

MEDICO-LEGAL ASPECTS OF CHILD ABUSE IN THE COUNTY OF CLUJ

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Abstract

Child abuse usually concerns the physical, sexually or even psychologically mistreatment of children. The forensic pathologists from the Institute of Legal Medicine of Cluj-Napoca assess the medico-legal signs of child abuse by consulting them and releasing the medico-legal certificates. The purpose of this retrospective study was to highlight the particularities of the physical and sexually child abuse in the county of Cluj. The method and materials consisted of studying the medico-legal certificates released in the last two previous years (2015-2016), concerning child victims from physical and sexual aggressions. The parameters studied, except the standard demographic ones also took into consideration the evaluation of the severity of the trauma inflicted both from the medico-legal and juridical points of view. The results obtained will help to establish health policies in order to prevent this type of abuse and also to give us better perspective of the infrastructure needed to medically assist those types of victims.

Key Words: *child physical and sexual abuse; medico-legal evaluation;*

JEL Classification: [K38]

1. Introduction

Child abuse and neglect (sometimes known as „CAN”) includes four distinct conditions: physical abuse, neglect, emotional abuse and sexual abuse. (Creighton, 1988-1990) The first step in helping abused children is learning to recognize the signs of child abuse and neglect. (Smith, Segal, 2016) Pattern scars or bruises and behavior changes (noncompliance, anger, isolation, destructiveness, developmental delays, excessive attention-seeking) are also characteristic. A physician confronted with this clinical picture would be justified to presume a diagnosis of child abuse. (Sanbar, Gibofsky, Firestone & LeBlang, 1998)

Neglect, in contrast to physical abuse is more apt to present as malnutrition, chronic fatigue, poor hygiene, inadequate clothing for the circumstances, or lack of appropriate medical care such as immunizations, dental care and oral hygiene. (Councils on scientific affairs, American Medical Association, AMA, 1985: 798) Child sexual abuse is the use of dependent children for adult sexual gratification. Data currently available on the prevalence of child sexual abuse is unsatisfactory

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and open to criticism, but it seems certain that much abuse has not been reported in the past. (McLay, 1990) Signs of a sexually abused children may consists in difficulty in walking or sitting, thickened and/or hyperpigmented labial skin, torn, stained or bloody underclothing, bruised or bleeding private parts, vaginal discharged, itching, recurrent urinary tract infections, venereal diseases, pregnancy and lax rectal tone. It is reasonable to expect that these unfortunate children may be at risk for AIDS. (Councils on scientific affairs, American Medical Association, AMA, 1985: 798) To determine sexual abuse on prepubescent girls, there is a particular sign – a vaginal opening for greater than 4 mm in horizontal diameter it's said to be characteristic. Victims of sexual abuse may also have poor self esteem, attempt suicide, display regressive behavior, withdraw from reality, express shame or guilt and experience distorsion of body image. (Cantwell, 1983: 171) Due to all these pshychological manifestations, the risk of aggressivity in the future, as an adult is very important: „today's victims are potential offenders in the future”. (Scripcaru, Astarastoaie, 2003) According to the CAN definition and the consequences it generates, there is a need to conduct a proper medical review of the victims. The forensic pathologists from the Institute of Legal Medicine proceed with a full examination of the subjects, trying to highlight all injuries, including from the genital area, which leads to sexual aggressions. The main purpose of the forensic pathologists is to assess the physical and the sexual aggressions. The examination begins by establishing an optimal communication with the child, followed by describing all the traumatic injuries and establishing the severity of the existing lesions. Starting from here and according to the existent literature data, the main objective of the study was to analyze the expansion of the child abuse syndrome in the county of Cluj, the certainty and the severity of the traumatic events related to the legal liability.

2. Materials and Methods

I. In the first part of this retrospective study we analyzed all the Medico-Legal Certificates released in the last two previous years (2015-2016) concerning child victims from physical aggressions. During this period a number of 30 children aged between 2-15 years old have been examined and they all had certain traumatic injuries. We collected data by following certain parameters such as gender, environmental origin, the most common sites of the injuries, the most common types of injuries and also the severity of the lesions.

II. The second part of the study aims to reveal the reported cases of sexual assault on children by analyzing all the Medico-Legal Expertise that were concluded in this way by the Forensic Pathologists from the Institute of the Legal Medicine in the last two years (2015-2016). In this interval, 31 subjects were submitted to be properly examined for specific findings concerning all aspects of sexual abuse. The most important parameters studied, except the demographic

ones were: the presence of the external lesions, the genital lesions and the results of the serological tests.

Data analysis: Statistical interpretation of the results was conducted using the Microsoft Office Excel software 2017.

3. Results

I. Physical abuse

1. A minor increase of the child abuse was noticed in the county of Cluj in the 2015-2016 interval, when the total number of children subjected to the medico-legal examination grew from 14 cases in 2015 to 16 cases in 2016.

The distribution of the cases per years (timeframe)

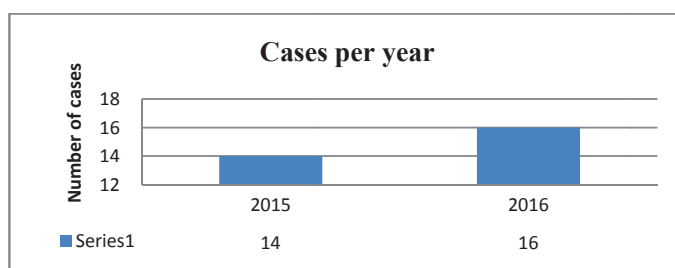


Figure 1

2. Gender distribution of the 30 cases taken into consideration revealed a higher incidence for physical abuse over the male gender 60%, compared to female 40%, with an insignificant increase of the cases in rural areas (55%).

The distribution of the cases by country of origin

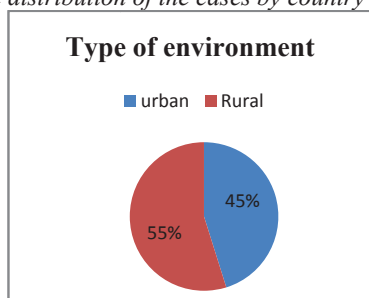


Figure 2

The distribution of the cases by gender

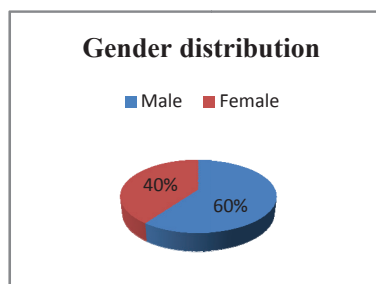


Figure 3

1. Regarding the distribution by age, it revealed a high incidence of the children aged between 11 to 15 years old, with a percentage of 64,5%, followed in descending order by the 6 to 10 years old group - 19,3% and a percentage of 16,2 % of the subjects aged between 0 to 5 years old.

The distribution of the cases by age

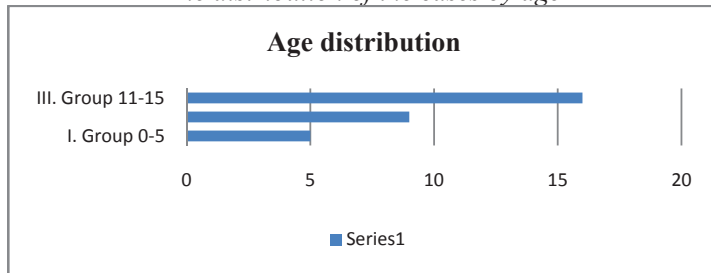


Figure 4

2. According to the localization of the traumatic lesions, there is a high incidence of the cases with facial trauma (scalp, eye, chin, ear) with a percentage of 45 % of the cases, followed by injuries located on the upper limb, neck, thorax and lower limb in a proportion of 26% of the cases, and the rest of the traumatic injuries were unsystematic located over the body (29%).

The distribution of the cases according to the localization of the traumatic injuries

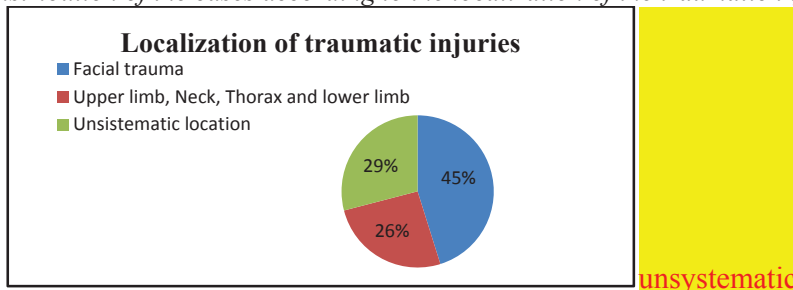


Figure 5

3. The most common traumatic injuries found at the examination of the subjects were represented by bruises (including hematomas) 48 % of the cases, followed in descending order by:

- 29% of the cases - bruises and excoriations.
- 16% - excoriations.
- 7% - bone fractures.

The distribution of the cases according to the type of traumatic injuries

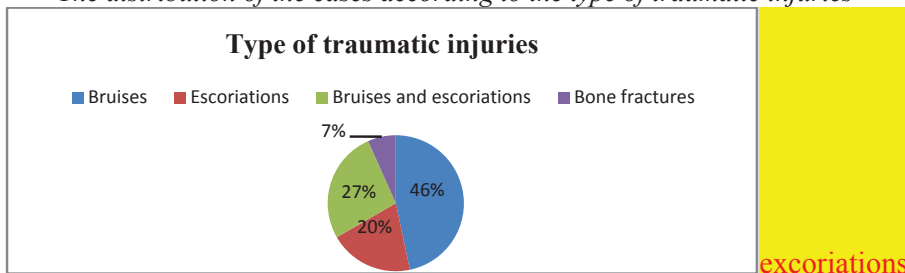


Figure 6

1. The severity of the injuries was quantified by the classical medico-legal criteria: the number of medical care days, which revealed minor traumatic lesions in each case. It was established that the majority of the traumatic events - 84% of the cases needed between 1-2 to 8-9 days of medical care, and only 16 % of the cases was established to need 12-13 to 25-30 days of medical care.

The distribution of the cases according to the severity of the injuries

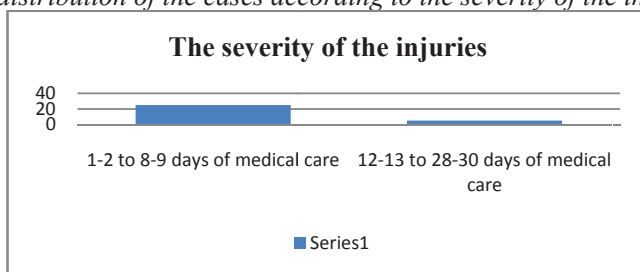


Figure 7

II. Sexual abuse

1. By investigating sexual abuse on subjects aged between 2-15 years old, there was a significant increase of the reported cases, from 9 cases in 2015 to 22 cases in 2016.

The distribution of the cases by years

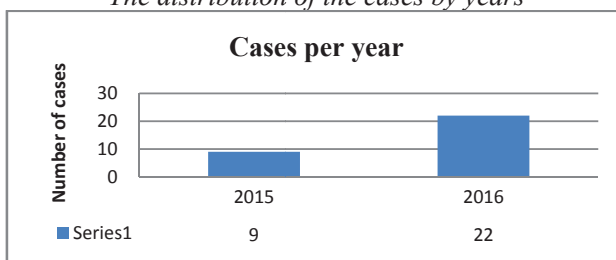


Figure 1

2. The gender distribution shows a high percentage of the female cases, of 94% to 6% male, mostly in rural areas (68%).

The distribution of the cases by gender

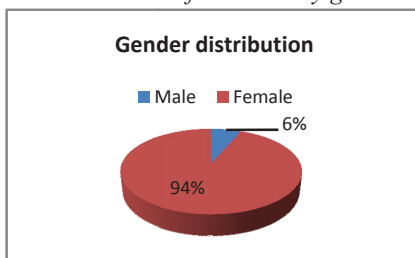


Figure 2

The distribution of the cases by environmental areas

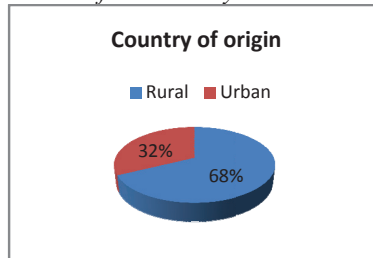


Figure 3

3. Regarding the distribution by age, it shows a high percentage of the victims aged between 11 to 15 years – 84%, followed by the 0 to 5 years old – 10 % and 6% for the 6 to 10 group of age.

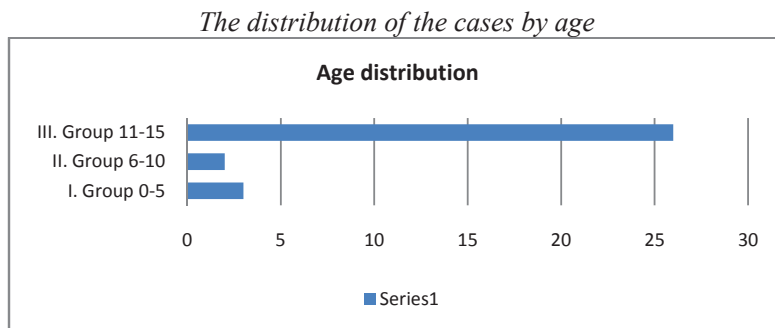


Figure 4

4. The medico-legal examination revealed:

- 25,8% of the submitted subjects had general body injuries.
- 51,6% had genital injuries – only 12,5% of the cases revealed recent genital injuries.
- 6,4% of the subjects had anal injuries.
- In 22,5% of the submitted subjects it was revealed the integrity of the hymen.
- Another 19,3% of the cases were represented by those girls with a hymen that keeps its integrity even after sexual acts.

5. Biological samples from the vaginal content revealed negative results in 93,5% of the cases.

4. Conclusions and discussions

I. From the juridical point of view, the revealed injuries of the physical abused child falls into „Hitting or other violences”, stipulated by The 193 Art. NCPP, Para. 1.

Comparing the phenomenon of physical child abuse described in this study to other studies from abroad, we can highlight non-severe traumatic injuries. The prevalence of child abuse in the United States is alarming, and the harm it causes is enormous. Child abuse is the most common cause of death of small children in the United States. Repeated beatings are the rule rather than the exception. (Johnson, Morse, 1968: 147-152)

The battered child syndrome may accure at any age but, in general, the affected children are younger than three years. (Sanbar, Gibofsky, Firestone & LeBlang, 1998) In our study, in the county of Cluj, the most affected children are aged between 10 to 15 years old, which leads to a deficiency in reporting child abuse cases which are situated at the lower limit of age. We may deal with a

deficiency in reporting the cases of physical child abuse. For a proper diagnosis of child physical abuse, injuries should be gathered from records of the Child Protection Register. Every child in need should be removed to a place of safety. (McLay, 1990)

II. From the juridical point of view, the sexual abuse falls into „Offences against freedom and body integrity”, stipulated by The 218 and 220 Art. from The NCPP.

Recent studies highlight the need for examinations to be undertaken at the earliest possible opportunity to detect recent injuries. Forensic analysis is also assisted by this and persistence of evidentially supportive material for confirmation of penetration or identification of assailant may alter rapidly.

The need to identify biological samples may have great relevance in the interpretation and investigation of the sexual crime. (Gall, James, 2011: 116 – 117)

Due to the second part of the actual study, we can conclude by saying that there is a delay between reported cases and the medico-legal examination. Even so, sexual assault investigations have a large number of factors that may influence the investigation, over and above the medical assessment. (Gall, James, 2011: 116 – 117) The examination of the victim’s clothes is also important to prove the sexual act and also to identify the aggressor (semen, blood spots, hair on the victim’s underwear). The Medico-Legal Expertise reveal the lesions topography, but also the serious consequences in terms of functional aspects (if the victim was unable to defend herself). (Perju-Dumbravă, 2015)

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