

ORIGINAL ARTICLE



Evaluation of incest cases in Sivas: Ten-year retrospective study

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Abstract

Although incest is generally perceived as all kinds of verbal, non-verbal, physical and visual sexual behaviour of family members and close relatives toward children, it is also a special type of sexual abuse defined as consensual sexual intercourse between close relatives or between minors who are legally prohibited from marrying. This study aimed to analyse the sociodemographic data, physical-mental examination and laboratory findings of the incest cases. Incest cases among sexual abuse and sexual assault cases sent to Sivas Cumhuriyet University Hospital Forensic Medicine outpatient clinic for examination between 2012 and 2021 were evaluated. Statistical analysis of the data was performed using the SPSS 23.0 program. *P*-values below 0.05 were considered significant. The records of 61 incest victims were retrospectively analysed. The cases were examined in terms of age, gender, incident, perpetrator, type of abuse, examination findings and mental status. Fifty-four (88.5%) of the incest victims were female, and the highest rate ($n = 9$, 14.8%) was 16 years old. Most of the victims were high school graduates (29%), 56% were in a nuclear family 57.4% of the assailants were family members, most of the case reports (73.8%) were made by the victim herself/himself, and the most common place of incident (70.3%) was the victim's home. In this study, the clinical, social and forensic outcomes of incest cases, which have many causes and tragic consequences, were investigated, and it was aimed to contribute to the solution of the problem by discussing the literature.

Key Practitioner Messages

- Child abuse causes actual or potential harm to the child's health, development or dignity.
- Incest is a situation that is difficult to detect and legal process and is a rather ignored public health problem in developing countries such as Turkey.
- Sexual assault may be an ongoing condition in those who were abused during childhood.

KEYWORDS

child abuse, domestic violence, incest, sexual abuse, sexual assault

All of the authors were working in the forensic medicine and child and adolescent psychiatry departments at Sivas Cumhuriyet University when the study was conducted and ethical approval was obtained. Department of Forensic Medicine, Sivas Cumhuriyet University School of Medicine, Sivas, Turkey; Department of Child and Adolescent Psychiatry, Sivas Cumhuriyet University School of Medicine, Sivas, Turkey.

INTRODUCTION

Sexual abuse and sexual assault, which can be experienced in every period of history, in every society, socioeconomic and cultural environment, and at any age and gender, may occur in a domestic or non-familial environment (Polat, 2007). Incest is any verbal, non-verbal, physical or visual erotic behaviour between family members other than those who are married to each other (Justice & Justice, 1979). This definition includes pornographic photographs, physical behaviours involving sexuality, caressing, oral sex, sexual intercourse and all kinds of sexual behaviours.

The abuse accepted for incest includes any physical or non-physical behaviour directed at a child or young person for sexual arousal or gratification. In incest, the main criterion for who is the perpetrator of sexual abuse is not a blood relationship. In addition to blood relatives such as father, mother, brother, sister, uncle, aunt, uncle, aunt and grandfather, a large group of relatives and in-laws who have authority and respect over the child, such as parents, are counted among the abusers in the definition of incest. For example, brothers-in-law, step-parents and step-siblings are also in this group (Polat, 2002). Contrary to popular belief, physical violence is often not experienced in incest. The person trusts, gets attached and does what is asked of him/her. Incest, which has existed for many years but is constantly denied, is actually a taboo rather than a prohibition (Genc & Coskun, 2013).

Child sexual abuse is a disturbing issue for many people, including healthcare professionals. Even more difficult is child sexual abuse within the family, incest. It is possible that they use the weaker members of their family for their own sexual gratification. However, millions of children all over the world have probably been subjected to this extreme exploitation throughout history. The prohibition of sexual intercourse or marriage with close relatives is an issue adopted by most societies. (Can, 2002; Celbis, Ozcan, & Ozdemir, 2006). Incest is a violation of human rights and a reality that is also enshrined in international conventions. In fact, this situation, which deprives the individual of his/her bodily integrity, privacy and reproductive rights, usually starts at a young age and continues in secret for a long time in order not to disrupt the 'family integrity' and poses a psychological, social and sexual threat to the future life of the individual (Genc & Coskun, 2013).

The idea that no one will believe the victims is also an important factor in concealing the incestuous relationship. Sexual abuse may be initiated in childhood by the family and close relatives they trust most in their lives, and this relationship may continue with other factors such as shame and hopelessness (Celbis, Ozcan, & Ozdemir, 2006; Myers & Brasington, 2002; Yilmaz & Eryilmaz, 2016). These children may have a situation that continues into adulthood in the form of sexual assault. It is a sad fact that not all incest cases are admitted and not included in the records, so the actual numbers cannot be reached. This study aims to raise awareness and increase the level of knowledge about the issue of incest.

MATERIAL AND METHOD

In this study, a total of 61 child and adult cases who were determined to be in the incest group among forensic cases were sent for examination to Sivas Cumhuriyet University Faculty of Medicine Department of Forensic Medicine outpatient clinic due to sexual abuse and assault between 2012 and 2021 and were evaluated.

It is a descriptive and cross-sectional study. Data were collected by examining forensic interview minutes, forensic medicine and psychiatric examination reports in the archive. The cases were examined from a sociodemographic and forensic perspective. The data headings evaluated were as follows: gender, age, education, family type, crime scene (venue), date of incident (year, season), reporting person, risk factors related to the victim, risk factors related to the environment in which the victim lives, gender, age, number of assailants, proximity of the assailant, type of assault, age difference between the victim and the assailant, places and method of notification, injury findings, examination findings, investigations and consultation.

Statistical analysis was performed using the SPSS 23.0 package program. *P*-values below 0.05 were considered statistically significant. Approval for this study was obtained from the Sivas Cumhuriyet University Non-Interventional Clinical Research Ethics Committee with the date of 27.04.2022 and number 2022-04/14.

RESULTS

The data obtained by examining the examination and forensic-medical documents of 61 cases evaluated as incest in Sivas Cumhuriyet University Faculty of Medicine Forensic Medicine Outpatient Clinic in the 10 years between 2012 and 2021 were analysed.

The ages of the victims were between 3 and 40 years, 54 (88.5%) were female, and seven (11.5%) were male. According to the age evaluation of the victims, 14.8% ($n = 9$) were 16 years old; 13.1% ($n = 8$) were 13 years old; 11.5%

($n = 7$) were 17 years old; 11.5% ($n = 7$) were 15 years old; 8.2% ($n = 5$) were 18 years old; 4.9% ($n = 4$) were 7, 9, 10 and 12 years old; 3.3% ($n = 2$) were 11 and 21 years old; and 1.6% ($n = 1$) were 3, 5, 6, 8, 14, 19, 22, 25 and 40 years old.

According to the educational status of the victims, 18 (29.5%) were high school graduates and 16 (26.2%) were secondary school graduates (Figure 1).

As our analysis of the victims' family types revealed, more than half ($n = 34$, 55.7%) lived in nuclear families, whereas 10 (16.4%) lived in single-parent households (Figure 2).

When examining the risk factors in the victim, we stated that the risk could not be determined in 53 (86.9%), seven (11.5%) had a disability, and one (1.6%) had a psychiatric disorder.

In terms of risk factors in the environment where the victims lived, we observed that 12 (19.7%) of them lived in a broken family, and no significant risk was noted in 45 (73.8%) (Figure 3).

We found that all of the assailants (100%) were male, and only three (4.9%) cases could be determined in terms of their ages, and they were 14, 16 and 23 years old. Considering the closeness of the attackers with the victims, we determined that 35 (57.4%) cases were family members and 26 (42.6%) were close relatives–acquaintances.

In the analysis made according to the age difference between the victim and the assailant, we noted that 29 cases (47.5%) were in the age group of 10 years and above (Table 1).

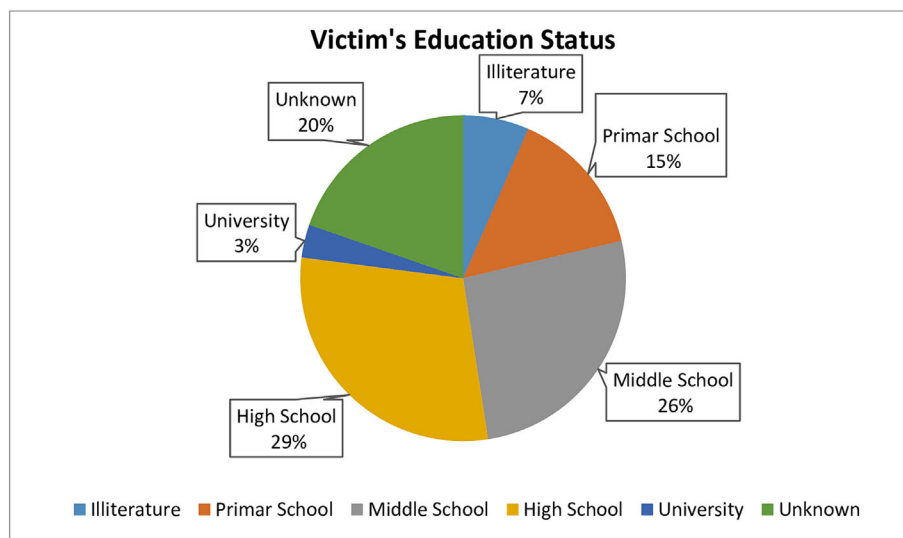


FIGURE 1 Victim's education status.

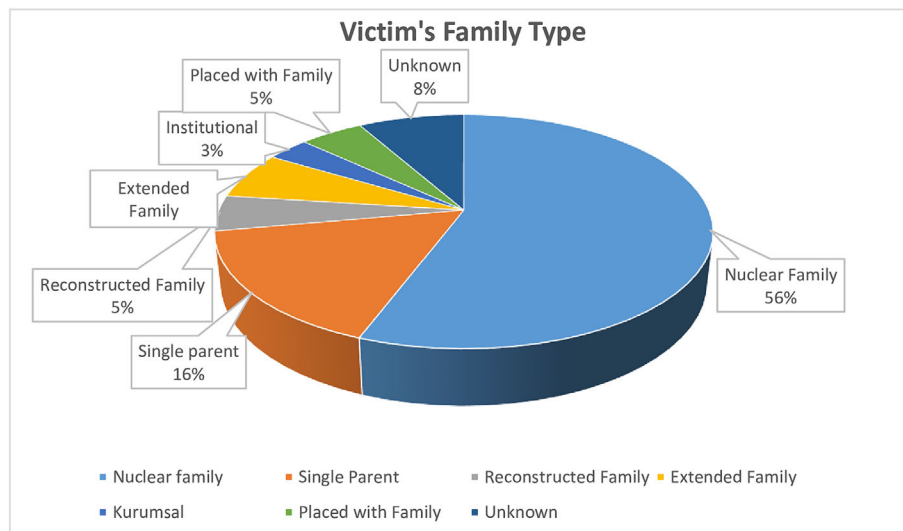


FIGURE 2 Victim's family type.

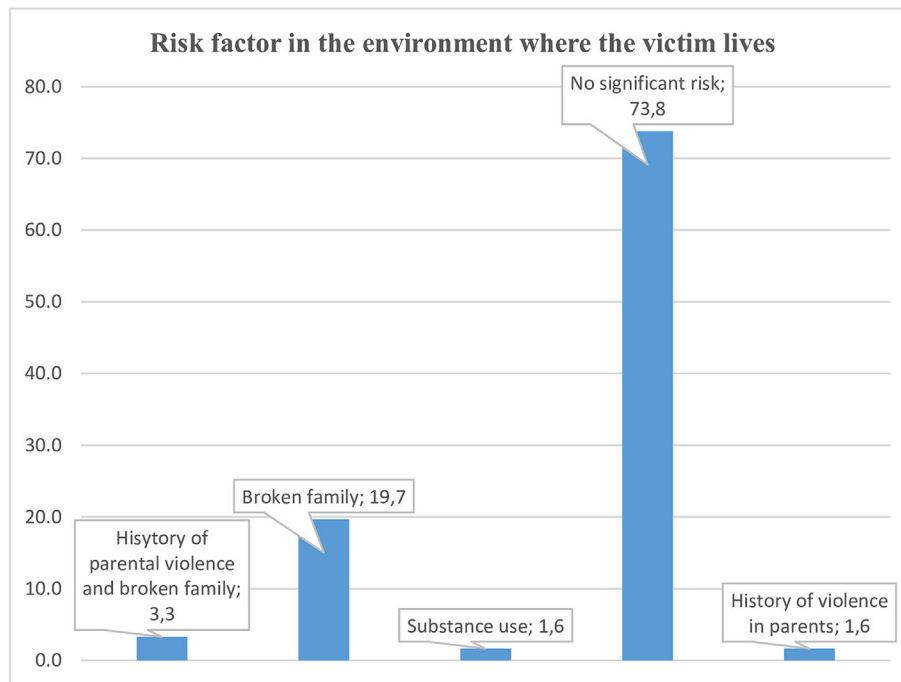


FIGURE 3 Risk factor in the environment where the victim lives (%).

TABLE 1 Age difference between assailant and victim.

	%	<i>n</i>
3–5 years	1.6	1
6–9 years	3.3	2
10 years and above	47.5	29
Unknown	47.5	29
Total	100	61

According to the gender match between victim and assailant, 54 cases (88.5%) were female–male and seven cases (11.5%) were male–male.

According to the number of victims and assailants, it was determined that the single victim–single assailant group was the most common with 47 (77.0%) cases (Figure 4).

Of the 37 cases (60.7%) in which the crime scene was identified, 26 (70.3%) were found to be the victim's home and 11 (29.7%) were found to be the attacker's home. According to the year of the incident, the highest number of incest cases was reported in 2012 ($n = 11$, 16.7%) (Figure 5).

Upon season-specific analysis, we discovered that 67% of the incidents were not known in which season, and among those that were known, the most common season ($n = 8$, 13%) was summer (Table 2).

It was noteworthy that the majority of those who reported incest (notifier) in the study ($n = 45$, 73.8%) were the victims themselves (Figure 6).

The prosecutor's office was found to be the primary place of application for notification ($n = 40$, 65.6%), followed by the police and gendarmerie ($n = 21$, 34.4%). Furthermore, suspicion was based on the victim's explanation of the incident in 18 cases (29.5%), physical-biological evidence in two cases (3.3%), and false testimony and a change in behaviour in one case (1.6%).

The reasons for the incest cases were verbal threat in 12 (20%) and physical violence in seven (11%) cases (Table 3).

Upon analysing the nature of incest, we determined that 21 (34.4%) incest cases involved touching, 17 (27.9%) involved anal penetration, 14 (23.0%) involved vaginal penetration, and nine (14.8%) involved both anal and vaginal penetration. In the evaluation of the examinations performed on the victims, it was noteworthy that 42 (68.9%) cases in which external body examination and genital and anal examination were performed ranked first (Figure 7).

External body examination revealed that two (3.3%) victims had traumatic findings, whereas 59 (96.7%) had no traumatic findings. After the examination of the victims, 24 (39.3%) of them were asked to undergo for semen and/or

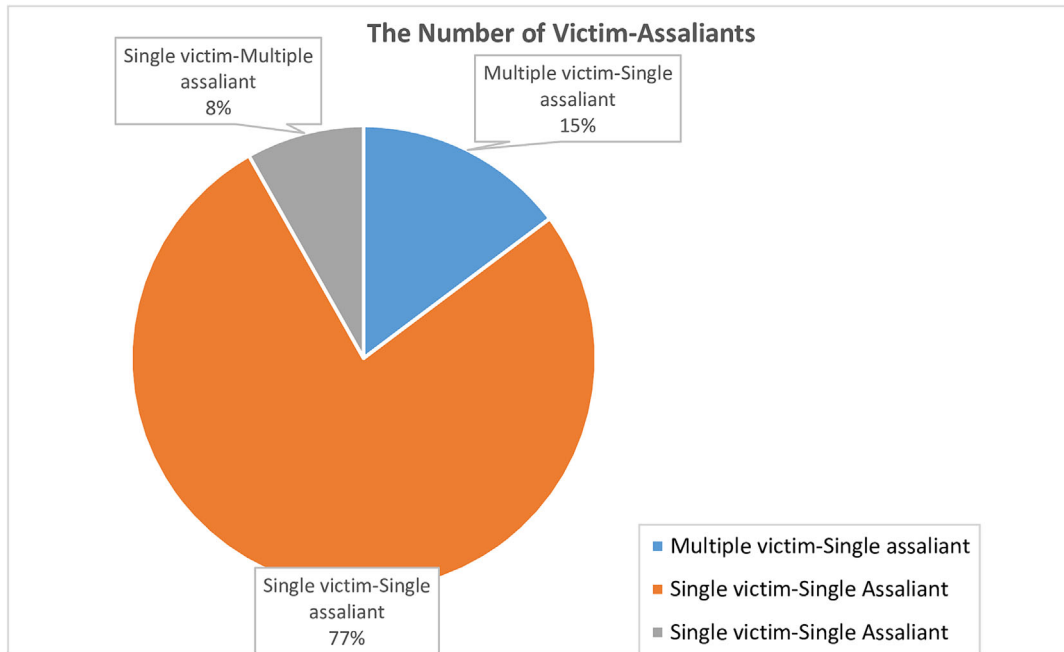


FIGURE 4 The number of victim-assailants.

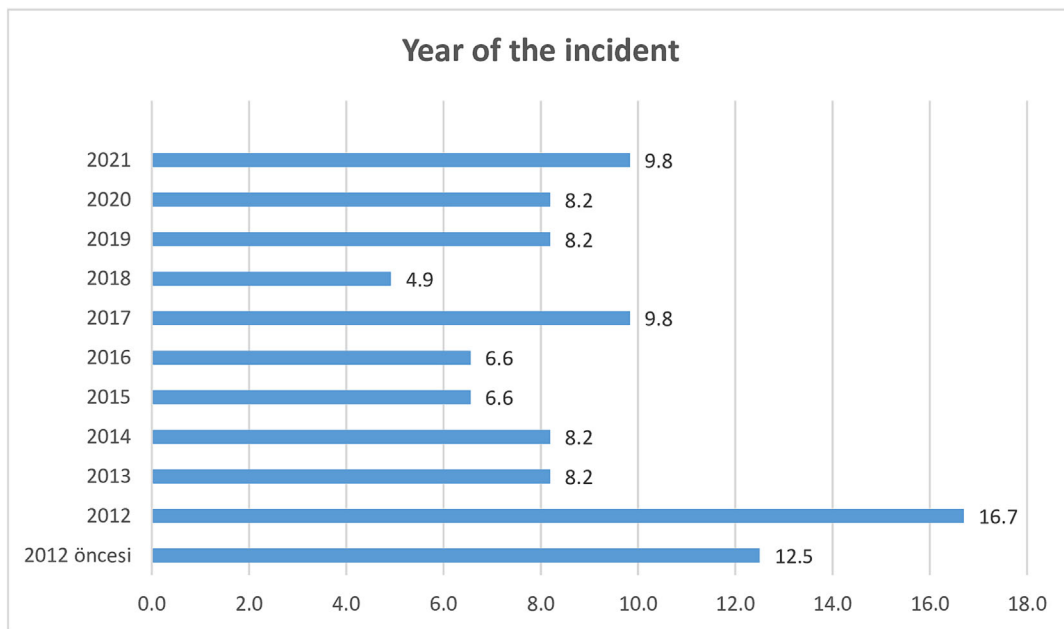


FIGURE 5 Year of the incident (%).

TABLE 2 Season of the incident.

Season	%
Spring	5
Summer	13
Autumn	8
Winter	7
Unknown	67

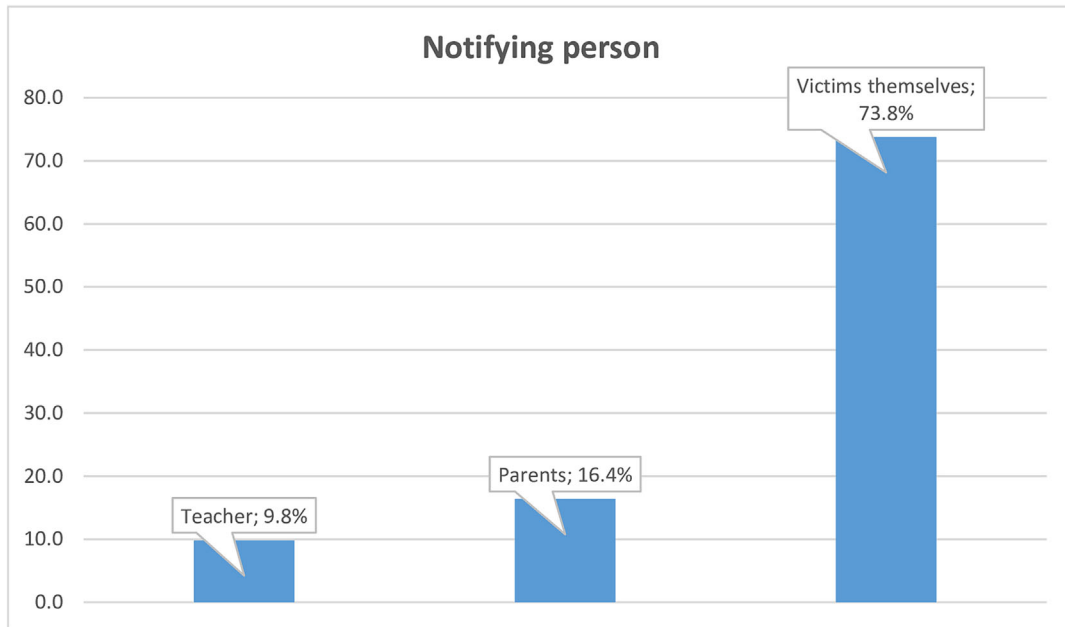


FIGURE 6 Notifying person.

TABLE 3 Type of assault.

Type of assault	%	<i>n</i>
Verbal threat	20	12
Physical violence	11	7
Incentive	1	1
Victim consent	5	3
Verbal threats and physical violence	2	1
Unknown	61	37

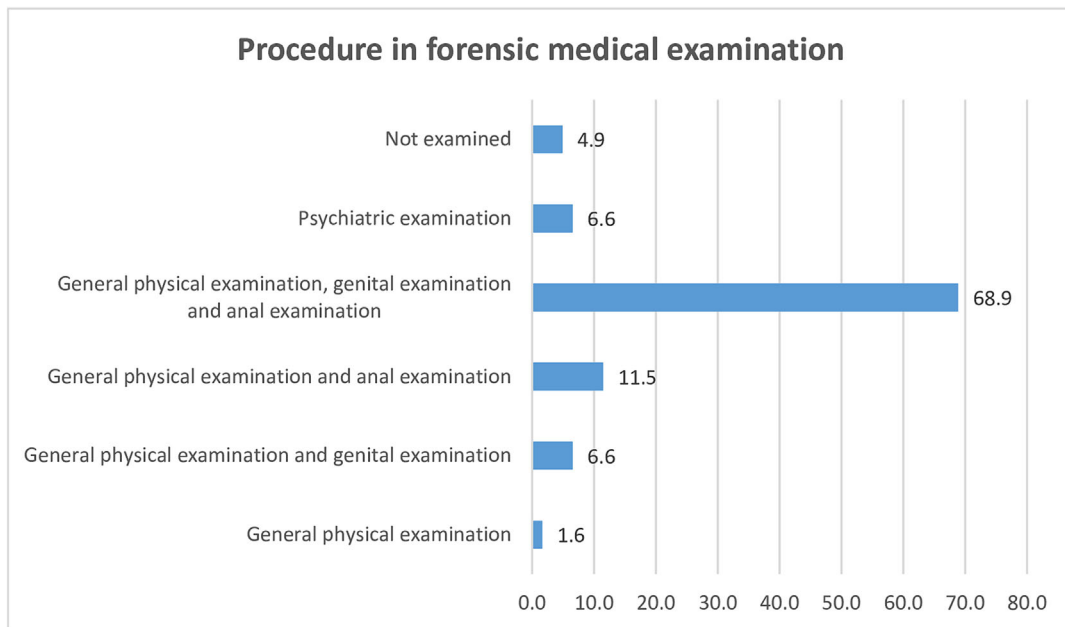


FIGURE 7 Procedure in forensic medical examination (%).

toxicological examination. Five incest victims were found to have been exposed to suicidal poisoning. Pregnancy was not observed in any of the cases, and alcohol test was positive in one case.

It was noteworthy that in 49 (80.3%) of the incest cases, consultation with adult or child–adolescent mental health and diseases was requested. In addition, we observed that 28 (45.9%) of the consultation examinations were performed by child–adolescent mental health and diseases. We found that none of the cases reported the presence of a firearm or non-firearm, six (9.8%) of all incest victims were subjected to recurrent violence and only one of them applied to the outpatient clinic.

DISCUSSION

The World Health Organization defines sexual abuse as including or condoning any sexual activity that is inappropriate for the child's development that the child cannot make sense of and comprehend in terms of cognitive development and, therefore, cannot give any consent (World Health Organization, 2024). In environments where children are not treated as individuals and are raised with unconditional respect and obedience to elders, it becomes difficult for children to express abuse. Children who are raised not to say 'no' to mistreatment in other areas of life are likely to remain silent for longer. The education system also reinforces this situation. This is because the structure of the education system is not established to teach children what they need to do to express themselves and protect their bodies. This situation is an obstacle that makes it difficult for the child to report abuse both in the family and at school (Cavlin-Bozbeyoglu et al., 2010).

Although sexual abuse is a common case group that usually continues for years, it mostly remains hidden. Therefore, it is very difficult to determine the prevalence of sexual abuse cases and to obtain precise epidemiologic data (Finkelhor, 1993; Golge, Yavuz, & Basol, 2003). All over the world, 20% of women and 5%–10% of men have been exposed to sexual abuse in childhood, and 20%–25% of detected sexual abuse cases are incest cases (Johnson, 2004). Considering that very few of the victims usually report to the judicial authorities, it can be assumed that the number of cases that can be reached is the tip of the iceberg (Okan İbiloğlu et al., 2018).

Incest can be transmitted from one generation to the next in many ways. In some cases, the mother of a father–daughter incestuous family may have had previous incestuous experiences with her father. These women may be powerless to stop incest between their husbands and daughters because of the unresolved history of incest with their fathers. Another model might include circumstances in which the father has already experienced father–son incest as a young man (Cooper & Cormier, 1982). The studies indicated that the previous experiences of the incest perpetrator or the mother/father figures who remained silent during incest play an important role in their reactions to this process. Also, it is reported that incest is learned or legitimized in a 'wrong' way. Incest can cause religious, moral and social reactions against the perpetrator and the victim. Since these reactions prevent incest cases from being reported, incest cases are thought to be rare, even if the truth is the opposite.

Most women assaulted in incest are forced into sexual intercourse by fathers, uncles, grandfathers and sons. Victims of incest find it shameful to be in the public eye, making it difficult for them to escape this violence. Therefore, many incest victims may experience severe trauma and mental breakdowns throughout their lives (Abror, Jalaluddin, & Syukur, 2020). For all these reasons, relational imbalance in incest behaviour can lead to an increased risk of intergenerational incest and traumatic neuroses.

Furthermore, factors such as being a parent at an early age, not having sufficient knowledge about child-rearing and indifference to the health of the child also affect domestic abuse. Also, the inability of family members to fulfil their roles and responsibilities and the lack of a clear distribution of duties in the family may predispose children to sexual abuse (Kara et al., 2004).

In the literature, the majority of victims of sexual abuse are girls (Aydin et al., 2015; Cavlin-Bozbeyoglu et al., 2010; Finkelhor & Hotaling, 1984; Gencer et al., 2016; Gomes et al., 2014). It has been reported that boys are also likely to be abused by female perpetrators if they are involved in domestic abuse (Finkelhor & Hotaling, 1984; Gomes et al., 2014). In our study, the high proportion of female victims, with a rate of 88.5% ($n = 54$), is in accordance with other studies.

In incestuous relationships, girls and boys of all ages can be exposed to all aspects of sexual abuse. Victims of sexual assault mostly begin in childhood and adolescence (Cutajar et al., 2010; Testa, VanZile-Tamsen, & Livingston, 2005). In our study, the ages of the victims were between 3 and 40 years old; the highest rate was 16 years old, with the majority occurring during childhood and adolescence. According to the results of the research, incest cases alleged at older ages are mostly the continuation of attacks that started at a young age. However, there are a small number of incest cases that occur for the first time in adulthood.

Fractured family structure, domestic violence, alcohol–substance abuse, crowded family structure, parental history of sexual abuse, parents' low level of education and socioeconomic status, mother's illness or leaving home, parents'

problematic sexual lives, presence of mental or physical illnesses in parents and adults sharing the same room or bed with the child are considered to be important risk factors for incest (Gurhan, 2015; Johnson, 2004; Lum et al., 2015; Ozturk & Demirdag, 2013). A study showed that most of the families in which incest was experienced were nuclear families, whereas incest could occur in any family structure ranging from extended families to single-parent families or families in which both parents were absent (Cavlin-Bozbeyoglu et al., 2009). In this study, in line with the literature, we found that most of the incest victims (55.7%) lived in nuclear families. In terms of risk factors, living in a broken family was the most important risk factor, with a rate of 19.7%.

Incest is a phenomenon that is difficult to prove legally. Often, the only eyewitnesses are those who have experienced the incident. Therefore, recognition of sexual abuse is often coincidental (Erdogan, 2010; Polat, 2007). Sexual abuse may be revealed when abnormal behaviours are noticed in the child, when the child is taken to a doctor as a result of physical discomfort or sometimes when the child tells the incident to a third party (Polat, 2007). The authority of the abusers over the family is among the important reasons why the phenomenon of abuse has not been revealed for a long time (Okan İbiloğlu et al., 2018; Solmaz Korkut, 1998). Many families in which incest occurs are not families whose problems can be noticed from the outside. However, this does not mean that these families are not problem-free families, except for incest (Cavlin-Bozbeyoglu et al., 2009). The fact that the majority of the cases in our study (73.8%) did not have a significant risk related to their living environment is in line with this report. In addition, when we analysed the risk factors in the victims, we found that no risk was detected in a large proportion (86.9%).

Among the 37 cases in which the crime scene could be identified, the fact that 26 (70.3%) were the victim's house and 11 (29.7%) were the attacker's house is consistent with other studies (Cavlin-Bozbeyoglu et al., 2010; Genc & Coskun, 2013; Polat, 2007).

Schools have an extremely important place in the emergence of domestic sexual abuse. The importance of teachers working in these schools is based on the fact that, unlike other professional groups, they come together with children from all segments of society. The fact that a child who is a victim of incest attends school enables both the child to reach an institution where he/she can tell about the abuse and the teachers to detect the abuse (Cavlin-Bozbeyoglu et al., 2010). In our study, we found that in very few cases (9.8%), the notification was made by teachers. The remarkable finding was that the majority of the cases (73.8%) reported incest to the legal authorities themselves.

It is a remarkable finding that in our study, there was a change in behaviour due to false testimony in one (1.6%) case. It should not be overlooked that there may be simulations in incest cases as in other forensic cases.

Several studies showed that mental health disorders occur more frequently in children exposed to incest and physical violence (Celbis et al., 2020; Kose et al., 2011; Yektas et al., 2018). In our study, incest was found to be accompanied by physical violence in one-third of the cases. We found that 9.8% of these cases were exposed to recurrent violence, and only one of these cases had applied to the outpatient clinic.

In incest cases, abuse usually begins with harassment, such as touching and caressing. Although some cases continue with this type of harassment for a long time, in others, the 'violence of harassment' continues with increasing intensity and may reach anal and vaginal penetration. In some cases, it is also observed that sexual assault starts directly with anal or vaginal penetration (Cavlin-Bozbeyoglu et al., 2010). At the same time, 51% of the abuses involved touching; anal or vaginal intercourse (penetrative acts) was found in 5% of the cases (Oaksford & Frude, 2001). Similar to the literature, in our study, abuse by touch was found in the majority of incest cases, followed by anal penetration, vaginal penetration and both anal and vaginal penetration, respectively.

In our study, we found that there were no traumatic findings in the external body examination of the cases except for two cases. In the examination of the forensic medical documents, although 33.3% of the cases were described as having signs of physical violence at the time of the incident, we observed traumatic findings in only two cases in the examination. This can be explained by the fact that the findings may have improved since the time of occurrence of a significant portion of incest cases is old.

In our study, consent of the victim was found in 5% (3) cases. It is not correct to perceive incest only as sexual abuse against children. In some publications, the concept of incest is tried to be explained by identifying it with the concept of sexual abuse. However, for cases over the age of 18, the concept of incest is 'the relationship between persons of legal age (capable of consent) who are legally prohibited from marrying'. In cases where the parties to the incestuous relationship are over the age of 18 (persons of legal age), a distinction can be made by jurists between 'non-consensual incest' and 'consensual incest'. According to the laws of our country, incest crimes are sexual crimes that are 'not based on consent' or 'not based on valid consent', which arise as a reason aggravating the punishment within the scope of 'sexual assault' and 'sexual abuse of children' (Baran & Erbaydar, 2012).

Psychiatric disorders occur more frequently as the degree of closeness between the abuser and the victim increases (Russel, 1986). Studies revealed that those who were exposed to sexual abuse in childhood were admitted to psychiatric units 3.65 times more frequently in later ages compared with those who were not exposed to sexual abuse; personality disorders and other psychiatric disorders were observed more frequently in these individuals (Cutajar et al., 2010; Testa, VanZile-Tamsen, & Livingston, 2005), and the rates of suicide attempts were also higher (Okan İbiloğlu et al., 2018;

Perez-Fuentes et al., 2013; Soylu & Alpaslan, 2013). In our study, five incest victims were found to have been exposed to suicidal poisoning.

Pregnancy was not observed in any of our cases. However, it should be kept in mind that all pregnancies in adolescence should be suspected to be the result of incest. All relevant medical disciplines, especially gynaecologists, should be aware of the consequences of some pregnancies in adolescence.

There are many reasons why incest cases remain hidden for a long time or even never come to light. The fact that the perpetrator is a relative whom the child trusts and that the incident usually occurs in a place where the child feels safe—even in his/her bed—is a situation that makes it difficult for the victim to express the abuse (Cavlin-Bozbeyoglu et al., 2010). As seen in the cases in our study, most of the abuse (57.4%) occurred within the family and by perpetrators close to the victim, preventing full disclosure of these cases.

Children who have been sexually abused repeatedly, especially by family members, post-traumatic stress disorder (PTSD), personality disorders, forgetfulness, dissociation, depression, suicidal thoughts, self-harming behaviour, delusions and impairment in cognitive and social skills are reported (Taner & Gökler, 2004; Tutkun et al., 1995). The most common psychiatric diagnosis in children who were sexually abused was determined to be PTSD. In addition, a history of childhood sexual abuse was found in 70%–80% of people with borderline personality disorder and 85%–90% of people with multiple personality disorder (Cutajar et al., 2010; Gorker, Aygolu, & Demir, 2000). Some other studies also indicate that major depression that begins in adulthood may be associated with sexual abuse in childhood (Bahali et al., 2010; Celbis, Ozcan, & Ozdemir, 2006). Testoni, Mariani and Zamperini (2018) clearly demonstrated that more than half of adults who were abused in childhood have been subjected to sexual abuse and especially domestic violence in their lives.

It was noteworthy that in our study, the majority of incest cases (80.3%) were asked for consultation with adult or child–adolescent mental health and diseases. We also observed that 45.9% of the cases who underwent consultation had a child–adolescent mental health and diseases examination. Even if there are no physical findings in sexual assault victims, the presence of any PTSD, such as psychological injury, will reveal the loss of rights in the legal process and ensure the positive functioning of the justice mechanism.

CONCLUSION

In order to prevent sexual abuse and incest, it is necessary to increase social sensitivity and awareness, develop social protection programs, increase the quality of life and education levels of families and eliminate all possible risk factors. Abstracting the crimes of sexual assault from the male-dominated understanding of society and attributing them solely to medical reasons will bring with it the risk of the offender's innocence. The reporting rates of sexual abuse cases, which are considered serious crimes in terms of psychosocial and legal aspects, to judicial units are quite low. Healthcare professionals need to be aware that sexual abuse may be the underlying cause of health problems of unknown origin. A multidisciplinary approach is required in studies to be conducted in this field. It is of great importance to provide training in schools in accordance with children's developmental periods on how to get out of this situation when they are exposed to malicious or disturbing behaviour and how to report it to judicial units (Okan İbiloğlu et al., 2018).

Parents primarily must protect the safety of their children. The state is obliged to protect the child from all kinds of maltreatment by parents or other persons responsible for the care of the child, to prevent child abuse and to prepare social programs aimed at the treatment of children exposed to such behaviours (Okan İbiloğlu et al., 2018; UNICEF, 1996).

Accepting the existence of incest and that incest is sexual assault against children are indispensable points for the development of a well-functioning system against incest. This awareness can only be meaningful and sustained if a multidisciplinary group works together and this working style is embraced by public institutions (Cavlin-Bozbeyoglu et al., 2009).

The distancing strategy of the child victim of incest toward the offending family member may reflect the victim's attempt to contain the discontent about the incest and thus maintain a relatively stable social functioning. Alternatively, children who are able to distance themselves may be more resilient than those who do not use this strategy and may function better as adults in the future (Brand & Alexander, 2003).

Since this study is retrospective, there are some limitations in obtaining the data. These include the lack of sociodemographic characteristics of the perpetrator, the way the incident occurred, family reaction or support after the incident, legal process and outcomes.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of the study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

ETHICS APPROVAL STATEMENT AND PATIENT CONSENT STATEMENT

We provided ethics committee approval with the date of 27.04.2022 and number 2022-04/14 from the Ethics Committee of Sivas Cumhuriyet University. We obtained written consent from all children included in the study and their legal guardians.

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