

AN ANALYSIS OF INTRA-FAMILIAL AND
EXTRA-FAMILIAL CHILD SEXUAL ABUSE CASES AT A
CHILD MONITORING CENTRE: CLINICAL AND
FORENSIC INSIGHTS

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Received on October 29, 2024

Presented by D. Damianov, Member of BAS, on November 26, 2024

Abstract

Child sexual abuse (CSA) is a serious human rights violation that affects hundreds of millions of children globally. This study aims to elucidate the fundamental dynamics in the reporting and diagnostic processes of intra-familial and extra-familial CSA cases in Turkey, as examined within the forensic medical system. The research is based on case files ($n = 1421$) from the Child Monitoring Centre (CMC) in Antalya, Turkey. The study identified 149 cases (10.5%) of intra-familial abuse and 1272 cases (89.5%) of extra-familial abuse. In the intra-familial group, the perpetrator was often the father, stepfather, or mother's boyfriend, whereas in the extra-familial group, the perpetrator was frequently a friend or boyfriend. Pregnancy was identified in 12.1% of intra-familial and 15.1% of extra-familial cases. Psychiatric disorders were diagnosed in 32.1% of the intra-familial group. The findings underscore the necessity for strengthened multidisciplinary centres, thorough evaluations, and follow-ups of all CSA cases, alongside mandatory psychiatric assessments to facilitate early detection and intervention.

Key words: child sexual abuse, intra-familial abuse, incest, child molestation, domestic violence, forensic medicine, child monitoring centre

Introduction. Child sexual abuse (CSA) is a serious human rights violation that affects hundreds of millions of children globally, resulting in a variety

of short- and long-term physical and mental negative consequences [1–4]. Based on international studies, the World Health Organization (n.d.) has reported that 18% of girls and 7.6% of boys have been exposed to sexual abuse, and it is estimated that a third of these cases are intra-familial [1, 5]. CSA can take different forms and have varying consequences depending on whether it occurs within the family (intra-familial) or outside the family (extra-familial) [6]. The detection and diagnosis of these cases involve varying degrees of difficulty related to the characteristics of the victim and abuser, the conditions of the event, the type of abuse, its duration and frequency, and the presence of family support and professional help [7]. It has been reported that if abuse occurs at a very young age, involves genital contact, happens repeatedly, and involves fathers or stepfathers in the absence of family support, the consequences tend to be more serious [6].

Until recently in Turkey, allegations of CSA often involved repeated medical examinations and legal statements, which, as in other countries, have been found to negatively affect the child and those around them [8]. To support this work, this study aims to identify the characteristics of intra-familial and extra-familial child sexual abuse cases reported to the Antalya Child Monitoring Centre (CMC) over a three-year period. It examines victim, perpetrator, and abuse characteristics, as well as the provision of CMC supports and mental health diagnoses.

Material and methods. This descriptive study included the files of 1421 sexual abuse cases evaluated at the Antalya CMC between 2013 and 2015. The study was planned and developed between 2012 and 2017. Based on the CMC surveillance system, a database was created containing information on sociodemographic characteristics, family and perpetrator characteristics, CMC interviews, examinations, and psychiatric consultations. This included 1272 cases of suspected extra-familial child sexual abuse and 149 cases of suspected intra-familial child sexual abuse, which constitute the familial group. Data obtained in the study were analyzed using IBM SPSS Statistics 23.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics, Chi-squared, Kolmogorov–Smirnov test, Mann–Whitney U test were used for statistical analysis. The level of significance was set at $p < 0.05$.

Results. Sociodemographic characteristics and comparisons between the intra- and extra-familial groups. The mean age of the cases was 12.35 ± 3.74 years (range, 2–20 years) in the familial group and 13.64 ± 3.19 years (range, 0–21 years) in the extra-familial group ($p = 0.001$). The sociodemographic data are presented in Table 1. A statistically significant difference was observed between the groups in terms of age, disability status, and place of residence ($p < 0.05$, Table 1).

Family and perpetrator characteristics. More detailed characteristics of the familial group are shown in Table 2. According to the recorded data, a quarter of the perpetrators were fathers, followed by step-fathers, and distant relatives. In the extra-familial group, according to the recorded data, the majority of perpetrators were boyfriends or strangers.

T a b l e 1

Statistical comparisons of sociodemographic and case characteristics between the intra- and extra-familial groups

Characteristics	Familial group (<i>n</i> = 149)		Extra-familial group (<i>n</i> = 1272)		Chi Square ^a / Mann– Witney U ^b	<i>p</i> value
	<i>n</i>	%	<i>n</i>	%		
Gender						
Female	134	89.9	1110	87.3	0.871 ^a	0.351
Male	15	10.1	162	12.7		
Age	12.35 ± 3.74		13.64 ± 3.19		−4.385 ^b	0.001
Pregnancy status						
No pregnancy	131	87.9	1079	84.8	3.703 ^a	0.448
Ongoing pregnancy	15	10.1	142	11.2		
Miscarriage	1	0.7	3	0.2		
Curettage applied	–	–	12	0.9		
Live birth	2	1.3	36	2.8		
Disability status						
Present	2	1.3	64	5	4.099 ^a	0.043
Absent	147	98.7	1208	95		
Victim's substance use during the incident						
Yes	18	12.1	143	11.2	0.093 ^a	0.760
No	131	87.9	1129	88.8		
Place of residence						
Nuclear family	138	92.6	1080	84.9	9.112 ^a	0.028
Extended family	1	0.7	36	2.8		
Social Care Institution	10	6.7	149	11.7		
Reformatory	–	–	7	0.6		
State protection						
Yes	79	53	238	18.7	90.802 ^a	0.0001
No	70	46.9	1029	80.8		

*Chi-square test (χ^2)^a Mann–Whitney U test (Z)^b, *p* < 0.05

In 51% of cases, the parents were married and living together. More than half of the cases involved two or more intra-familial sexual abuse incidents within the family. In addition to suspicions of sexual abuse, emotional abuse was recorded in three out of five cases, and physical abuse in one in ten cases. Penetrative sexual abuse was reported in 28% of cases. In most cases, the abuse was reported by other parents or children (Table 2).

T a b l e 2

The recorded perpetrator and family characteristics associated with the familial group
($n = 149$)

	Characteristic	n (%)
Identity of the perpetrator	Father	37 (24.8)
	Stepfather	33 (22.1)
	Second-degree relative	30 (20.1)
	Distant relative	26 (17.4)
	Brother	14 (9.4)
	Step-brother	9 (6)
Employment status of the perpetrator	No occupation of regular work	72 (48.4)
	Manual worker	50 (33.5)
	Student	12 (8.1)
	Clerical worker	2 (4.7)
	Private sector employer	4 (2.7)
	Retired	4 (2.7)
Marital status of the perpetrator	Married	78 (52.3)
	Single	71 (47.7)
Marital status of the parents	Married and lived together	76 (51)
	Married and lived separately	8 (5.4)
	Not officially married and lived together	1 (0.7)
	Not officially married and lived separately	5 (3.4)
	Divorced	26 (17.4)
	Mother had re-married	29 (19.5)
	Father had re-married	4 (2.7)
Custody of the children	Mother	60 (40.3)
	Father	11 (7.4)
	Both mother and father	78 (52.3)
School attendance	Yes	124 (83.2)
	No	25 (16.8)
Reasons for leaving school	Own request	15 (60)
	Family request	4 (16)
	Poor attendance	3 (12)
	Economic reasons	3 (12)

T a b l e 2

Continued

	Characteristic	n (%)
Number of incidents of incest in the family	One	62 (41.6)
	Two or more	87 (58.4)
Additional abuse identified	Emotional abuse and neglect	91 (61.1)
	Physical abuse and neglect	16 (10.7)
Person who reported the intra-familial sexual abuse	Other parent/child	73 (49)
	Teacher	25 (16.8)
	Police	20 (13.4)
	Relative/neighbour	18 (12.1)
	Health care personnel	13 (8.7)
Location of the incest incident	Home of the victim and perpetrator	76 (51)
	Home of the perpetrator	44 (29.5)
	Home of another person	12 (8.1)
	Other (remote area, a car, park, or street)	17 (11.4)

CMC interviews, examinations, and psychiatric consultations. A forensic examination was conducted for all cases in the familial group and 50.7% of cases in the extra-familial group. There was a significant difference in the interviews conducted and whether they were done with families or not between the two groups ($p < 0.05$). In the extra-familial group, 152 cases (11.9%) presented at the centre for a second or third time due to claims of abuse. The significant difference in presentation rates between the groups ($p = 0.0339$) indicates that, even when necessary evaluations are conducted, approximately one in ten cases of sexual abuse outside the family may be overlooked. In the forensic examination reports of the familial group, traumatic findings were identified in 129 cases (86.6%), while mild lesions that could be treated with simple medical intervention were found in 20 cases (13.4%). Penetration findings were observed in 48 cases (32.2%) of intra-familial sexual abuse during genital examinations. Pediatric psychiatry consultations were requested for 118 cases. The psychiatric results were as follows: normal in 52 cases (34.9%), post-traumatic stress disorder in 26 cases (17.4%), depression in 13 cases (8.7%), anxiety disorder in 9 cases (6%), and mild psychiatric symptoms in 18 cases (12.1%).

Discussion. In this study of 1421 child sexual abuse cases, a detailed examination provided valuable data regarding the national reporting and surveillance system. It has been suggested that the actual extent of child sexual abuse could be up to 30 times higher than what is reflected in annual institutional records [4]. Incidents of intra-familial CSA are often kept secret for various reasons, including the normalization of the abuse by the child victims, feelings of guilt experienced by the child, pressure and threats from the perpetrator, the perpetrator's authority, influences from the education system and parenting styles, inability to escape from family members, and concerns about stigmatization and societal pressure [9].

In the current study, children aged 7–15 years comprised a significant proportion of the cases ($n = 964$, 57.8%), with the youngest case being 7 years old. Analysis of the distribution of cases under 15 years of age revealed 102 cases (68.5%) in the familial group and 751 cases (59%) in the extra-familial group. Previous studies have consistently demonstrated that the majority of child sexual abuse cases involve female victims, indicating that girls are at a higher risk compared to boys [1, 3, 10]. Our study results are consistent with the literature.

Previous studies have indicated that the majority of intra-familial sexual abuse involves father-daughter and brother-sister relationships [6, 11]. In the current study, all perpetrators were male, with the most common perpetrators in cases of intra-familial sexual abuse being fathers, followed by step-fathers or long-term partners of the mother. The findings align with existing literature, which frequently identifies the presence of a non-biologically related adult male in the home as a risk factor for sexual abuse [1, 10].

Many studies on child sexual abuse have reported that sexual abuse often occurs in conjunction with physical and verbal abuse [1, 12]. In the current study, 91 cases (61.1%) were found to involve emotional abuse and neglect in conjunction with intra-familial child abuse, while 16 cases (10.7%) involved physical abuse and neglect.

The literature indicates that intra-familial sexual abuse is often concealed due to social taboos and is frequently only revealed in cases of suicide or murder [10, 13, 14]. In a study by GÜNDÜZ et al. [11] pregnancy was identified in 15.4% of intra-familial sexual abuse cases, with all of these cases being detected as a result of the pregnancy. In the current study, pregnancy was identified in 12.1% of cases in the familial group and 15.1% of cases in the extra-familial group. Although no statistically significant difference was found between the two groups regarding pregnancy status, it is essential to investigate the possibility of intra-familial sexual abuse in every case of child pregnancy.

Victims of intra-familial sexual abuse often experience more severe negative effects compared to victims of sexual assault outside the family [15]. The most commonly observed mental disorder in sexual abuse cases is post-traumatic stress disorder (PTSD), followed by depression, anxiety, and other mental health dis-

orders [13, 15]. The identification of psychiatric disorders in 48 cases (32.1%) of intra-familial sexual abuse in the current study reflects this severity.

Forensic examination reports for the familial group revealed penetration findings in 48 cases (32.2%). Similar studies in Turkey have reported comparable penetration rates, which are considered a significant factor in increasing the harmful effects experienced by victims of sexual abuse [16]. Previous studies have also noted that even when penetration has occurred, physical findings may diminish or disappear over time [1, 16].

Conclusion. The study reveals the challenges in medically proving intra-familial abuse, emphasizing the necessity for continuous efforts by professional teams to uncover and address family dynamics. The research underscores the importance of an integrated approach in child protection, advocating for a vigilant and sensitive response to both intra-familial and extra-familial abuse. Future research should focus on refining diagnostic tools and support mechanisms to further enhance the protection and care of child victims.

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