Original paper

Evaluation of forensic medical care to victims of underage sexual violence in the province of Alicante (Spain)

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Abstract

Introduction: sexual abuse of minors is a complex social problem that requires a multidisciplinary approach.

Material and methods: retrospective descriptive study of 256 victims of sexual violence under 18 years of age, treated by forensic medical staff of the Institute of Legal Medicine and Forensic Sciences of Alicante between 2016 to 2020. Grouped into two age intervals: 0 to 12 years (104 cases; 40.6%); and 13 to 17 years (152 cases; 59.4%).

Results: the majority of the victims were female (228 cases; 89.1%). They reported a single perpetrator (218 cases; 89%), known to the victim (185 cases; 74.6%). In the younger age group, the most frequent type of sexual violence was fondling (75 cases), while in the older age group, vaginal penetration (57 cases). In 51 cases (19.9% of the total), repeated episodes of sexual violence occurred, mainly within the family. The majority of victims did not present physical injuries (70.3% of the total). In the older age group occurred almost half of the physical injuries (60 cases; 39.5%), and all psychological injuries (3 cases; 1.5%). In 17 cases (6.7% of the total), there was suspicion of chemical submission, mainly in the older age group, 15 cases (10.1%). The three most frequently found substances were alcohol, followed by cannabis and benzodiazepines.

Conclusions: our data show the importance of the function of the Institutes of Legal Medicine and Forensic Sciences as a source of information and providing elements that facilitate the detection and the development of prevention strategies in sexual violence.

Key words:
• Forensic examination
• Sexual Violence children

Valoración de la atención médico forense a víctimas de violencia sexual menores de edad en la provincia de Alicante (España)

Resumen

Introducción: los abusos sexuales a menores constituyen un problema social complejo que requiere un abordaje multidisciplinario.

Material y métodos: estudio descriptivo retrospectivo de 256 víctimas de violencia sexual menores de 18 años, atendidas en el Instituto de Medicina Legal y Ciencias Forenses de Alicante, de 2016 a 2020. Agrupadas en dos intervalos de edad: de 0 a 12 años: (104 casos; 40,6%); y de 13 a 17 años: (152 casos; 59,4%).

Resultados: la mayoría de las víctimas eran mujeres (228 casos; 89,1%). Referían un único agresor (218 casos; 89%), conocido por la víctima (185 casos; 74,6%). En el grupo de menor edad, el tipo de violencia sexual más frecuente fueron los tocamientos (75 casos), y en el de mayor edad, la penetración vaginal (57 casos). En 51 casos (19,9% del total), los episodios de violencia sexual fueron reiterados, fundamentalmente en el ámbito familiar. La mayoría de las víctimas no presentaron lesiones (70,3% del total). En el grupo de mayor edad, se produjeron casi la mitad de las lesiones físicas (60 casos; 39,5%) y la totalidad de las lesiones psíquicas (3 casos; 1,5%). En 17 casos (6,7% del total) existía sospecha de sumisión química, fundamentalmente en el grupo de mayor edad, 15 casos (10,1%). Las tres sustancias más frecuentemente encontradas fueron: alcohol, seguido de cannabis y benzodiacepinas.

Conclusiones: nuestros datos muestran la importancia de los Institutos de Medicina Legal y Ciencias Forenses como fuente de información, aportando elementos que facilitan la detección y elaboración de estrategias de prevención en violencia sexual.

Palabras clave:
• Examen médico forense
• Violencia sexual a menores

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INTRODUCTION

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society.[1]

There are two necessary criteria to meet the definition of child sexual abuse: the unequal status of the perpetrator and the victim (presence of an age, maturity or power differential) and the use of the minor for sexual purposes.[2] In Spain, the legal age of sexual consent is set at 16 years.[3,4]

Child sexual abuse is a complex social problem of vast scope that causes profound unease in society. It is one of the least known social phenomena, as the subject is considered taboo.[5] Therefore, it requires a multidisciplinary approach on the part of every involved institution (health care and educational services, court system, attorney general, law enforcement, the official institutes of legal medicine and forensic sciences and the National Institute of Toxicology and Forensic Sciences (Instituto Nacional de Toxicología y Ciencias Forenses, INTCF).[6]

In 2023, a Comprehensive Child and Adolescent Forensic Evaluation Unit was created within the Institute of Legal Medicine and Forensic Sciences (ILMFS) of Alicante, run by a multidisciplinary team of specialists in forensic medicine, psychology and social work. The physical space has been designed to fit the needs of forensic evaluations. Its purpose is to gather in one place all the agents involved in the institutional response to a child or adolescent who experience a traumatic criminal act. The aim of this unit is to establish and implement protocols to guarantee the protection of the minor, thus preventing secondary victimization, in adherence with the guidelines and recommendations issued by different international agencies.[7,8]

The aim of our study was to determine the incidence of sexual violence (SV) against children and adolescents to improve our knowledge and raise awareness of these situations, and to contribute to the measures required to prevent this type of violence.

MATERIAL AND METHODS

We conducted a retrospective and descriptive study of minors aged less than 18 years victims of VS managed by the ILMFS of Alicante between 2016 and 2020.

The sources of data were the patient health records, the forensic report and the standardised data collection form included in the forensic medicine protocol for cases of crimes against sexual freedom of the ILMFS of Alicante[9,10] and the protocol of the Forensic Medicine Council of the Ministry of Justice.[11]

We analysed data on sociodemographic characteristics, medical history, the circumstances of the event and the type of SV. We collected samples for biological, chemical and toxicological tests that were performed at the Barcelona branch of the National Institute of Toxicology and Forensic Sciences.

Cases of suspected chemical submission were reviewed by two researchers who applied the criteria for the definition of suspected drug-facilitated sexual assault proposed by Du Mont *et al*.[12]

The analysis of the resulting dataset was conducted with the statistical package SPSS version 15.0 for Windows.

RESULTS

Of the 702 cases of SV documented in the ILMFS of Alicante in the period under study, 256 (36.5%) occurred in minors under 18 years. The mean age was 11.8 years (range, 1-17 years; SD ± 4.809). The age mode was 15 years.

To improve the discriminant analysis of the variables, we divided the sample in 2 groups based on age: group A, ages 0 to 12 years (104 cases; 40.6%) and group B, ages 13-17 years (152 cases; 59.4%) (Table 1).

Table 1. Profile of the victim, of the perpetrator and the place and time of sexual violence by age group

Variables	Total	Group A (0-12 years)	Grupo B (13-17 years)	*P*
n (%)	256 (100)	104 (40.6)	152 (59.4)	
Victim profile				
Sex	256 (100)			0.002
Female		85 (81.7)	143 (94.1)	
Male		19 (18.3)	9 (5.9)	
Personal history	254 (99.2)			0.007
Mental health disorder		7 (6.7)	30 (20)	
Voluntary substance use	252 (98.4)			0.000
Alcohol		3 (2.9)	62 (41.9)	
Perpetrator profile				
Number of perpetrators	245 (95.7)			0.001
1		99 (98)	119 (82.6)	
2 or more		2 (2)	25 (17.3)	
Relationship to perpetrator	248 (96.9)			0.000
Known to victim		99 (97.1)	86 (58.9)	
Stranger		1 (1)	32 (21.9)	
Recent acquaintance		2 (2)	28 (19.2)	
Relative	248 (96.9)			0.000
Father/stepfather		36 (34.6)	11 (7.2)	
Grandfather		9 (8.8)	1 (0.7)	
Uncle		7 (6.9)	3 (2.1)	
Place and time				
Setting of abuse	245 (95.7)			0.000
Home of perpetrator		53(53)	54(37.2)	
Home of victim		28(28)	16(11)	
Street		6(6)	40(27.6)	
Club/bar/other leisure setting		1(1)	15(10.3)	

***P*:** statistical significance (χ^2 test)

Profile of victims (Table 1)

Most victims were female (228 cases; 89.1%), and only 28 ere male (10.9%). The proportion of male victims was greater in group A, with 19 cases (18.3%), compared to group B, with 9 cases (5.9%) ($p = 0.002$).

Alcohol was the substance that victims consumed voluntarily most frequently, chiefly in group B

(62 cases; 41.9%), alone or combined with other substances (p = 0.000).

Profile of perpetrators (Table 1)

In most cases, the SV was perpetrated by a single attacker (218 cases; 89%) and was someone the victim knew (185 cases; 74,6%).

In approximately half of the cases in group B (60 cases; 41.1%) the perpetrator was a stranger or a recent acquaintance of the victim; while in nearly every case in group A (97.1%) the perpetrator was someone close to the victim (p = 0.000).

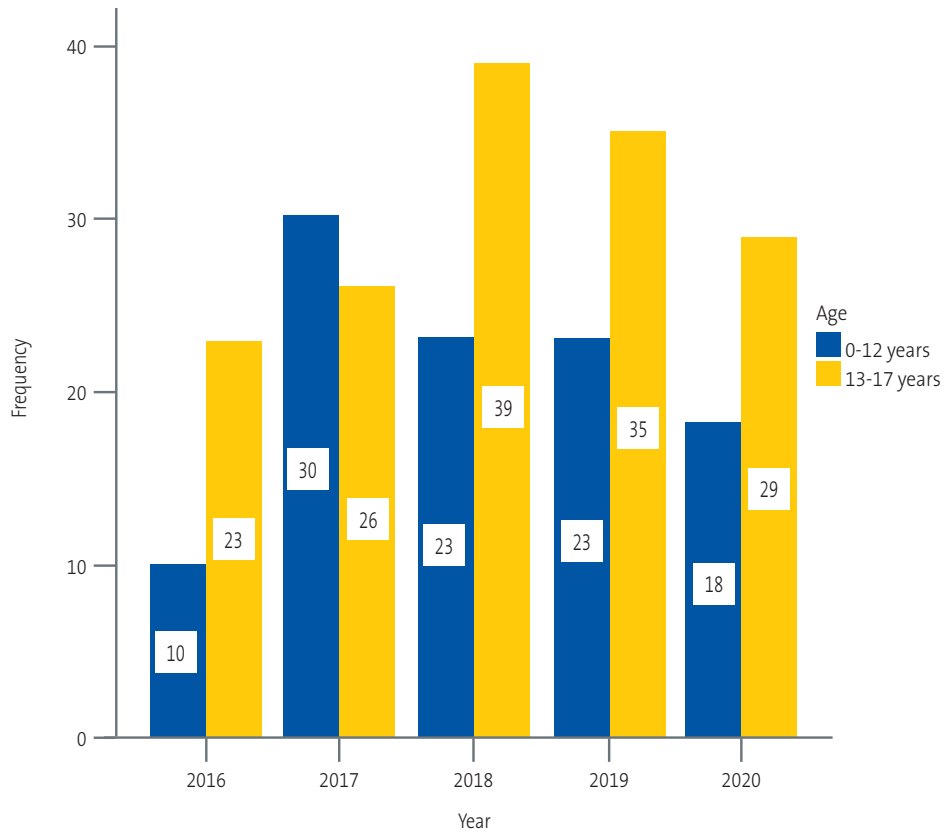
In more than half of group A, the perpetrator of SV was a relative: 62 cases (60.8%); compared to 16 cases in group B (11%) (p = 0.000).

When we analysed the frequency of SV based on the family relationship, the most frequent perpetrator was the father or stepfather (47 cases; 18.2%). By group, the proportion was greater in group A (34.6%), compared to group B (7.2%) (p = 0.000).

Context: time and place

In the sample under study, the frequency of SV increased through the study period: 33 cases (12.9%) occurred in 2016, 56 cases (21.9%) in 2017, and the frequency peaked in 2018 with 62 cases (24.2%). In 2019 the frequency decreased slightly (58 cases; 22,7%) followed by a larger decrease in 2020 (47 cases; 18.4%), probably due to the circumstances that resulted from the COVID-19 pandemic (Figure 1).

Figure 1. Distribution of cases of sexual violence in underage victims through the years by age interval



Sexual assaults occurred most frequently between the months of May and August (nearly half of cases, 42.8%) and on weekends, with 47 cases occurring on a Saturday (19%) and 46 on a Sunday (18.6%).

In 132 cases (53.4%) the approximate time of the assault was documented. In group B, assaults tended to take place at night and in the very early morning (93 cases; 81.6%); while in group A, SV predominantly took place in the morning or afternoon (11 cases; 61.1%) (p = 0.000).

In group A, the events took place, in order of decreasing frequency, in the home perpetrator, followed by the home of the victim. In group B, in the home of the perpetrator, followed by the street, the home of the victim and a club, bar or similar venue (p = 0.000) (Table 1).

Characteristics of sexual violence

In 51 cases (19.9%) the victims experienced recurrent episodes of SV. By age group, recurrent SV was much less frequent in group B (12 cases; 7.9%) (Table 2).

The time elapsed between the occurrence of the reported events and the evaluation and specimen collection was less than 24 hours in slightly more than half the sample (140 cases; 56.7%).

The most frequent type of SV was fondling (101 cases; 43.2%), followed by vaginal penetration (65 cases; 27.8%).

In group A, the predominant type of SV was fondling (75 cases), compared to vaginal penetration in group B (57 cases), followed by penetration of more than one orifice (26 cases), (p = 0.000) (Table 2).

Most victims did not have injuries (180 cases; 70.3%). Nearly half of the physical injuries (60 cases; 39.5%) and all psychological sequelae (3 cases; 1.5%) occurred in group B(p = 0,000).

In victims with physical injuries (76 cases; 29.7%), the most frequent location of the lesions was extragenital (54 cases; 21.1%), followed by anogenital lesions (39 cases; 15.2%). The detected psychological sequelae were anxiety, depression and mixed anxiety-depressive disorder.

Most physical injuries healed approximately within a week (65 cases; 95.7%) and none of the victims

Table 2. Characteristics of sexual violence by age group

Variables	Total	Group A (0-12 years)	Group B (13-17 years)	*P*
n (%)	256 (100)	104 (40.6)	152 (59.4)	
Type of sexual violence	234 (91.4)			0.000
Fondling		75 (73.5)	22 (16.9)	
Vaginal penetration		7 (6.9)	57 (43.8)	
Anal penetration		7 (6.9)	7 (5.4)	
Penetration of more than 1 orifice		4 (3.9)	26 (20)	
Mixed (penetration, fondling, fellatio)		8 (7.8)	16 (12.3)	
Number of SV episodes	256 (100)			0.000
Single episode		65 (62.5)	140 (92.1)	
Multiple episodes		39 (37.5)	12 (7.9)	

***P*:** statistical significance (χ^2 test). **SV:** sexual violence.

needed admission to hospital or developed physical sequelae. Three patients in group B (2%) developed psychological sequelae: worsening of depression in one case (0.7%) and development of depression in 2 cases (1.3%).

Sexually transmitted diseases (STDs) were diagnosed in 2 patients: a boy aged 5 years with symptoms compatible with STD, with detection of antibodies against *Treponema pallidum* (syphilis) and *Chlamydia trachomatis*, and a girl aged 6 years that visited the hospital for assessment of the symptoms in whom testing detected *Neisseria gonorrhoeae*.

Testing (Table 3)

Biological specimens were collected with swabs and/or from the clothing of the victim in 192 cases (75%). In 72 cases (50.7%) the results were positive for semen and/or prostate-specific antigen (PSA), most of them in group B (62 cases; 63.9%) ($p = 0.000$).

Blood, urine and hair samples were collected for chemical/toxicological analysis in 62 cases (24.2%). In the subset of 29 cases (11.3%) for which results were documented, there was suspicion of probable chemical submission in 17 cases (6.7% of total). The proportion of cases of suspected chemical submission was greater in group B, with 15 cases (10.1%). In group A, there were 2 suspected cases (1.9%), two siblings aged 10 and 11 years whose father gave them benzodiazepines to abuse them repeatedly (Table 3).

Alcohol was the substance identified most frequently (9 cases; 30.7%) alone or combined with recreational/illicit substances and/or pharmaceuticals. The identified pharmaceuticals, in order of decreasing frequency, were: benzodiazepines (4 cases), antidepressants (3 cases), antihistamines (2 cases) and antipsychotics (1 case). The recreational substance identified most frequently was cannabis (5 cases).

There are limitations to our study, as the sample only included cases in which a formal report was filed and the IMLCF of Alicante became involved. Thus, it did not include cases that were not reported, possibly those involving younger children, in whom it may be more complicated to identify red

Table 3. Biological specimen testing, suspected chemical submission and chemical/toxicology results by age group

Variables	Total	Group A (0-12 years)	Group B (13-17 years)	*P*
N (%)	256 (100)	104 (40.6)	152 (59.4)	
Biological results on record	142 (55.5)			0.000
Positive		10 (22.2)	62 (63.9)	
Negative		35 (77.8)	35 (36.1)	
SCS	256 (100)			0.002
Probable chemical submission		2 (1.9)	15 (10.1)	
Toxicology results	29 (11.3)			0.036
Alcohol		0	6 (22.2)	
Drugs		0	2 (7.4)	
Pharmaceuticals		2 (100)	3 (11.1)	
Combination of substances		0	5 (18.5)	

SCS: suspected chemical submission.

flags or other signs of SV, the "below the surface" child sexual abuse. It also excluded reported cases in which the legal authorities did not order a forensic evaluation and report.

DISCUSSION

The number of SV cases under 18 years recorded in the ILMFS of Alicante in the period under study was 256; more than half of the victims were adolescents aged 13 to 17 years. Mc Cauley *et al*.[13] described adolescence as a period of high risk for SV. Nearly one third of sexual assault instances in the USA occur in this age group.

As described by other authors, most of the victims were female,[13-16] with a greater proportion in the older age group[17]; the proportion of male victims was greater in the 0-12 years group (18.3%)[18].

In our study, most of the sexual assaults were carried out by a single perpetrator that was known to the victim.[19] In 20% of cases, there were recurrent SV episodes, similar to the findings of Csorba *et al*. (20%),[20] chiefly in the family sphere.[13,19] In more than half of the cases in victims under 13 years, the abuser was a relative.[19] The greater vulnerability of minors demands heightened vigilance to detect these situations and, if there is the smallest hint or suspicion, closer monitoring of the minor.

In slightly more than half the cases, the medical evaluation was performed within 24 hours of the reported assault. This may be due to our study including only cases in which a report was filed and a forensic medicine specialist involved. Another factor at play was the high proportion of adolescents in our sample. As described in previous studies, adolescents tend to disclose the abuse faster.[21] At younger ages, discovery immediately following the sexual abuse episode is rare, and incidental discovery when some time has passed is more common.

Most victims presented without injuries.[5] Injuries were more frequent in the older group.[19] This finding was to be expected, as the most frequent type of SV in younger children was fondling, which rarely results in physical injury, which makes the assault go undetected. None of the physical injuries caused sequelae.

The small frequency of psychological sequelae in the sample was noteworthy, as they only developed in 3 cases, all in the 13-17 years group. Our findings were inconsistent with those of Mc Cauley *et al*.[13], who found an association between being subject to sexual violence and an increased risk of post-traumatic stress, depression and substance use disorders in adolescents. The low frequency of psychological sequelae found in our sample may be related, as previously described by other authors,[22] to the short time elapsed between the event and the examination, which tended to be short in the older age group in our study, and the low frequency of development of psychological sequelae in the short term. An adequate assessment would require a thorough clinical evaluation in each case to confirm causation in this type of disorder.[23] Followup of the minor is also required to establish the full impact of SV. Although the scientific literature does not currently recognise a specific cognitive-behavioural syndrome resulting from the experience of child sexual abuse, we must highlight the repercussions of such abuse in the minor, which affect every area of life.[5]

Most cases that met the definition of probable chemical submission occurred in the 13-17 years age group. The most commonly detected substance was alcohol, followed in frequency by cannabis and benzodiazepines. In nearly half the cases, alcohol was the substance mainly consumed voluntarily by the victim before the assault. This was consistent with previous studies in which alcohol, alone or combined with other substances, was an important factor contributing to the victim's vulnerability.[24]

CONCLUSIONS

Minors are more vulnerable and require more protection, so utmost vigilance is needed to detect this type of abuse as early as possible. The followup of minors who are victims of SV, both at the clinical and forensic level, is important to determine the full impact of the experienced SV.

Resources must be allocated to increase the visibility of this problem, planning education strategies so that health care professionals, teachers and families learn to identify warning signs to suspect SV, especially in children aged less than 13 years.

It is necessary for the interventions of each health care, law enforcement and legal professional involved in cases of reported child sexual abuse to be adequately coordinated. The creation in Alicante of the Comprehensive Child and Adolescent Forensic Evaluation Unit will help improve the care provided to minors after the experience of SV.

CONFLICTS OF INTEREST

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AUTHORSHIP

All authors contributed equally to the development of the published article.

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ABBREVIATIONS

IMLCF: Instituto de Medicina Legal y Ciencias Forenses • **SV:** sexual violence.

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