

FATHER INCEST AGAINST A 4,5 MONTH OLD BABY: CASE REPORT

Uz. Dr. Gürol BERBER¹, Uz. Dr. Songül KORKUT¹

¹ Adli Tıp Kurumu, İstanbul

ABSTRACT

In our country the negligence, exploitation of children and incest cases are very common. It is widely seen that parents train unhealthy individuals since they affect their physical, mental and social development in a negative way. Incest has existed in every culture throughout the history of man. Incest includes the use of children who are not completely developed in terms of psycho-social aspects by adults for sexual stimulation and it is the most difficult to identify. Incest includes from touching the genital parts of the body to the use of children for rape. It does not necessarily involve violence. In our country, incest cases are treated under the Turkish Penal Code under the term "sexual exploitation".

In our study we examined a 4, 5 month old baby who came to the 6th Specialized Committee, Council of Forensic Medicine because of a sexual assault by her father. His father inserted his finger into vagina of 4, 5 month old girl.

The protection and education of children physically and mentally are very important for societies. In this study, we wanted to share an interesting case that was the smallest child we ever seen in 6th Specialized Committee influenced by sexual stimulation of his father and also aimed to underline the seriousness and importance of the law and to take attention of related people.

Key Words: *Incest, exploitation, child, forensic*

4,5 AYLIK BEBEĞE YÖNELİK BABA ENSESTİ:VAKA SUNUMU

Özet

Ülkemizde ihmal, çocuğun istismarı, ve ensest vakaları oldukça yaygındır. Aile çocuklar için en güvenilir bir mekân olarak bilinmesinin yanında sorunlu aile bireylerinin çocuğun fiziksel, ruhsal durumuna olumsuz etkileri olmaktadır. Ensest psikososyolojik yönlerden yeterince gelişmemiş olan çocukların erişkinlerce kullanılması ve bu istismarın tespit edilmesi çok zordur. Çocuklara yönelik istismar cinsel bölgelere dokunmaktan tecavüze kadar gidebilmektedir. Gerçekte şiddet içermesi gerekmemektedir. Ülkemizde ensest vakaları Türk Ceza Kanununda cinsel istismar olarak bahsedilmektedir.

Çalışmamızda Adli Tıp 6. İhtisas Kuruluna gelen 4,5 aylık bebeğe yönelik babası tarafından yapılan istismar olgusu ele alınmıştır. Babası bebeğin vajinasına parmağını sokmuştur.

Toplumlar için çocuğun fizik ve mental eğitimi ve gelişimi önemlidir. Çalışmamızda Adli Tıp 6. İhtisas Kuruluna gelen en küçük yaşta olan 4,5 aylık bebeğe yönelik babası tarafından yapılan istismar olgusunu paylaşmak ve bu konuda kanunların yerine ve önemine dikkat çekmek istedik.

Anahtar Kelimeler: *Ensest, cinsel istismar, çocuk, adli*

Introduction

Physical, sexual, emotional and economic violence of one family member to other family members called domestic violence. Due to the intimacy of family, domestic violence which is kept secret inside the family and is accepted as legal by the society, and it has to be prevented by the social sanctions. These social sanctions can be carried out as a very important point (1,3). Incest has existed in every culture throughout the history of man. It is defined as all behaviors impairing child growth and development within the family members (3-6). The sexual exploitation without physical interaction includes verbal abuse, and exposure to the sexual intercourse. The other type of sexual exploitation includes vaginal, oral sexual intercourse, rape, incest, molestation (7, 8).

Incest cases are kept secret within the family members and aren't frequently involved in judiciary like other sexual crimes. The most frequently seen incest cases are father-girl incest cases (9,10). Almost all cases in literature were about younger age group but in our cases a baby was detected as an incest victim. According to New Turkish Penal Code there isn't any special law about incest. But mental and body health of the victims should be affected by sexual violence and this situation causes more harmful effect on victims. If physical damage was found over the body of victim than spontaneously families were goes to the medical units and judiciary (1, 6).

The protection and education of children's physical and mental health are important for societies. But, the incests of children are very common in our country. Incest cases that difficult identify includes the use of children who are not completely developed in terms of psycho-social aspects by adults for sexual stimulation. It includes the touching the genital parts of the body, the use of children for rape. This type is also defined as the use of children by adults for sexual satisfaction (9,10).

Materials and Methods

In our study we examined a 4, 5 month old girl who came to the 6th Specialized Committee, Council of Forensic Medicine because of a sexual assault by her father. He inserted his finger into vagina of 4, 5 month old girl. This study is planned to share an interesting case that was the smallest child we ever seen in 6th Specialized Committee influenced by sexual stimulation of his father and also aimed to underline the seriousness and importance of the law. The ethical and legal responsibilities of clinicians were also discussed in the scope of this case.

Results:

Her biologic father became along with his 4,5 month old female baby at the time of crime. He wanted to clean her behind and undressed the baby; he inserted his right forefinger into vagina of 4, 5 month old baby. Whenever her mum looked at behind of the child, she saw some blood on her feces, on the cloth and blanket. Then, she took the baby to a hospital. Sexual assault against baby was detected. Treatment was carried out according to this diagnosis. Bloody cloth and blanket were found in the crime scene. Her father was 27 years old and he was a cleaning staff. He said he was very sorry for crime and he was detained. He had no suicide attempt before and criminal history. There was no report about mental illness.

According to the statement of mother; after seeing her husband bloody finger, she asked what was happened to him. He said an accident was happened. According to father; he was changing clothes to clean the baby with cotton and napkins, but he injured the baby. According to another statement of father, while changing clothes of baby, because of wondering, he put her finger into vagina of baby and he saw some bleeding. So that he took out her finger.

According to biological examination; the suspect's DNA and sperm were not determined from the samples in police criminal reports. In hospital reports, with history of blood on the baby pamper, the family came to the hospital but they didn't say anything but practitioners were suspected from event because of vaginal bleeding and laceration including anus and vestibule. This laceration was going to posterior fornix of vagina. Rectum prolepses through vagina were also seen. Laceration including perineum and hymen were primarily sutured. After medical treatment she discharged from hospital.

Ankara Forensic Medicine Branch Directorship reported that child's physical health was broken dawn. Council of Forensic Medicine, 6th Specialized Committee was reported that there were scar tissue seen on the hymen including perineum and anus and she wasn't virgin. According to

examinations, laceration goes on to posterior fornix of vagina and rectum prolapses were not be able to occur while cleaning of genitalia with cotton and napkin as declared by and this kind of lacerations can be occur while putting a finger or such a matter into a vagina.

Discussion

Although family is regarded as the most secure environment for children it is widely seen that parents train unhealthy individuals since they affect their physical, mental and social development in a negative way. Incest may result in dramatic short and longtime damage of children's physical and emotional well being (11, 12). It is the most difficult to identify such incest cases since it is hardly acceptable and keeping secret nearly all societies (1,2). This underscores the clinician's special responsibility to contribute a sound professional and scientific approach to the multiprofessional diagnosis and intervention in incest cases. Exact documentation of all medical examinations is the basis of any forensic expertise if child abuse is to be considered (13).

In literature, 7 days babies were seen as a victim of incest (14, 15). In our study, the father of 4, 5 month old baby suddenly inserted his finger into the vagina of baby. In our study we saw from the file and from the mum, after all, she wanted to protect the father. She was the youngest victim who was exposed to a sexual assault we saw in the counsel.

The approach is to correlate the probability of a given finding with the history and comparing it to biomechanical principles. Exact documentation of all medical examinations is the basis of any forensic expertise if incest is to be considered. (9) The goals of the physical examination of the incest cases are to identify abnormalities that warrant further diagnostic efforts or treatment, to obtain specimens to screen the patient for sexually transmitted infections, and to make observations and take specimens that may corroborate the patient's history of victimization (11).

Incest is a taboo and a neglected social problem. Incest cases mostly asises by being pregnant, or when sexual assault gets more severe and serious such as from hanky panky to raping. Sometimes pregnancy becomes the only vehicle to uncover this secret. Abortion is the best choice for the victim to pull herself together according to some authors, whereas others advocate that another trauma will not solve the problem but merely hide it (16, 17).

The information provided by the victim is very critical in case of incest. Insufficient information may prevent the victim from necessary protection. Directed information may lead to mistakes in terms of the person who committed it (7). New Turkish Penal Code highlights the new implementations about psychiatric problems of the incest cases but still incest has no separate law. The last official report in psychiatric problems of the incest cases are prepared by the 6th Specialized Committee, Council of Forensic Medicine in Turkey. Child and adolescent psychiatrists not only treat patients for incest but also largely contribute to legal procedures (20-23).

Forensic child and adolescent practitioners need to be very highly trained. Evaluation of incest cases must be accurate to ensure legal validity and be performed with diligence so that alleged victims do not experience recurrence. Practitioners' actions must be referenced against appropriate instruments and they must be prepared for the ethical and forensic dilemmas and new demands that arise in this field (24-29). In our case practitioners suspected from bleeding and medical history. Although the diagnosis of incest cases can never rely solely on physical findings, abnormal findings suspicious for sexual abuse are significantly more useful if there have been prior documented normal examinations. When sexually abused children initially present to their medical practitioner, the practitioner should obtain a complete medical and psychosocial history and perform a thorough examination. The practitioner need not be an expert in the interpretation of the possible legal significance of specific genital findings but should recognize normal, abnormal, and suspicious findings. Reassurance from a trusted practitioner relating to a normal body can be the most valuable treatment for a child's emotional healing. Practitioners need to be aware of the resources in their community for medical evaluations for incest, legal investigations, and mental health referrals. Age, sex and ethnics of incest cases were found very important in the literature (30-33). Public health campaigns against sexual abuse and rape as well as medical management of the incest cases should adapt to the needs and the characteristics of populations (1).

References:

1. Polat O. Adli Tıp. İstanbul: Der Yayınları, 2000: 233-47.
2. I. Basamak için Adli Tıp El Kitabı. Ankara: Polat Matbaası, 1999:119.
3. Polat O. Adli Tıp Ders Kitabı. İstanbul: Nobel Tıp Kitabevi, 1997: 34.
4. World Health Organization (WHO). Guidelines for medico-legal care for victims of sexual violence, Geneva, 2003.
5. Grossin C, Sibille I, Lorin de la Granmaison G, Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. *Forensic Science International*, 2003;131:125-130..
6. Gülümser G, Gülsün T, Barış A, Gürol C. Aile İçi Şiddet Ve Hukuki Düzenlemeler Domestic Violence And Legal Arrangements, *Adli Psikiyatri Der. Cilt/ Sayı 3(1)- Volume/No.3(1) 2005.*:17-30.
7. Gülümser G, Canan R, Barış A, İrfan K. Çocuk ve Cinsel İstismar Child and Sexual Exploitation *Adli Psikiyatri Der. Cilt/ Sayı 3(1)- Volume/No.3(1) 2005.*:9-14
8. Çelik GG, Meral D, Tahiroğlu AY., et all. Adli Tıp Bülteni Legal responsibility of clinicians, ethical dilemma and approach of physicians from various specialties in child abuse cases 101-105.
- 9-Eker E., Özmen M., cinsel sorunlar ve tedavileri el kitabı. Menteş yayınevi. 1. baskı. 1993.
- 10-Johnson P.A., Eisenberg N.E., Profressinals attributions of censure in father-dougther incest, *Child Abuse and Neglect*. 1990: Vol14 419-428.
- 11-Brunngraber LS. Father-daughter incest: immediate and long-term effects of sexual abuse. *ANS Adv Nurs Sci*. 1986 Jul;8(4):15-35.
- 12-Forte M, Przygodzki-Lionet N, Masclet G. From acute victimization at chronic victimization: socio-cognitive approach of differential tolerance threshold. *Encephale*. 2006 May-Jun;32(3Pt 1):356-68.
13. Gerlach K. *Ther Umsch*. Physical and sexual child abuse. 2008 Jul;65(7):381-8. *Child Abuse Negl*. 2002 Dec;26(12):1235-42.
- 14-Search G., Son tabu, çocuklara karşı cinsel suçlar, Sarmal yayınevi, 1. baskı İstanbul. 1993.
- 15-Teegen F., Çocukların cinsel kötüye kullanımı, *Nöropsikiyatri arşivi*, 1991:28;2-4. 65-72.
- 16-Yuksel B, Kilic S, Akin Su F, Tasdemir N, Uzunlar O, Mollamahmutoglu L. *Reprod Biomed Online*. What should the management of incest pregnancies be? An ethical view presented via three cases. 2008;17 Suppl 3:52-4.
- 17- Kosky R. What do we really know about it. (rewiew) *Australian and New Zeland Journal of Phsiciatry*. 1987 vol. 21, 430-440.
18. Koocher GP, Keith-Spiegel P. *Ethics in Psychology: Professional Standards and Cases (2nd ed.)*. New York: Oxford University Press. 1998.
19. Gabbard GO. Ethical issues in psychiatric education. *Psychiatric Times, CME Series*:1997
20. Watson H, Levine M. Psychotherapy and mandated reporting of child abuse. *Am J Orthopsychiatry* 1989;59(2):246-56.
21. Cheng TL, Savageau JA et al. Confidentiality in health care. A survey of knowledge, perceptions, and attitudes among high school students. *JAMA* 1993;269(11):1404-07.
22. Thrall JS, Mc Closkey L et al. Confidentiality and adolescents' use of providers for health information and for pelvic examinations. *Arch Pediatr Adolesc Med* 2000;154:885-892.
23. Appelbaum PF. Tarasoff and the clinician: Problems in fulfilling the duty to protect. *Am J Psychiatry* 1985;142:425-29.
24. Paradise JE. The medical evaluation of the sexually abused child. *Pediatr Clin North Am*. 1990 Aug;37(4):839-62.
25. Werner J, Werner MC. *Curr Opin Psychiatry*. Child sexual abuse in clinical and forensic psychiatry: a review of recent literature. 2008 Sep;21(5):499-504.
26. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. New York: Oxford University, 1994.
27. Johnson AR. Casuistry as methodology in clinical ethics. *Theor Med* 1991;12(4):295-307.
28. Amaya-Jackson L, Socolar RS et al. Directly questioning children and adolescents about maltreatment: A review of survey measures used. *Journal of Interpersonal Violence* 2000;15(7):725-59.
29. Knight ED, Runyan DK et al. Methodological and ethical challenges associated with child self-report of maltreatment. *Journal of Interpersonal Violence* 2000;15(7):760-75.
30. Roberts L, McCarty T et al. What and how psychiatry residents at ten training programs wish to learn about ethics. *Acad Psychiatry* 1996;20:131-43.
31. Weinstein B, Levine M et al. Mental health professionals' experiences reporting suspected child abuse and maltreatment. *Child Abuse Negl* 2000;24(10):1317-28.
32. Botash AS. *Pediatr Ann*. Examination for sexual abuse in prepubertal children:

Adli Tıp Dergisi 2009; 23(3): 28-32

1997 May;26(5):312-20.

33. Hansen DJ, Bumby KM et al. *The Influence of case and professional variables on the identification and reporting of child maltreatment: A study of licensed psychologists and certified masters social workers.* *J Family Violence* 1997;12(3):313–32.

İletişim Adresi: Uz. Dr. Gürol BERBER
Adli Tıp Kurumu Başkanlığı, İstanbul