

## Retraumatization Of Female Child Sexual Assault Victims; Psychological Effects Of Genital Examination

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### Abstract

**Background:** In addition to the direct traumatic consequences of the sexual assaults, there are two main factors that cause retraumatization of the victims. First is the conservative approach and traditional pressure of the society and the family, second is the juridical steps including genital examination.

**Aim:** Analyzing the effects of genital examination during juridical steps on child female victims of sexual assault is aimed in this prospective study.

**Methods:** 62 female children who were sent for genital examination to Mersin University Forensic Medicine Department by prosecutors or courts were included to the study. **Results:** 50% (n=31) of them are not real sexual assault but run away from home with her beloved to get married. Depression was detected in 48 (77.4%) cases and anxiety was detected in 53 (85.5%) cases.

**Conclusion:** In order to decrease the traumatic effect of this genital examination procedure, it should be performed once under appropriate physical conditions by an experienced physician and supportive medical staff. Synchronous psychological support will decrease the level of emotional trauma also. We think the victim must give a whole and detailed deposition at once, not repeatedly during juridical steps and the press has to be careful, should respect the rights of a child victim.

**Key words:** Child, Sexual Assault, Genital Examination, Depression, Anxiety

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### INTRODUCTION

Sexual assault has been defined as a kind of violence that is exerted against an individual's privacy, personality, physical and mental existence. Considering the customs, traditions and basic legal conceptions of societies, different criteria have been used to accept sexually oriented behaviors as crime and different social attitudes have been developed towards to the child victims of sexual assault.<sup>1-8</sup>

Different studies reports different percentages of child and adolescent sexual assault. For example it's reported that % 43 of 766 cases of sexual assault were under 18 age in a study of Michigan State University.<sup>9</sup> It's mentioned that 178 of 405 victims were adolescent in another research.<sup>10</sup>

Teenagers between 16-19 are reported to be victims of rape or sexual assault more than twice as likely as any other age group in USA.<sup>8</sup> But most of the sexual assault victims do not disclose the assault because of being accused or exposed to repeated assaults.<sup>3,11</sup>

According to many studies children and especially adolescent females are sexually assaulted more frequently compared to adults.<sup>9,10,12</sup>

In this respect, the prevalence of child sexual assault, especially among children and adolescent, is thought to be extremely higher than in literature.

Turkish Penal Code (2005) comprises provisions which criminalize sexual abuse of children, sexual intercourse with children, inducing children to prostitution and prescribes heavy penalties.<sup>13</sup> 103rd and 104th clauses of the code define sexual abuse of children and its age limits. The 103rd clause of the code defines 'sexual exploitation' as follows: "All kinds of sexual attitude towards children who are below fifteen years old or fifteen years old but not

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able to perceive the legal meaning and results of the action and sexual attitude towards other children that is realized through force, threat or cheat". Also the sexual assault against children is defined as well qualified when 'an organ or another object is stuck in victim's body' and these actions are heavily penalized. (TPC: 103/2) The perpetrator is sentenced to at least 15 years if the victim's physical or mental health is impaired. (TPC: 103/6) "Impaired mental health" of the victim means the traumatic psychological effects of child sexual abuse. All sexual assault cases are consulted with psychiatrist in our practice. After follow up and psychiatric interviews if clinical evaluation result is "impaired mental health" of the victim, the decision is reported to the court.

The psychological effects of child sexual abuse have been documented extensively. These may include depression and low self-esteem, anxiety and sadness, school and behavior problems, running away from home, a sense of despair, and lose any hope in the future. Among the psychological problems which can be observed after a sexual assault are phobias, depression, attention deficit, hyperactivity disorder, secondary enuresis and encopresis, conduct disorders, problems at school, dissociative disorders and posttraumatic stress disorders. Within the early period after a sexual assault, fear, anxiety, desperation, shame and guilty conscience may arise and psychological diseases such as anxiety, sleep disorders, phobic avoidances, posttraumatic stress disorders, conversion and depression may develop in victims of sexual assault.<sup>14-23</sup>

In addition to the traumatic sexual action, the interest of society usually focuses on the sexuality rather than its assault dimension during the process of judgment. These reasons can make the arousal of psychological problems easier.<sup>1,2,5,11,14,17,20-32</sup>

Gynecological examination is a procedure that women feel themselves psychologically disturbed. Particularly, the sexual assault examination which is performed under psychological pressure on female child victims, due to claims about sexual intercourse or abuse can increase the effect of the actual emotional trauma. Gynecological examination for legal reasons and the official processes may probably lead to the aggravation of the

psychological problems mentioned above.<sup>1-8,19,20,22,26,27,28,30,31,33</sup>

Analyzing the psychological effects of genital examination during juridical steps on female child victims of sexual assault is aimed in this prospective study.

## MATERIAL AND METHODS

This work is complied with the principles of Declaration of Helsinki (1964) and ethical approval of the study is granted by all authors.

This prospective study was carried out for a period of one year, from June 2006 to June 2007. 62 female children with a history of sexual assault, who were sent for genital examination to Mersin University Faculty of Medicine, Forensic Medicine Department by prosecutors or courts, were included to the study.

Informed consent about genital examination and Hospital Anxiety and Depression Scale (HADS) was given to each patient. Interviews and genital examinations were performed by forensic medicine specialist. After that cases were consulted with Department of Child and Adolescent Psychiatry and HADS were applied by them.

Hospital Anxiety and Depression Scale is a brief and rapid self-completed questionnaire which was found to be a reliable instrument for detecting the presence and severity of mood disorder, depression and anxiety in the setting of a hospital medical outpatient clinic. It contains 14 questions and consists of two subscales: anxiety and depression. The anxiety and depression scales both comprise 7 questions.<sup>34</sup>

Aydemir et al. (1997) established the validity and reliability of the Turkish version and determined cut-off points for the depression subscale and anxiety subscale as 7/8 and 10/11, respectively.<sup>35</sup>

Statistical analysis: The data collected via interviews, examinations and tests were processed and analyzed by using the statistical package SPSS 9.0 for Windows. Type I error probability was accepted 0.05. Before statistical evaluation of data, the Kolmogorow-Smirnow's

test for normality distribution was performed for each variable by the statistical program. Obtained data showed a normal distribution according to the Kolmogorow-Smirnow test.

## RESULTS

All subjects of the study were female under the age of 18 years. 50% (n=31) of the subjects are not real sexual assault but running away from their home to get married. Only 30.6% (n=19) of them were real victims of sexual assault, 12.9% (n=8) were blamed for prostitution and 6.5% (n=4) were victims of incest according to their judicial records (Table 1). 51.6% of subjects were forced to have conduct sex without their consent.

Table 1. Causes of admission

Causes	n (%)
Running away from home to get married	31 (50%)
Sexual assault victims	19 (30.6%)
Blamed for prostitution	8 (12.9%)
Incest victims	4 (6.5%)
Total	62

The average age of subjects was 16.4±1.57 years (range 10 to 18 years). The average years of education were 7. 61.3% of subjects were unemployed, 24.2% were students, and 14.5% were child workers.

87% (n=54) of victims were acquainted with their abuser or assailant. The assailant seemed to be the boyfriend in 34 cases (40.7%), a husband who was religiously but not officially married with the victims in 5 cases (8.1%), a brother or father in 4 cases (6.5%), a neighbor in 4 cases (6.5%), and a dormitory employee in 2 cases (3.2%).

Blunt traumatic injuries were detected in 25.8% of the subjects. Fresh hymeneal laceration was found in 43.5% of cases, and old hymeneal rupture was found in 25.8% of cases. Hymen was intact in 19.4% of cases. Gynecological infections and sexually transmitted diseases were not detected in any subject. Pregnancy occurred in 6.5%. (Table 2).

Analysis of the 'Hospital Anxiety and Depression Scale' results showed that depression was detected in 48 (77.4%) cases and anxiety was detected in 53 (85.5%) cases.

Table 2. Findings obtained from anamnesis and examination.

Findings obtained from anamnesis		
Presence of consent to have sex	No	32 (51.6%)
Being threatened to have sex with	Yes	27 (43.5%)
The presence of religiously marriage	Yes	17 (27.4%)
Findings obtained from clinical examination		
Hymenal membrane	Fresh rupture	28 (45.1%)
	Old rupture	22 (35.5%)
	Intact	12 (19.4%)
Signs of physical violence	Present	16 (25.8%)
The presence of pregnancy	Yes	4 (6.5%)

## DISCUSSION

Psychological influence of the sexual assaults on victims at earlier age groups points deeper and wider consequences. In addition to the direct traumatic consequences of the sexual assaults, there are two main factors that cause retraumatization of the victims. First is the conservative approach and traditional pressure of the society the victim lives among and the family, second is the juridical steps including genital examination.<sup>1-4,7,8,11,20,24,26-30</sup>

There are many problems in our society on the way that the sexual assaults are commented on. In our study, most of the cases (50%) are not sexual assaults in its real means which include runaways and abductions in order to marry with someone not accepted by the family members. This is a fact specific to our country, which we believe caused by rapid sexual and emotional personality changes within the period of adolescence due to hormonal changes, expectation of having free sexual and emotional relation after marriage, inadequate sexual information, lower educational level of parents, inadequate familial communication and consideration of extra marital sexuality as disgrace or sin. Even today, virginity is treated as the major indicator of self integrity in our country especially in rural areas.<sup>2,4-8,20,38</sup>

When a girl runs away to get marry with someone not accepted by her family as her own decision, there aren't any legal problems if both of them over 18 years of age. In the code the perpetrators is punished due to the sexual relation without force, threat or cheat with 15-18 years old children. (TPC: 104) These actions

towards children who are aware of sexuality due to their ages are considered as crime if it is lodged as a matter of complaint. While formulating this clause, TPC Women Study Group with a different proposing drew attention to the necessity of not punishing children between 15-18 years old for having sexual relation with their own will. But the problem for individuals between 15-18 years old is considered as children according to the Convention on Child Rights. However, especially children due to geographical and biological reasons can reach to maturity at early ages.

In such a case, considering the sexual relation of children between 15-18 years with their own will as sexual exploitation or sexual assault would mean to full prison with these children. For this reason, in the following process this problem needs to be solved. On the other hand family has the right of complaint as abduction to legal authorities even if the girl has consent. Legal regulations accept the parents as guardian legally, up to end of 18 years. This legal conflict gives the right of complaint their children to parents, even if the children have consent to have sex between 15 and 18 ages. Even there are some legal decisions of Supreme Court of Appeals orders to consider the child's complaints rather than families; we think some legal regulations should be made by authorities to fix this problem.

Even today sexual intercourse before marriage is considered as blackening of the family, and the person can be killed by her own family even if she was a victim of a sexual assault, especially in rural areas of Turkey. This is called "honor killing" and this conservative approach can cause an extra psychological oppression on the victim as an addition to the direct consequences of the sexual assault. Solution of the problem in social means should not be expected to come soon as it requires a serious cultural evolution, but during this interval at least some steps must be taken on rehabilitation of the families and sexual assault victims by experts.<sup>2,4-8,20,38</sup>

Interest of society and press usually focus on the sexuality rather than the incident's assault dimension during legal investigation and this situation also triggers the traumatic psychological effects of the assault on the

victims. During the juridical steps of the case, attending many interrogations on the incident and thus repeatedly telling the details of the assault in private and in public (during the court), meeting the assailant in court, and being accused by the assailant seems to increase the symptoms of Post Traumatic Stress Disorder.<sup>1,11,14,15,17,22,24-29,32,36</sup>

We think the victim must be assisted by the professionals in order to give a whole and detailed description of the incident, answering officials' questions, and must bare these procedures as least as possible in order not to recognize that incident.

Turkish Penal Code (2005) inhibits the virginity examinations and penalties both the family and physician if the child have no consent and if it isn't sent by prosecutor or court.<sup>13</sup> But expectations of the families related with virginity make pressure to child victims and make the examination more embarrassing, even if they are real victims of sexual assault who is sent by court. The sexual assault examination which is performed under psychological pressure on child female victims, gynecological examination for legal reasons and the official processes may probably lead to the aggravation of the psychological problems also.<sup>1,3,4,7,8,20,26,28,31,33</sup>

Hilden et al. (2003) applied the questionnaire which is called as Nor Vold Abuse (NorAQ) and which questions the emotional state, abuse level, psychiatric symptoms and the sexual life to 798 patients who consulted for gynecological examination. Their results showed that 143 patients found the gynecological examination very disturbing and 31 of them had anxiety due to examination. Furthermore, they concluded that existence of sexual abuse, younger age, having mental problems and bad sexual life make the gynecological examination more disturbing.<sup>30</sup>

Depression was detected in 48 (77.4%) cases and anxiety was detected in 53 (85.5%) cases in our series. We think that these high percentages of depression and anxiety that we detect are acceptable as supportive for additive psychological effects of sexual assault examination and hospital environment on the child female sexual assault victims.

Consider these facts, it is essential to perform one, organized, full examination with maximum attention within the shortest duration possible.

#### LIMITATIONS

We think that limitation of our study is not to apply HADS before genital examination. We have to perform a rapid genital examination and make some laboratory tests in order to detect evidences of sexual assault and give a report to the court as fast as possible. We consult cases with child and adolescent psychiatry after genital examination. Than Hospital Anxiety and Depression Scale (HADS) is applied by psychiatrist. That's why we couldn't apply HADS before genital examination. Some studies should design; psychiatric condition of sexual assault must be evaluated before and after sexual assault will help to detect traumatic effects of examination or legal procedure better.

#### CONCLUSION

Social attitudes should not be expected to change soon, it requires a serious cultural evolution, but during this interval at least some steps must be taken. Sexual education of children beginning from primary schools, education of families and programs focusing on public awareness can be helpful. In order to decrease the traumatic effect of this genital examination procedure, it should be performed once under appropriate physical conditions by an experienced physician and supportive medical staff. Synchronous psychological support will decrease the level of emotional trauma also. Press has to be careful while making the news and should respect the rights of a child victim. Legal procedure steps should be reduced and organized for victim in order to give a whole and detailed description of the incident, answers officials' questions. All authorities should care the high benefits of the child victims of sexual assault.

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