

CRIMES AGAINST CHILDREN: SEXUAL VIOLENCE.

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Abstract

Introduction: Child abuse does not include only physical assaults. It is any form of maltreatment by an adult, which is violent or threatening for the child, any act against the physical and emotional wellbeing of a child's life. Generally, crimes against youth divided into physical, sexual, or emotional abuse. **Material and methods:** This study aimed to perform a retrospective analysis of all the cases related to sexual assaults against minors for the last five years, by materials of the clinic of Forensic medicine and Deontology in Sofia, Bulgaria. **Results:** For the period 2015-2019, a total of 10139 forensic medical examinations performed at the clinic. Out of them, we have carefully examined all the cases related to different forms of sexual assaults against children – by gender, by age, and by the perpetrator of the crime. **Discussion and Conclusion:** Crimes against youth are a socially significant problem, because nevertheless the type of maltreatment, they can affect equally the victim's life and the society as well in the future. The injured child may trigger various reactions and mechanisms to deal with the stress – by physically harming himself or committing suicide, by becoming alcohol or a drug addict, or by becoming the perpetrator of a different type of crime.

Key words: Sexual abuse. Sexual assaults. Sexual violence. Child abuse.

Introduction

Child abuse does not include only physical assaults. It is any form of maltreatment by an adult, which is violent or threatening for the child, any act against the physical and emotional wellbeing of a child's life. [1] This complex of problems is known worldwide by the term - Child abuse syndrome or Child maltreatment. [2] Generally, crimes against youth divided into physical, sexual, or emotional abuse. Sexual violence affects individuals of all ages and gender and is leading to harmful consequences for the victim's future, their families, and society at all. When performing a forensic examination of a child in connection with a sexual offense, the doctor must be careful to avoid further mental injury to the victim. A persistent anamnesis would lead to unpleasant consequences for the child. [3] The doctor must find the right approach, the right questions - asked in the child's language to find out about the type of act committed, the place of the accident, and when it all happened. It is with high importance in such situations that the examination is performed as soon as possible after the attack. When the examination performed on time, the maximum physical evidence can be collected - traces of semen, material for further DNA analysis, as well as to describe all visible physical findings, their localization, and the stage of reparative processes. That is because the child's allegation is vital, but the physical evidence obtained by an appropriately qualified examiner can support criminal prosecution and child protection. [4-6] Not always sexually abused children will have signs of genital or anal injury, especially when examined non-acute. [7] The above-mentioned

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does not exclude the possibility of sexual abuse, since many types of assaults do not cause injuries, or if there are any, they can heal completely by the time of examination. [8-11] The diagnosis and assessment of violence against children have to be done, with increased attention and appropriate professional knowledge. [12] The misinterpretation of examination findings may have significant consequences for the child's mental health, relationships with family and friends, and in case of needed further protection against ongoing abuse. [13] Exposure to violence, and especially sexual abuse, is related to increased risks of mental health problems in the future development of youth life. [14] The effects vary from lack of long-term consequences to severe psychiatric symptomatology. [15] There is a so-called - sleeper effect, which is seen in severely abused children, with more heavy symptoms not manifesting themselves until a year after disclosure. [16]

Material and methods: This study aimed to perform a retrospective analysis of all the cases related to sexual assaults against minors for the last five years (2015-2019), by materials of the clinic of Forensic medicine and Deontology in Sofia, Bulgaria. The study included reports of victims of sexual violence, of both genders, who were less than or at 18 years old at the time of the assaults. The present study has been based on information contained in the reports of all forensic medical examinations performed at the clinic for the mentioned period time. The collected data were processed and divided into separate files with information for each victim – age and gender, description of the traumatic injuries and lesions outside the genital area, and type of offender.

Results: For the period 2015-2019, a total of 10139 forensic medical examinations performed at the clinic of Forensic medicine and Deontology in Sofia, Bulgaria. Out of them, according to information received, a total of 261 (or 2,6 %) were cases related to different types/forms of sexual violence against women and children. Among them, 95 or 36 % were sexual assaults against children less than or at 18 years old. Information on the type, time, place, and perpetrator of the crime is collected mainly by the police when pre-trial proceedings have been instituted and supplemented by the victim's relatives or by the victim himself, after a cautious conversation. After a thorough analysis of all cases studied, we reached the following conclusions: The collected information showed a significant prevalence of the sexually abused girls compared to the boys' victims of sexual assaults, respectively a total of 83 cases or 87 % for the girls and a total of 12 or 13 % for the boys.

In Figure 1, all the studied cases were divided for both genders by ages 1 to 18 years old. The analysis of the collected data shows that among the boy's the results are significantly a constant – one to maximum 2 cases for each year of the studied intervals. It makes an appearance that the riskiest group are the boys aged between 2 to 9 years old. After the age of 9, the reported cases decrease, and after the age of 14, there are no reported incidents. Among girls, the results are entirely different. For the ages of 1 to 8, sexual assault, have been reported in isolated cases. After the age of 9, the number of sexually abused children is increasing significantly. It is a constant with at least five minors victims of different types of sexual abuse for each year, with the highest number reached for the age interval 12-14 - between 12 to 15 cases a year.

Another aspect of our study was to trace back the type of sex offenders, are they familiar to the victim or not. In 84 % of the cases, the perpetrator was a relative or friend to the victim or her family. In figure 2, we have shown the most commonly reported as the assailant of the crimes.

Depending on the type of coercion and the time passed after the attack, different lesions will be found or not during the forensic medical examination on the victim's body. We have separated the victims into four main groups according to the presence or not of injuries over the body and genital area. In the first group, we have placed all the victims with lesions in the genital area. In the second group, we have placed victims with traumatic injuries over different parts of the body, but not in the genital area. In group number three, during the medical examinations, no traumatic injuries were found over the victims' bodies, but there is data of previously ruptured hymens. In the last group, no lesions were found, during the examinations, not even healed ones. The distribution of the victims' depending on the traumatic injuries was shown in figure 3.

Discussion and Conclusion: The first part of our survey is showing a significant prevalence of sexually abused girls compared to the boys' victims of sexual assaults, which had been demonstrated in other studies conducted in different regions of Bulgaria. [17] That statement is demonstrated and indicated in different researches worldwide. [18] That could be explained, firstly because sexual assaults occur more often among girls than among boys and secondly because boys' most of the time do not want to disclose they have been victims of sexual violence. Due to the feeling of weakness and shame and due to the social prejudices - society's traditional view of men as aggressors not as a victim. [19-21]

Regarding the age distribution of cases, our study showed that the most affected group among boys are those aged between 2 and 9 years, and among girls - those aged between 12 and 14 years. We believe that the above statement is correct here again - firstly, that such cases are rare among boys and secondly that after a certain age, they stop sharing such events due to feelings of shame, guilt, and weakness. Concerning girls, the frequency of attacks in the specified age range, we explain primarily with the physical development of the girl, with the change in their figure, secondary sexual characteristics, etc., which attract male attention.

In 84% of the cases, the perpetrator is known to the victim, and most often, it is a relative of the family/child or part of it - a classmate, stepfather, father, grandfather, uncle, brother, cousin, neighbor, and others. Other studies conducted on the territory of the Republic of Bulgaria show the same results. A survey involving the regions of Varna, Silistra, and Gabrovo shows that, in 50.10%, the victim of sexual violence knows his abuser. [22] In another study, covering ten years for reviewed cases from 15 districts of the Republic of Bulgaria, the results indicate that in 75.25% of cases, the victim of sexual violence knows his abuser. [23]

As previously reported, a carefully taken and detailed anamnesis concerning the act is extremely important, but finding definite traces of the crime - traumatic injuries and/or biological traces is the most crucial thing that lends to powerful support to the criminal prosecution of the crimes. The "24-hour rule" - studies confirmed that DNA is found when examinations of prepubertal children are conducted less than 24 hours from the time of the assault. Y-chromosome specific DNA is found in young female victims 24 hours after the assault. [24-26] Finding biological traces is with high importance, as it is well known and proved by our study as well, that in many cases there may be no traumatic injuries to the victim's body. This is explained by the fact that some types of sexual violence, such as a different form of libidinous acts - including frottage, fondling, oral sex, the introduction of fingers without damaging natural orifices, and others, do not leave visible marks over the victim's body. The lack of physical findings, may also be due to previous sexual intercourse, when the hymen is already ruptured, which allows sexual intercourse without forming of new injuries. If the child has been brought too late, it is possible if there were any injuries, they to be fully healed at the time of examination.

Children's actions and behavior have to be closely monitored by parents and professionals. It has been reported some behavioral changes in child victims of sexual abuse, and their misinterpretation or misperception can exacerbate the problem. It is about the so-called "sexualization" of behavior and pseudo-maturity, demonstrated by the appearance of the child - provocative clothing, makeup, bold demeanor, and manners that do not correspond to age. [27] Multiple surveys have been conducted concerning the connection between childhood victimization and further unfavorable health and behavioral consequences. There is strong evidence that exposure to child sexual abuse acts as a strong risk factor for multiple types of mental health, behavioral, and social outcomes. There is a high possibility for those children to be involved in prostitution, promiscuity, teenage pregnancy, alcohol problems, use of illicit drugs, or even suicide attempts. [28,29] Many authors report increased risk of suicide or accidental death from a drug overdose in individuals who have been victims of childhood sexual abuse, which can be explained by posttraumatic stress disorder and major depressive disorder. It is especially common in people around the age of 30. [30-32]

Crimes against youth are a socially significant problem, because nevertheless the type of maltreatment, they can affect equally the victim's life and the society as well in the future. The injured child may trigger various reactions and mechanisms to deal with the stress – by physically harming himself or committing suicide, by becoming alcohol or a drug addict, or by becoming the perpetrator of a different type of crime.

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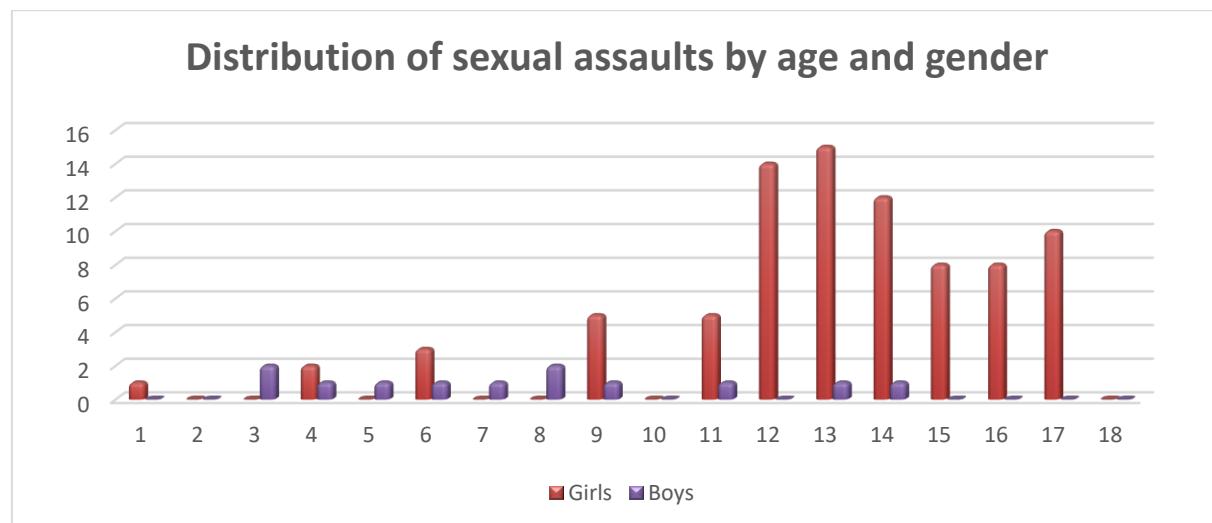


Figure 1. Distribution of sexual assaults by age and gender

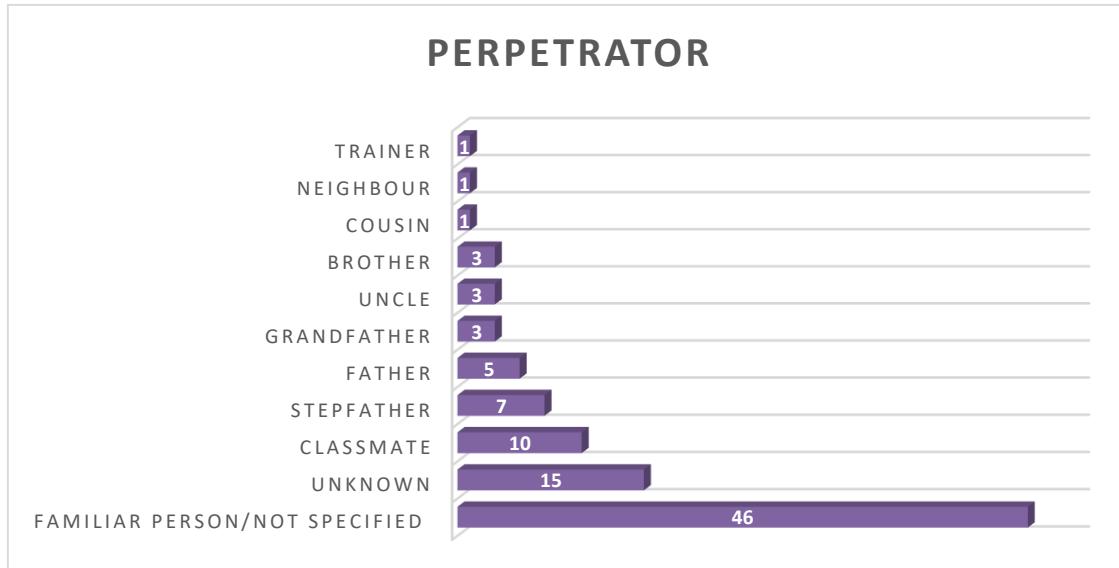


Figure 2. Perpetrators of sexual assaults

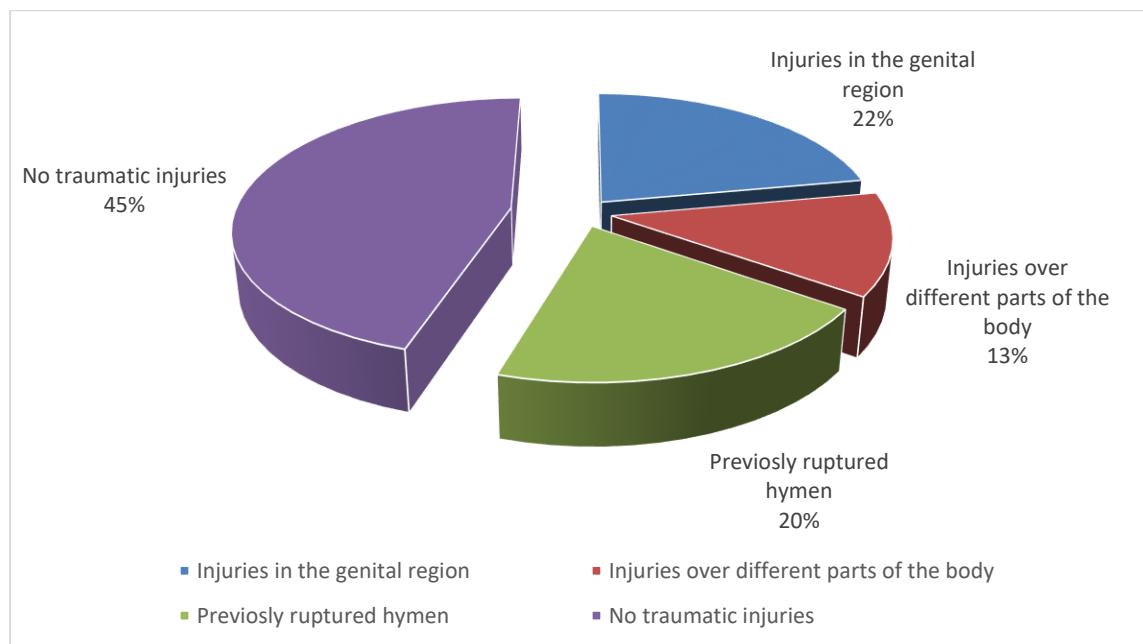


Figure 3. Distribution of the sexually abused children, depending on the presence or lack of traumatic injuries and their localization.