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RESEARCH ARTICLE

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A Retrospective Study on Sexual Assault - Abuse Cases

ABSTRACT

Objective: In this study; it is aimed to analyze the sexual attack-abuse cases that occurred in Bolu province and were judged by the High Criminal Court.

Methods: A total of 148 cases of sexual assault - abuse decided by the Bolu High Criminal Court between 2007 and 2016 were analyzed retrospectively.

Results: This study included 148 cases: 131 (88.5%) cases were female and 17 (11.5%) were male. The mean age was 18.6 ± 11.6 (min:4, max:83). The highest number of cases was in the 13-15 age group (n=52, 35.2%). Sexual abuse most frequently occurred through vaginal penetration (n=72: 48.6%). The most common psychiatric diagnosis was acute stress disorder (n:12, 10.8%) and post-traumatic stress disorder (n:12, 10.8%). Physical violence was found to be statistically effective ($p = 0.008$) in the occurrence of mental disorders after the event. The victim recognized 81.8% of the attacker.

Conclusions: We think that more effective sexual attack-abuse prevention strategies can be developed at the national level by determining the risk factors of sexual assault-abuse in our country through wider research to be conducted across the country.

Keywords: Sexual Attack, Sexual Abuse, Victim, Attacker, Examination Findings.

Cinsel Saldırı – İstismar Olguları Üzerine Retrospektif Bir Araştırma

ÖZET

Amaç: Çalışmada; Bolu ilinde meydana gelen ve Ağır Ceza Mahkemesi'nde yargılaması yapılarak karara bağlanan cinsel saldırı - istismar olgularının analizi amaçlanmıştır.

Gereç ve Yöntem: 2007-2016 yılları arasında Bolu Ağır Ceza Mahkemesi'nde karara bağlanmış toplam 148 cinsel saldırı-istismar olgusu retrospektif olarak incelenmiştir.

Bulgular: Çalışmaya dahil edilen 148 olgunun 131'i (%88,5) kadın, 17'si (%11,5) erkektir. Ortalama yaş $18,6 \pm 11,6$ 'dır (min:4, max:83). En fazla olgu %35,2 (n=52) oranı ile 13-15 yaş grubundaydı. Cinsel saldırı-istismar eyleminin en sık vajinal penetrasyon (n=72, %48,6) şeklinde gerçekleşmişti. En sık tespit edilen psikiyatrik hastalık akut stres bozukluğu (n=12, %10,8) ve travma sonrası stres bozukluğu (n=12, %10,8). Fiziksel şiddetin, olay sonrasında ruhsal bozukluk oluşmasında istatistiksel olarak etkili ($p=0,008$) olduğu bulundu. Saldırganların %81,8'i mağdur tarafından tanınıyordu.

Sonuç: Ülke genelinde yapılacak daha geniş çaplı araştırmalar ile ülkemizdeki cinsel saldırı-istismar risk faktörlerinin tespit edilerek, ulusal düzeyde daha etkili cinsel saldırı-istismar önleme stratejilerinin geliştirilebileceğini düşünüyoruz.

Anahtar Kelimeler: Cinsel saldırı, cinsel istismar, mağdur, saldırgan, muayene bulguları.

INTRODUCTION

Sexual crimes are among important social problems that threaten people of all age groups all over the world which can cause severe and permanent trauma to its victims, and its incidence has increased rapidly among violent crimes, especially in recent years (1,2). Sexual assault is a behavior that is not accepted by the society, aiming at the sexual satisfaction of the perpetrator by using coercion, such as physical force, threats, fear, cheating, and deception, against a woman or man whose consent is not accepted on legal grounds due to reasons such as underage or mental illness (3). Exposing a child or adolescent to activities aimed at sexual pleasure by using force, threats, or deception by adults in order to satisfy the sexual desires and needs of the aggressor is defined as child sexual abuse (4). Throughout the world, 19.7% of women and 7.9% of men are exposed to sexual abuse during childhood or adolescence (5). Although sexual assault, a rapidly increasing global problem in recent years, it is generally kept secret, and statistics do not reflect the actual situation. According to the data of the World Health Organization (WHO), one out of every five women in the world is exposed to sexual assault.

In addition, it has been stated that approximately 27% of women and 14% of men are exposed to sexual abuse in childhood and that one out of every three women all over the world is subjected to sexual violence (3). Since the trauma caused by sexual abuse in the genital areas, and subsequent neurobiological damages are more severely felt by the victim, the importance of performing comprehensive examinations of victims of abuse by experienced physicians is an undeniable fact. Considering the difference in punishments between sexual crimes; adequate, clear, and descriptive writing of forensic and medical reports and the acquisition, storage and transfer of appropriate material is of particular importance and requires care in eliminating grievances and inflicting the necessary punishment (1,6). In this study, it is aimed to retrospectively examine a total of 148 sexual assault-abuse cases resolved between the years 2007, and 2016 and to discuss the relevant data in the light of the literature.

MATERIAL AND METHODS

For the study, first of all, a data analysis form prepared for the purpose of the research was created. Since the study was planned as a retrospective review and the data that would disclose the identity information of the cases were not used, it was not necessary to create an informed consent form. Then, ethics committee approval dated October 17, 2016 and numbered 198 was obtained from Bolu Abant İzzet Baysal University Clinical Research Ethics Committee in order to carry out the study.

Subsequently, the files of sexual assault-abuse cases among the files that were resolved at the Bolu High Criminal Court between 01.01.2007 – 12.31.2016 were identified and examined retrospectively. Forensic and medical documents in the files of a total of 148 sexual assault-abuse cases were evaluated in terms of the parameters in the data analysis form, and those who did not have data in the file content related to the parameters in the form were excluded from the study.

Cases were evaluated in terms of various parameters including gender of the victim, age at the time of the incident, marital status, education status, consent to the sexual act, place of sexual abuse, type of sexual act, anogenital examination findings, whether the assailant ejaculated during the attack, use of lubricants, and /or condom, duration of sexual abuse, psychological examination findings, the relationship between mental examination findings and penetration, the relationship between mental examination findings and the number of acts and penetration, exertion of violence during the act, relationship between mental examination findings and a similar attack history, biological sampling, examination time, sex, age and the number of aggressors, relationship between the aggressor, and the victim, and decision of the court.

Descriptive statistics were presented with frequency, percentage, mean (mean), standard deviation (SD), minimum (min), maximum (max) values. In the comparison of categorical variables; statistical relationships between the data were investigated using the chi-square test, Monte Carlo Fisher Exact test, and Mental Henzen test. Analyses were made with the SPSS 20.0 package program. P values less than 0.05 were considered statistically significant.

RESULTS

This study included 148 cases: 131 (88.5%) cases were female and 17 (11.5%) were male (Table 1).

Table 1. Characteristics of the victims

| | n | % |
|---------------------------|------------|------------|
| Gender | | |
| Male | 131 | 88.5 |
| Female | 17 | 11.5 |
| Age | | |
| 0-12 years | 31 | 20.9 |
| 13-15 years | 52 | 35.2 |
| 16-18 years | 28 | 18.9 |
| ≥ 19 years | 37 | 25.0 |
| Educational status | | |
| Primary | 74 | 50.0 |
| Lycée | 24 | 16.2 |
| University | 5 | 3.3 |
| Unknown | 41 | 27.7 |
| Kindergarten | 2 | 1.4 |
| Illiterate | 2 | 1.4 |
| Total | 148 | 100 |

The mean age was 18.6±11.6 (min:4, max:83). The highest number of cases were in the 13-15 age group with a rate of 35.2% (n=52) (Table 1). All male cases (n:17) were single. While 86.2% (n:113) of female cases were single, married (n=4: 3.1%), or widowed/divorced (n=14: 10.7%), and there was no information about the marital status of the other female cases. Half of the cases (n=74) were primary school students (Table 1). The sexual abuse took place mostly at home (n=82: 55.4%)

(Table 2). Sexual abuse most frequently occurred through vaginal penetration (n=72: 48.6%) (Table 2). Of 86 cases who underwent vaginal examinations; 44 (51.1%) had old tears in the hymen, 19 (22.1%) had an intact and elastic hymen, 15 (17.4%) had an intact but not elastic hymen. A fresh tear in the hymen was detected in three (3.5%), caruncula hymenalis in three (3.5%), and an intact hymen with a traumatic lesion on labium majus in one (1.1%) case.

Table 2. Characteristics of the sexual abuse

| | n | % |
|---|------------|------------|
| Crime scene | | |
| Home | 82 | 55.4 |
| Forestland | 21 | 14.2 |
| Street | 14 | 9.5 |
| Car | 12 | 8.1 |
| Derelict building | 4 | 2.7 |
| Forestland – car | 3 | 2.0 |
| Forestland - home | 3 | 2.0 |
| Others | 9 | 6.0 |
| Type of sexual abuse | | |
| Vaginal penetration | 72 | 48.6 |
| Touching – caressing – kissing | 35 | 23.6 |
| Anal penetration | 14 | 9.5 |
| Vaginal + anal penetration | 8 | 5.4 |
| Anal rubbing | 5 | 3.4 |
| Vaginal rubbing | 5 | 3.4 |
| Vaginal + oral penetration | 3 | 2.0 |
| Vaginal rubbing + anal penetration | 1 | 0.7 |
| Touching + kissing + oral penetration | 1 | 0.7 |
| Penetration attempt | 1 | 0.7 |
| Exhibitionism | 1 | 0.7 |
| No exploits identified* | 2 | 1.4 |
| Victim - defendants relationship | | |
| Stranger | 27 | 18.2 |
| Familiar | 121 | 81.8 |
| Social environment | 62 | 41.9 |
| Darlingi | 35 | 23.7 |
| Relative | 13 | 8.8 |
| Incest | 7 | 4.7 |
| Spouse | 4 | 2.7 |
| Total | 148 | 100 |

* Although a lawsuit was filed with the allegation of sexual abuse in two cases, it was determined that there was no evidence of sexual abuse. It was learned that one of these cases resorted to the method of lying in order to reconcile with her lover, the other case was abducted, but rescued by the law enforcement shortly after being abducted, and it was learned that any act of sexual abuse did not occur during this process.

Of 68 cases who underwent anal examinations 53 (77.9%) victims had normal anal examination findings, five (7.3%) had chronic fissures, and four (5.8%) had acute fissures. Ecchymosis, hyperemic erosion-abrasion around the anus, total anal dilatation, acute fissure + sphincter insufficiency, acute fissure + decrease in sphincter tone, venous distension were detected separately in one (1.5%) victim for each lesion.

When the duration of exposure of the victims to sexual abuse was investigated, any relevant information could not be found in one case. Ninety-six (64.8%) cases were exposed to sexual abuse once. While 12 (8.1%) cases were exposed to sexual abuse intermittently for 1-30 days, nine (6.1%) cases for 1-3 months, and 30 (20.3%) cases for more than 3 months. Mental state examination was performed in 111 (75%) cases,

and no psychopathological findings were found in the mental state examination of 65 (58.5%) cases. The mental examination findings of the victims were given in Table 3.

Table 3. Mental examination finding of the victims

| | n | % |
|---|------------|------------|
| Mental examination | | |
| No mental illness | 65 | 58.5 |
| Mental illnesses developed after sexual abuse | | |
| Acute stress disorder (ASD) | 10 | 9.0 |
| Post traumatic stress disorder (PTSD) | 10 | 9.0 |
| Major depression | 5 | 4.5 |
| Depressive disorder | 3 | 2.7 |
| Acute stress reaction | 1 | 0.9 |
| ASD + Depression | 1 | 0.9 |
| Anxiety + Depression | 1 | 0.9 |
| Moderate mental retardation + ASD | 1 | 0.9 |
| PTSD + Major depression | 1 | 0.9 |
| TSSB + Anksiyete | 1 | 0.9 |
| Mental illnesses found before sexual abuse | | |
| Moderate mental retardation | 5 | 4.5 |
| Mild mental retardation | 4 | 3.7 |
| Severe mental retardation | 1 | 0.9 |
| Demantia | 1 | 0.9 |
| Antisocial personality disorder | 1 | 0.9 |
| Total | 111 | 100 |

No statistically significant difference was found between the occurrence of the sexual act once or more than once and the development of a mental disorder after the event ($p>0.05$) (Table 4).

In 61 (41.2%) cases, at least one or more types of violence were used during the incident. When the types of violence perpetrated during the sexual assault were examined; threats were reported in 28 (25.2%), physical violence in 25 (22.5%), verbal violence in 19 (17.1%), and use of weapons or tools in 16 (11%) cases. No statistically significant difference was found between those who were exposed to any type of violence other than sexual violence during the event and those who did not, in terms of the development of mental symptoms ($p>0.05$) (Table 4). However, when the types of violence were evaluated separately, it was determined that verbal violence and threats during and after the event did not cause mental disorders ($p>0.05$), while physical violence was statistically influential in the development of mental disorders after the event ($p=0.008$) (Table 4).

Table 4. The relationship between total violence, verbal violence, physical violence, sexual activity, similar attack history and post-event mental disorder development.

| | Mental Disorder | | P* |
|-------------------------------|------------------------|-----------------|-----------|
| | No | Yes | |
| | n(%) | n(%) | |
| Total violence | | | |
| Yes | 26(33.8) | 18 (53) | 0.57 |
| No | 51 (66.2) | 16 (47) | |
| Threats | | | |
| Yes | 16 (20.7) | 12 (35.2) | 0.105 |
| No | 61 (79.3) | 22 (64.8) | |
| Verbal violence | | | |
| Yes | 11 (14.2) | 8 (23.5) | 0.233 |
| No | 66 (85.8) | 26 (76.5) | |
| Physical violence | | | |
| Yes | 12 (15.5) | 13 (38.2) | 0.008 |
| No | 65 (84.5) | 21 (61.8) | |
| Sexual activity | | | |
| Once | 51 (66.2) | 23 (67.6) | 0.884 |
| More than one | 26 (33.8) | 11 (32.4) | |
| Similar attack history | | | |
| No | 55 (71.4) | 28 (82.3) | 0.222 |
| Yes | 22 (28.6) | 6 (17.7) | |
| Total | 77 (100) | 34 (100) | |

*Pearson Chi-Square Test

In this study, a total of 30 (20.2%) cases were found to have a similar attack history in the past. Six (21.4%) of the cases with event-related mental illness had a similar attack history before the event. No statistically significant difference was found between the history of a similar attack in the past and the incidence of post-event mental disorder ($p>0.05$) (Table 4). A statistically significant difference was found between the history of a

similar attack and the presence of a traumatic lesion related to the event ($p=0.007$) (Table 5). In addition, a significant difference was found between marital status and lesions detected on physical examination ($p=0.029$) (Table 5). It has been determined that the traumatic lesion related to the event is seen at a lower rate in single people than in non-single people.

Table 5. The relationship between similar assault history and marital status and the presence of traumatic findings.

| | | Traumatic findings | | |
|------------------------|------------|--------------------|-----------------|--------------------------|
| | | No | Yes | p |
| | | n(%) | n(%) | |
| Similar attack history | Yes | 28 (31.1) | 1 (4.2) | 0.007* |
| | No | 62 (68.9) | 23 (95.8) | |
| Marital status | Single | 83 (92.2) | 18 (75) | 0.029[†] |
| | Not single | 7 (7.8) | 6 (25) | |
| Total | | 90 (100) | 24 (100) | |

*Pearson Chi-Square Test [†]Fisher's Exact Test

Biological samples were taken in only 23.6% (n:35) of our cases, and 20 (57.1%) of 35 cases were examined in the first seven days after the event while positive results were obtained in eight (40%) cases. Sixteen (10.8%) cases did not undergo physical examination after the event. While 60 (45.5%) out of the remaining 132 cases were examined within the first 7 days, 23 cases (17.4%) within 7-30 days, seven cases (5.3%) within 1-3 months and 42 cases (31.8%) > 3 months after the incident. In all cases, it was determined that the aggressor was a single person. All of the attackers were male and their mean age was 37.8±15.3 (min:13, max:89) years. When the aggressor-victim relationship was classified; it was determined that 121 (81.8%) assailants consisted of people who were recognized by the victim (Table 2).

DISCUSSION

Today, sexual assault has become a widespread and serious social danger. One of the important problems regarding sexual assault, which has become a global problem; assaults can be repetitive, multiple, and exerted together with verbal or physical violence. Although sexual assault is an important social danger for both genders, there is no doubt that women are affected much more frequently in social life. Females are 2-5 times more likely to be exposed to sexual assault than males (5). However; in a long-term study, Mathews et al., found that from 1993 to 2012 in Australia, there was a 2.6-fold increase in the rate of sexual abuse in males and 1.5-fold in females (7). In a recent study of 1614 adolescents in India, it has been reported that 36% of males and 35% of females have been exposed to sexual abuse at some point in their lives (8). In studies conducted in Turkey, it was determined that 82.7% - 96.2% of the victims of sexual abuse were female (9-11). Consistent with the literature, in this study, 88.5% of the victims (n=148) of sexual abuse and assault cases were female and 11% were men.

It has been reported that the age of sexual abuse in girls is higher than that in boys, and the risk of sexual abuse in girls increases with age (12). In this study mean ages of female, and male victims were determined as 119.46±11.82 (min:4, max:83),

and 2.76±8.01 (min:5, max:38) years, respectively. In Turkey, the rate of children among all victims of sexual assault varies between 63.3% and 63.8% (10,13). In a study examining the demographic characteristics of children aged < 18 (n=138) years, and under the risk of sexual abuse, it was found that the majority of the victims were girls, and the age distribution peaked at the age of 3 and 15 years (14). In a study conducted on 275 cases of sexual abuse in Konya, it was determined that the highest number of cases were accumulated in the 12-15 age group (45.8%) (15). In this study, consistent with all these data, it was determined that 75% of the victims were < 18 years old, and the highest number of cases was in the 13-15 age group with a rate of 35.2% (n=52).

Yıldırım et al. reported that more half of (53.2%) sexual assault victims were single (16). In two studies conducted in Turkey, it was reported that 89.1% and 90.4% of the victims were single and never married, respectively (17,18). Similarly, in this study, 86.8% (n=112) of the female, while all (n=17) of the male victims were single.

In Turkey, it is known that victims of sexual abuse are mostly in the primary or secondary school age or illiterate (17,19). Yıldırım et al. investigated a total of 109 cases and reported that seven (6.4%) cases were illiterate, 26 cases (23.9%) were primary school, 55 cases (50.5%) were secondary school, and 21 cases (19.3%) were higher education graduates (16). In this study, half of the cases (n=74) were primary school students. In a three-year study conducted in Kahramanmaraş, it was reported that 66.6% of sexual abuse victims were exposed to sexual assault at home (13). In their study involving 324 victims of sexual abuse, Karanfil et al. reported that sexual assault occurred frequently (61.1%) at the home of the victim or the accused (11). In another study conducted in the Konya Province, it was determined that acts of sexual abuse frequently took place in the house environment (44.7%) (15). In this study, sexual abuse was most frequently happened at home (n=82: 55.4%). The reason why sexual assaults often occurred at home may be that the familiar accused was more likely to be alone with the victim at home and more likely to be invisible.

In studies examining the way the sexual act occurred, it was determined that the most common type of sexual abuse reported in girls was vaginal penetration, and in boys anal penetration (19). In a study performed in India involving 40 victims of sexual abuse under the age of 16, vaginal penetration (55%) was reported as the most common type of sexual abuse (20). In a study involving 1076 cases in the age range of 1-85 years; 79% of cases had been exposed to vaginal penetration, 25% to oral penetration, and 17% to anal penetration (21). Perdahli et al. conducted a study on 83 children and adolescents who were victims of sexual abuse, and reported that the most common type of sexual abuse was genital friction without penetration (44.6%) (22). In the study by Dönmez et al. involving a total of 215 children and adolescents, sexual abuse involved touching to genital area in 89.8% (n=193) penetration in 46% (n=100) of the victims, and the most common type of sexual abuse was touching the body of the girls for sexual satisfaction in 42.7%, and anal penetration in boys in 50% of the cases (23). In a recent study involving a total of 482 pediatric cases; it has been stated that the most common type of sexual abuse was vaginal penetration in girls and anal penetration in boys (24). In this study; the most common type of abuse was vaginal penetration.

Heger et al. reported that only 14.6% of girls with acute genital injuries had anatomical changes that left traces (25). In their study involving 1500 children under the age of 17 who underwent anogenital examination, Gallion et al. stated that only 7% of the cases had diagnostic anogenital examination findings (26). In addition; it has been reported that anal lesions heal quickly and usually do not leave any scars (25). It has been claimed that fecal incontinence, anal fissure, anal laceration, total anal dilatation are associated with anal penetration, and total anal dilatation was statistically correlated with the history of anal penetration, especially in girls (27). Demirci et al. reported old and new hymen ruptures, elastic, and inelastic hymen in 36.8%, 5.9%, 12 %, and 48.5% of their sexual abuse, respectively. They also reported normal anal examination findings in 91.3%, acute sodomy findings in 6.1%, and chronic sodomy findings in 2.6% (15). In this study, old tears in the hymen (n=44: 51.1%), an intact elastic hymen (n=19: 22.1%), inelastic intact hymen (n=15: 17.4%), a fresh tear in the hymen (n=3: 3.5%), caruncula hymenalis (n=3:3.5%), intact infantile hymen (n=1: 1.1%) , and intact hymen with a lesion on the labium majus (n=1: 1.1%) were detected in 86 cases who underwent hymen examination. Of 68 cases that underwent anal examination; there were normal anal examination findings in 53 (77.9%), chronic fissures in 5 (7.3%), acute fissures in 4 (5.8%) cases, also, ecchymosis around the anus, hyperemic erosion – abrasion on the periphery of the anus, total anal dilatation, acute

fissure + sphincter insufficiency, acute fissure + decrease in sphincter tone and decrease in sphincter tone, venous distension were detected in a one case for each lesion (n=1: 1.5%).

Gençoğlu et al. reported that 12.2% of the cases were exposed intermittently to sexual abuse for 1 year or longer, 8.9% within 1 month - 1 year, and 1.1% within 1 week - 1 month (19). In this study, when the duration of exposure to the sexual act of the victims was examined; there was no information about one case, and while 96 (64.8%) cases were exposed to sexual assault once, 12 (8.1%) cases between 1-30 days, nine (6.1%) cases for 1-3 months, 30 cases (% 20,3) for more than 3 months.

It has been shown that child sexual abuse caused lifetime increase in the risk of anxiety disorder, depression, eating disorder, PTSD and sleep disorders (28). Bhaskar et al. stated that depressive disorders were most prevalently seen in children of sexual abuse (35%) followed by stress-related such as ASD and PTSD (25%), and that children who have been abused more than once are more likely to suffer from a psychiatric illness after sexual abuse (20). According to the results of a study conducted in Turkey; It was reported that at least one psychiatric illness was detected 45.6% (n=41) of the victims of sexual abuse and the most common mental illness was PTSD with a rate of 28.9% (n=26) (19). Dönmez et al. included 215 children and adolescents in their study, and reported that 81.9% of the cases (n=176) had at least one post-abuse mental disorder (PTSD, 33%; ASD, 25.6%; major depressive disorder, 25.1%; conduct disorder, 2.8% (23). Korkmaz et al. reported that 49 (19%) of 258 sexual abuse victims had deteriorated physical or mental health (17). Perdahli et al. reported that victims of sexual abuse under the age of 18 were most frequently diagnosed with anxiety disorders (36.1%) and adjustment disorders (22.9%) (22). In this study, it was determined that 111 (75%) cases were subjected to psychiatric examination, and 34 (30.7%) of them were found to have post-event mental illness. These results suggest the effects of heterogeneity in childhood sexual development. When the psychiatric diseases detected in our cases were analyzed, in accordance with the published data; ASD and PTSD were in the top ranks. There was no statistically significant difference between the findings of the psychological state of the victims in our study and the age groups. No statistically significant difference was found between the occurrence of a sexual act once or multiple times and whether a mental disorder occurred after the event.

It has been reported that victims of sexual abuse are more likely to report the abuse to the police if they develop a physical injury (29). The act of protection is closely related to the physical injury of the victim (16). In particular, this relationship is most evident with physical resistance

(30). Ezechi et al. reported that 31% of sexual abuse victims were exposed to threats and 29.6% to physical violence (31). In a study involving 268 child and adolescent sexual abuse victims, it was found that 28.4% of the cases had general body trauma and 13.1% were threatened with a gun or knife (32). In 61 of our cases (41.2%), at least one or more types of violence was used during the incident. In this study, threats were reported in 28 (25.2%), physical violence in 25 (22.5%), verbal violence in 19 (17.1%), and use of weapons or tools in 16 (11%) cases. In addition, only physical violence was found to be statistically influential in the occurrence of mental disorders after the event.

Many studies have found that sexually abused children are more likely to be sexually abused again later in both adolescence and adulthood. This situation also creates a basis for potential mental disorders to be experienced in the future. In their long-term prospective study involving 93 girls with a confirmed history of child sexual abuse, Barnes et al. reported that 40% of the cases were victims of re-abuse and the mean age of re-abused cases was 13.47 years (33). In Horner and Fisher's study, which included 198 children, 100 cases were the first victims of sexual abuse and 98 children were victims of sexual abuse before; It was stated that children who were victims of recurrent incidents of sexual abuse were at a younger age, and they were at higher risk of developing mental health problems with developmental delay (34). Magnusson et al. determined that 64.9% of 57 pre-school children who were victims of sexual abuse were exposed to abuse several times (35). Gençoğlu et al. reported that 31.1% of their pediatric population was exposed to sexual abuse more than once (19). Demirci et al. reported that 157 (57.1%) cases were exposed to sexual abuse once, and 72 (26.2%) cases more than once (15). In this study, it was determined that 30 (20.2%) cases had a similar assault history in the past. Among victims in whom mental symptoms were detected during post-event mental state examination, history of similar assault were elicited in 6 (21.4%) cases. There was no statistically significant difference in the incidence of mental disorders between individuals with a similar attack history and those who were victims of the sexual abuse for the first time. However, a statistically significant difference was found between a similar attack history and the presence of (if any) a traumatic lesion related to the event. It has been thought that this finding may be due to the fact that the victims who are abused for the first time show more resistance to the accused, and accordingly they are exposed to more severe physical violence. In addition, a significant difference was found between marital status and lesions detected on physical examination. It has been determined that the traumatic lesion related to

the event is seen at a lower rate in single people than in married people.

Young et al. reported that in only 16 (20%) of 80 sexual abuse cases semen was detected in samples, and all of these semen-positive samples were taken within 24 hours after the incident (36). Schilling et al. reported that 74% of the cases were examined within the first 72 hours after the incident (37). In a study involving 341 sexual abuse cases, it was reported that 43.4% of the cases were examined within the first seven days after the incident (10). It was determined that 45.5% (n:60) of our 132 cases were examined within the first 7 days. Besides biological samples were obtained from only 35 cases (23.6%), and 20 of them (57.1%) were examined within the first seven days after the event, while positive results were obtained in eight (40%) of them. It is seen that more than half of the victims surveyed in our study were sent for examination more than seven days after the incident. In addition, it was thought that sending the victims to the examination too late, was also responsible for the low biological material intake rates.

In studies conducted in Turkey, all sexual abuse and assault suspects were reported to be male (16,17). Similarly, all the assailants in this study were male. Steine et al. found that the majority of perpetrators were biologically related parents (38.4%) or trusted acquaintances (76.1%) (38). Studies conducted in Turkey have indicated that 54.4-94.4% of the defendants are known to the victims (13,19,23). In this study, the aggressor was a person known to the victim in vast majority of cases.

CONCLUSION

Offenses against sexual immunity are a global danger with multifactorial etiology, and increasing worldwide prevalence that concerns not only the individual but also the whole community. In our study, it is seen that sending the victims to the examination too late was effective on the low biological material intake rates. The delay in seeking medical care may be related to the victim's attitude towards hiding the sexual abuse because of the guilt, shame and/or fear experienced after the sexual act. Considering that sexual abuse and assaults are increasing day by day; apart from basic sexual education provided for the children and adolescents at school, education should also be focused on how to protect them against sexual abuse. Family-based assistance and education programs should be expanded throughout the country. Most of the time, the evaluation of cases by non-specialist physicians causes loss of findings and thus evidence. Therefore after the incident, the victim must be examined by a forensic medicine specialist, a psychiatrist, and other specialist physicians depending on the nature of the incident,

and implementation of necessary examinations must be ensured.

The problems of the existing Child Monitoring Centers should be examined in detail and rehabilitated meticulously, then their numbers of these institutions should be increased and they should be established in every city. In the second stage, centers should be established in accordance with international standards, where adult sexual abuse cases can apply after the incident, forensic

and medical procedures will be completed in the same building, necessary medical support and treatment will be provided, and should be expanded throughout the country. Determining the risk factors for sexual assault-abuse crimes in our country with larger studies to be carried out throughout the country will be beneficial for the development of sexual assault-abuse prevention strategies at the national level.

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