by the 20th week of pregnancy²¹. Engelmann et al., established that 89% and 82% of high school students would like to have pregnancies caused by incest and sexual abuse respectively terminated²². On the other hand, Mahkorn reported that 75-85% of pregnant rape victims decided against abortion. They expressed that abortion is immoral and is further violence directed toward themselves and their infants²³. In our study, incest relation was disclosed via the detection of pregnancy in 7 (30.4%) of the victims. In five of the victims complicated by pregnancy, pregnancy was terminated before the 20th gestational week. The remaining 3 cases gave birth to babies. Of the cases that resulted in birth, 2 out of 3 babies were placed in social service institutions. In the last case that resulted in delivery, it was learned that the mother accepted the baby, but the baby died due to infection. A very important problem that can be seen in babies born to incest mothers is the rejection of the newborn baby. Moreover, the infant may be killed, abandoned, or illegally adopted so that the incestuous relationship is kept secret²⁴. The babies who are rejected by their mothers and placed in child protection institutions may experience physical and mental development problems as they are deprived of their mother's love and milk.

A comprehensive psychiatric evaluation is of course important in all incest cases, especially in cases without physical findings. In this study, while 7 victims had physical and 6 victims had symptomatic genital findings,²¹ victims had psychological trauma. The psychiatric examination can be very difficult for these children because victims of incest may deny and try to forget their unpleasant experience²⁵⁻²⁶. In our study cohort, 34.78% of the abuse victims were treated for a long period with the diagnosis of PTSD, 26.08% with ASD, 17.39% with social isolation, 8.69% with ADHD, and 4.34% with substance abuse. In this context, in the study of Ullman & Filipas, a higher rate of PTSD than ASD was attributed to a tendency to hide sexual abuse²⁶.

It may take a long time to terminate the incest, although long-term adverse results allow the incest relationship to be recognized and terminated²⁷. It has been estimated that of sexual abuse cases, only less than 35% can be detected by health professionals²⁸, while in the present study, half of the cases were detected by gynecologists. This finding supports the importance of healthcare providers who provide diagnosis, treatment, and rehabilitation in protecting children from sexual abuse²⁹. The recognition of sexual abuse by gynecologists and, reporting it to legal authorities made it possible to terminate the incest relationship.

Incest is a form of sexual violence that should be evaluated with its social dimensions requiring the examination of all family members and family dynamics. In victims of incest, social isolation, depression, and suicide may occur. In addition, victims may develop negative behaviors and commit crimes in order to survive in society³⁰. It has been reported that some children exposed to sexual abuse tend to display sexual-based social behavior disorder⁸⁻¹⁹. The present study determined that in a sizable proportion of victims family integrity was impaired (43.7%), education life was influenced adversely (39.1%) and social relations were disturbed (34.7%). In addition, three (13%) victims of incest complicated with pregnancy stated that they interrupted their education due to giving birth to a baby.

This study, in which only incest cases are evaluated, is of vital importance as it causes long-term serious consequences, including the breakdown of families, as well as the loss of the individual.

CONCLUSION

It is quite difficult to decide whether a child is the victim of incest. In cases of child sexual abuse, a multidisciplinary approach is essential, particularly in the diagnosis and treatment of incest. Healthcare professionals have ethical, moral, and legal responsibilities in this respect. Especially gynecologists play an important role in early diagnosis, and thus prevent, because of the high probability of encountering sexual assault cases. Whether incest can be successfully prevented, depends upon early recognition of symptoms and signs suggesting child sexual abuse cases by healthcare professionals. Thus, standard guidelines for the examination and management of incest cases can be established and compliance can be achieved.

As a result, it is thought that the establishment of a national database for keeping a statistical record of children who are victims of sexual abuse will highly contribute to the development of preventive measures, emphasizing the importance of the incest problem in Türkiye.

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