



FORENSIC MEDICAL CERTIFICATION OF CHILDREN – VICTIMS OF ABUSE

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Child abuse in its various forms, including neglect, physical, emotional or sexual violence, exploitation of child labour, child prostitution, murder, and infanticide is a crime as old as humankind.

First documented medical evidence of child abuse dates back to the X century, when Reyzes published the first monograph, which mentions that the fractures of crying infants were caused by deliberate blows. In the XIX century, Kempe et al., (1962), (1), described scars known as the “Beaten child syndrome.” Unfortunately, child abuse nowadays has become a problem of endemic proportions, with an increasing number of reports about children (2), who were the victims of violence and neglect.

A major part of the increase in the number of cases represents the higher number of children who are victims of their own families (3). An increase in the severity of traumas could be observed, as well as more frequent cases with lethal outcomes (4).

Child abuse includes the following categories:

- psychological
- physical: violence at home; sexual assault; disciplining through violence; violence at school; violence among children.

Domestic violence over children has not yet received proper attention in Bulgaria. In most cases there are no official complaints to the police, or they are underestimated and described as “private family issues.” There is no effective legislation or NGOs that are engaged with the protection of children’s rights. Contributing factors for domestic violence over children are the economic

situation, low income, and overpopulated homes. A study in the Alexandrovska Hospital

at the Center of Forensic Amedicine, Sofia, for a period of 8 years (1993 – 2000) established that out of 4503 examinations related to domestic violence, 4340 involved violence between spouses and 1023 among parents and children. Among the sons and daughters who were harmed by their parents, in most of the cases the perpetrator was the father (78.8%).

The analyzed data demonstrated the significance of domestic violence as a social issue. The problems of abused children deserve the attention of society, therefore legislative and social reforms should be initiated. Forensic medicine plays a crucial role in the study of child abuse, with regard to protecting other children from violence. The certification of living people has the greatest share in terms of number and frequency in the daily forensic medical practice. When children become the victims of their parents, the usual practice is to perform forensic medical certification and issue an official document. The reasons for forensic medical examinations of children are usually medical-biological indications for physical injuries as per the Penal Code and causal relation with a criminal act, as well as sexual assault.

The most common consequence of battery is soft tissue trauma – haemorrhages, bruises, wounds, and fractures (mostly on the head and face) (4). They were usually caused by blunt hard objects. Injuries at home are also fairly common.

Grozeva et al., 2002, (5) reported that at an early age, children have been certified mostly due to physical violence. At higher ages,

especially for females, there was an increase in the number of sexual assaults.

Sexual crimes include sexual contact without consent or illegal intercourse. Sexual violence has always been a major social problem, especially because its victims are minors and it leads to severe health, social, and psychological consequences (6). Apparently, sexual violence occurs all over the world. According to Mooney, (1993), (7), up to one third of all examined girls reported that their first sexual contact was without consent. The role of the forensic medical expert was to establish the presence of scars and injuries on the body of the certified child, as well as any other traces pointing towards any sexual assault against them. A ten-year study by the Sofia department (1989–1998), established that there was a progressive decline in the percentage of examinations related to sexual assault compared to the overall number of examinations, which was significant for the age group of 10 to 14 years. Such lower demand for forensic medical certification was a cause for concern and could be explained by the emerging social problems, which led the victims to fear the possible consequences. The lack of timely resolution of the cases of sexual assault could lead to several psychological trauma, unwanted pregnancy, and sexually transmitted diseases (STDs) that would all leave a mark on the future life and development of the victims. A large-scale retrospective study on sexual violence in 15 districts of Bulgaria for a 10-year period examined 3288 cases of girls and women who reported being victims of sexual assault. In 2227 of the cases (67.73%) the victims were minors (8). A study of ours for a 5-year period (1996 - 2000) at the department of forensic medicine at the Medical University in Varna showed that out of 3866 examinations, 275 were related to sexual crimes. In 210 (76.36%) cases there was rape, while in 65 (23.64%) – bad touch. The age of 62% of the victims was below 20. Similar studies in the districts of Kurdzhali, Bourgas, and Yambol, (9) reported that prevalence of sexual assault is, respectively, 7.62/100 000 for women in the Yambol district, 9.69/100000 women in the Kurdzhali district, and 13.62/100000 women in the Bourgas district, with 45.27% of all victims belonged to the age group 14-17 years. The 10-year study (1986 – 1995) at the Department of Forensic Medicine of the Medical University in Pleven showed that 26.5% of sexual assault

victims belonged to the age group 8-13 years, while 64% - to the group 14-18 years. Victims of forced sexual intercourse at ages 14–18 years were close to 70%, while at ages 8–13 years were about 19%. Girls up to 8 years of age have been examined due to bad touch in only 5.9% of the total number of such cases (10). Data from the latest studies in Bulgaria (8) were different from what had been reported before. Up to 6 years of age, only 9.76% of the victims have been examined for rape, while in more 90% these were cases of bad touch. When proving sexual crime related to penetration, the condition of the girl's hymen and the presence of old or newer defloration traces also matter. During the performed studies in Bulgaria it was established that ring- or crescent-shaped hymens could allow for intercourse to happen without breaking them (11, 12).

The studies established that in 40% of the girls who were victims of sexual crimes there were registered trauma on their bodies, as threats and physical violence were the most commonly used means of overcoming the victim's resistance during an assault – 31.77%; 32.63% (13, 14, 15). These results could be explained with the greater psychological and emotional instability of children, for which threats can be a major factor combined with the lack of experience and knowledge about handling such situations.

When children who were the victims of abuse are certified, it is important to conduct the examination as soon as possible after the criminal act. According to the study by Miteva et al., 2008, in three districts of the country, about 60% of the girls who were victims of sexual abuse sought medical help within 72 hours after the act.

The initial condition of the victim can provide the most useful information about the harm done, identification of the weapon, the way it was used, the time that has passed since then, and many other details related to the investigation. Providing emergency medical care to a child must be done without delay, even if it is at the expense of the certification. In such cases, the doctor who gave first aid is obliged to make a detailed description of the initial condition of the victim and the localization of all traumas, the treatment process, performed medical manipulations, laboratory examinations, etc. This information

provides a clear and complete picture to the investigator. In some cases, the evolution of the injuries and the healing process cannot always be predicted. Trauma that seems to be light may actually lead to severe complications or even to a lethal outcome (4). This necessitates the performance of a number of highly specialized examinations and possibly the hospitalization of the child. In other cases, the investigator might suspect that child's account is imaginary if there are no apparent traces during the examination, yet it should be noted that some damages do not become immediately apparent. Certification should be done at daylight, unless it is exceptionally urgent. Even in such cases, it should be repeated afterwards at daylight. It is recommended that physicians do their best to calm down the victims by choosing the right words and questions (16), using appropriate vocabulary for their age, and asking routine questions. Examinations should be performed in the presence of psychologists. Certification should be impartial and objective. Any prejudice during this time could lead to major expert mistakes.

The abovementioned problems in the certification of children who were the victims of abuse underlines the importance and significance of clinical forensic medical activities as part of early diagnostics, treatment, and prevention of trauma and its consequences.

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