



## Original communication

## Age differences among victims of sexual assault: A comparison between children, adolescents and adults



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## ABSTRACT

The present study describes the characteristics and ascertains risk factors of victims of sexual assault according to three age groups: children, adolescents and adults. Data were retrospectively obtained from a database of forensic medical examination records of sexual assault victims in Bizkaia within a two-year period (2009–2010). Descriptive statistics and uni- and multivariate analyzes were used. Sexual assaults with evidence of physical injury in the examination were significantly associated with the victims' age group and with sexual assaults with penetration. They are inversely associated with vulnerable victims and assaults committed by a known offender. Sexual assaults with penetration are related significantly to older age groups and they are negatively associated with sexual assault committed at the victim's place of residence.

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## Introduction

There are continued difficulties in unifying data from studies on sexual assaults. This can be explained by multiple factors, such as the experts who conducted the research (medical examiners, emergency physicians, gynecologists, sexual assault physicians, and nurse examiners), the selected group of victims, the place where the research was conducted (sexual assault care centers, public centers for victims, general emergency departments, pediatric emergency departments, telephone surveys, interview-based studies, and self-reported histories), the legal regulation of the political entity, and the terminology used. Ingemann-Hansen, Sabroe, Brink, Knudsen, & Charles<sup>13</sup> reviewed the causes of variation in annual incidences and differences in characteristics of victims and assaults: they found that definitions of the sexual act varied, including the terms rape, attempted rape, sexual assault, touching sexual parts, and sexual intercourse as did the institutions represented, i.e. legal, criminal, medical, forensic, or psychological, demonstrating that the term sexual assault can have a smaller or wider meaning. Alempijevic, Savic, Pavlekic, & Jecmenica,<sup>1</sup> found that although it is widely accepted that sexual violence is a global problem, and is present in every social group, it is difficult to determine the real magnitude of sexual violence. Statistical data regarding sexual violence is limited in particular by the fact that many cases remain unreported, and therefore unrecorded.

According to Figuero and Otero,<sup>8</sup> sexual abuse in children is very frequent in Spain, having an annual incidence of .5 cases per 1000 minors and a prevalence of one case for every six boys and one case for every four girls in minors less than 18 years. Bizkaia is a province of Spain and a historical territory of the Basque Country, with a total population in 2009 of 1,151,704 inhabitants, from which approximately 6% were foreigners.<sup>7</sup> In Bizkaia in 2009, the general incidence for victims that had a medical examination due to sexual assault, both adults and minors, was 9.5 per 100,000 population. The rate for female victims less than 18 years was 52.20 cases per 100,000 population, meaning there would be one report with a forensic medical examination for every 1915.65 girls less than 18 years.<sup>19</sup> Clearly, there are large differences between adults and minors, thus victim's age should be taken into account, since it affects aspects and patterns of sexual assaults. Minors and adults are usually separated, but beyond that minors should also be divided into children and adolescents, because minors are a heterogeneous group in how they are assessed and how they deal with these situations.

The medical examiner's evaluation of sexual assault cases (with or without intercourse) is an important responsibility that has significant implications in the legal system. The medical examiner interviews the victim and performs a general and gynecological physical exploration in order to identify possible injury (photo documentation), evaluate the victim's acute psychological state, and collect toxicological and biological forensic evidence. All this is done individually and adapted to each particular case and victim.

Sexual assault involves many different institutions and professionals such as police, prosecutors, judiciary, forensic doctors, hospital doctors, groups of victims and associations, psychologists,

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and psychiatrists. Everyone may benefit from shared and enhanced knowledge as well as from being specifically and properly trained. Sexual assaults represent a tragic and difficult situation for the victim, family and environment. Therefore, it is important to have additional knowledge of this phenomenon and its relationship with the potential risk factors. Having a deeper understanding of the risk factors of sexual assault may improve the health profession in general, day to day implementation, effectiveness of examinations, and prevention.

## 1. Objectives

The main objective of this study is to describe the characteristics and to ascertain risk factors of victims of sexual assault according to three age groups: children (victims less than 12 years), adolescents (aged 13–17), and adults (victims over 18 years). We also analyzed the associated factors correlated with the presence of physical injuries observed during the medical examination and with sexual assaults with penetration.

## 2. Materials and methods

This study was conducted in The Basque Institute of Legal Medicine (IVML), an agency that provides support to courts, tribunals and prosecutors of the Autonomous Basque Community. IVML conducts forensic reports and depends exclusively on the Department of Justice and Public Administration of the Basque Government. Data was retrospectively obtained from a case database of forensic medical examination records of sexual assault victims in Bizkaia, in a two-year period (2009–2010). Victims had reported a sexual assault to the Justice Department and were required to undergo a forensic medical examination.

In this study, sexual assault is defined according to the Spanish penal code as actions that go against one's sexual freedom and indemnity. This includes: sexual aggression (whoever impinges on the sexual freedom of another person accomplished through violence or intimidation, without or with penetration; penetration is considered sexual intercourse or penetration of the vagina, anus or mouth by a penis, or penetration of the vagina or anus by a body part, or any object); sexual abuse (acts without violence or intimidation and without consent, carried out against sexual freedom and indemnity of another person. It is considered non-consensual sexual abuse if sexual acts are carried out on persons who are deprived of sense, or take advantage of a person's mental disorder, as well as those overriding the will of the victim through the use of medications, drugs or any other natural or chemical substance. Also when consent is obtained through coercion by a person in a superior position abridging the freedom of the victim); sexual aggressions and abuse to minors under 13 years; sexual harassment, exhibitionism and sexual provocation and prostitution and the corruption of minors.<sup>3</sup>

The data was obtained from medical examination records. None of the cases were excluded from the study, although some data was incomplete either because the victim's examination was incomplete or because a particular piece of data was not relevant to the case. Examination of the victims was performed by the medical examiner of the Institute of Legal Medicine of the Basque Country. When the exam was done at a hospital, it was performed together by the medical examiner and the gynecologist or the pediatrician on duty for emergency service.

The collection of biological and toxicological samples was always conducted under the guidance of a forensic doctor. The collection depends on the history of the assault and characteristics of the victim, and chain of custody was always preserved. The samples were sent to the National Institute of Toxicology and Forensic Science and to the laboratory of the Institute of legal

medicine of the Basque country. After being analyzed, the results were added to the corresponding case report.

The following data was obtained from the medical records and was used as variables in the analysis:

1. Demographic characteristics of the victim: age, gender and nationality.
2. Vulnerability of the victim when the attack occurred: defined as a history of physical and/or mental disability, psychiatric disorders, substance abuse, organic pathology or combinations thereof.
3. Place of sexual assault: in or outside place of residence or home. The place of residence may not necessarily be the victim's home.
4. Place of medical examination: hospital or Institute of Legal Medicine.
5. Number of assailants: only one or multiple.
6. Relationship to assailant: The assailant was classified as a stranger when the victim didn't know the offender or acquaintance. The offender was also classified as a family member, which includes any relative by direct bloodline or in-law, or aggressor outside the family.
7. Number of assaults: only one assault or repeated assaults.
8. Type of sexual assault: assault with or without any kind of penetration.
9. Results for toxicological analysis searching for alcohol or drugs: tests were performed when the clinical history involved any drugs or if signs of intoxication were present in the exploration. Urine or/and blood samples were collected after victim gave informed consent to take the sample.
10. Results for biological analyzes of offender's DNA or sperm: after giving informed consent to take the sample, extraction of the sample was performed when the clinical history suggested that offender's DNA could be obtained; DNA may had been left on the victim's body or clothing.
11. Presence of any physical injury in the medical examination: bruises, abrasions, cuts, burns, fractures, bites, wounds or scratches.
12. Presence of psychiatric injury in short-term follow-up evaluation: adjustment disorders, anxiety disorders, depressive disorders, dissociative disorders, somatoform disorders, personality disorders, substance-related disorders or combinations thereof.

Victims were grouped into three age classes: victims 12 years or under, age 13–17, and over 18 years.

### 2.1. Statistical analysis

Descriptive statistics were performed for the variables listed above. The analysis of the association of qualitative variables was made using  $\chi^2$  tests. The strength of association between variables is provided by measuring the relative risk, offering the corresponding confidence intervals, which was calculated with Epi Info. Epi Info is public domain software designed by the Centers for Disease Control, particularly useful for public health, to create databases and analyze the statistics of epidemiology. A logistic regression model was used for the statistical multivariate analysis, using SPSS version 18.0 statistical software. The test results were considered significant for  $p < .05$ .

## 3. Results

There were 224 sexual assault victims, aged from 2 to 80 years. The percentage of victims in each age class increased with age, with

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