

Forensic Psychiatric Reports for Victims of Sexual Assault and Consensus Problems Among Expertise Institutes



Kenan KARBEYAZ¹, Tarık GÜNDÜZ², Yasemin BALCI³, Harun AKKAYA⁴

SUMMARY

Objective: It is known that sexual assault sets the stage for various mental diseases. Post-traumatic stress disorder, depression, anxiety disorder, and adjustment disorder are most commonly encountered. In this paper, the aim was to determine the demographic characteristics of the sex crimes which were prosecuted at the courts in the city of Eskisehir, to evaluate the forensic reports which were prepared by different institutes for sex crime victims in order to clarify the impairment of physical or mental health, to discuss the contradictions between the institutions about this subject; and within this context, to determine the troubles which were experienced at the stage of implementing clauses of the Criminal Code related to sexual assault.

Method: The files of legal investigations of the sex crime cases which were transferred to the legal authorities between 01.06.2005 and 31.12.2008 were analyzed and the process of trial and court verdicts were evaluated.

Results: It was established that there was no consensus on the evaluation of impairment of the mental health between local institutes and the Council of Forensic Medicine.

Conclusion: It was concluded that parallel evaluations between the Council of Forensic Medicine and other health institutes on 'the impairment of physical or mental health' are necessary, and units should be established at local levels where forensic medicine specialists, psychiatrists and child and adolescent psychiatrists can work together and where the victim is listened to and examined only one time and, if necessary, biological samples can be taken and evaluated, which will make a great contribution to the solution of the problems.

Key Words: Sexual assault, physical or mental health, multidisciplinary approach

INTRODUCTION

Sex crimes include all actions made without the consent of a target person in a spectrum ranging from verbal abuse to actions for obtaining sexual pleasure and rape. (Polat et al. 1997). Sex crimes are an important problem threatening people in all age groups throughout the world. It is the most rapidly increasing kind of crime among violent crimes (Glover et al 2010, Luce et al 2010). In a study carried out in the USA, it was reported that 13% of women and 3.4% of men are exposed to sexual assault at some point of their lives (Danielson et al 2004). According to the data of WHO (2003) at least one of five women is subjected to sexual assault

during their whole life. In Turkey, sex crimes account for 3% of all crimes (Gökdoğan 2008).

It has been reported that in the majority of sexual assault cases, physical findings were not present, and hence psychological examination is of importance both for diagnosis and at the rehabilitation stage of the victims (Green 1996). Following sexual assaults, many psychiatric disorders including post traumatic stress disorder and depression may occur (Gölge 2005). Anne Burgers (Burgess 1995) and Linda Holmstrom (Moscarello 1990), defined the psychological reaction seen after sexual assault as 'rape trauma syndrome' in 1974. In this definition, victims have scary flashbacks and nightmares

Received: 02.11.2011 - Accepted: 30.12.2011

¹MD., Council of Forensic Medicine, Eskisehir Branch Manager, ²Assist. Prof., Osmangazi University Faculty of Medicine, Department of Forensic Science, Eskişehir, ³Prof., Mugla University Faculty of Medicine, Department of Forensic Science, ⁴MD., Council of Forensic Medicine, Istanbul.

Kenan Karbeyaz MD, e-mail: drkenankarbeyaz@hotmail.com

resembling post war traumas. Although it was thought until the 1970's that trauma related disorders occurred in people who experienced war and in soldiers, between 1970-1980, with increasing recognition of intrafamilial violence and sexual assaults, it was noticed that sexual assault, beating and war led to the same syndrome (Moscarello 1990). As more information was obtained from victims of sexual assault, it was established that victims had symptoms such as sleeplessness, anxiety, reactions of being startled, nightmares and dissociative symptoms. It was also realised that these symptoms were quite similar to the symptoms of PTSD occurring in soldiers after war (Burgess 1995). The prevalence of PTSD was found to be between 8–16% in general population studies (Gölge 2005). It was determined that the highest risk of PTSD was seen after completed rape with a rate of 57.1% (Resnick 1993). It was stated that events such as rape and torture led to a higher risk of psychological disorder than natural disasters or traffic accidents (Davidson et al 1990). However, in some people who experienced the worst events, psychological disorder may not develop. In addition, only in some people who have psychological problems immediately after trauma, the problem becomes chronic. Factors such as the specific characteristics of each event, its influence on the victim, its interpretation by the victim, how the event is perceived, support given to the victim by people close after the event are extremely effective in the development of the disorder (Gölge 2005, Davidson et al 1990).

In our country, there are large differences regarding sexual crimes between new Turkish Penal Law No. 5237, which came into effect in June 1, 2005 and the previous Penal Law No. 765, which it replaced. One of the most important changes in the new law is that the concept of the impairment of psychological health has been integrated into the law. Article 102/5 on sexual crimes in adults, and article 103 on those in children state that if psychological health is impaired due to sexual assault, punishment will be more severe. In the previous Turkish Penal Law, a punishment was given in cases of impairment of psychological health irrespective of the crime. However, sexual assault was not mentioned in the relevant articles. In the new Turkish Penal Law, although impairment of psychological health is considered in articles on sexual crime, the degree of impairment has not been addressed (Yalvaç 2005). It is probable that each sexual assault will create a sexual trauma for the victim. However, the concept of 'the impairment of psychological health' necessitating the increase in punishment was not mentioned in detail in the law. When this law was put into effect, various problems emerged in the stage of implementation. The concept of 'impairment in psychological health' was interpreted equivocally between the members of law and between them and physicians (Şirin et al. 2006, Karbeyaz et al. 2009). It has even been seen

that different health institutions issue different reports for the same cases.

The aim of the present study was to evaluate the reports issued for victims of sexual assault by different Institutions on 'impairment of psychological health' and to discuss the effect of reports on court verdicts and to determine the problems experienced during the implementation of the relevant articles of the laws.

MATERIALS AND METHODS

Sexual crime cases at Eskişehir High Criminal Court dealt with between June 1 2005, when the new Turkish Penal Law came into effect, and December 31, 2008 were investigated. Duration between the time of the event and psychological examination, the time the psychiatric diagnosis made, and the relationship between psychological disorders and sex, age, marital status, the age differences between the accused and the victim, the relationship between the victim and the accused, the status of penetration and the education status of the victim were evaluated. In relation to the concept of 'impairment in psychological health,' reports issued by the Presidency of Forensic Law Institution were compared with those issued by local health institutions. The reports of Forensic Law Institutions were considered. In the present study, court files of the cases were examined and there were no direct interviews with the victims during this process. Therefore, information on the management of victims meanwhile could not be reached

Analysis of the study data were carried out using SPSS 13 program. Pearson chi-square method was used in the analysis. A P value of <0.05 was considered significant.

RESULTS

In the 270 sexual crime cases prosecuted in Eskişehir High Criminal Court between June 1, 2005 and December 31, 2008, there were 270 victims overall and 281 accused. The youngest of the victims was a 4 year old and the oldest was 69 with a mean age of 18.2 ± 9.3 years. Of the cases, 173 were (64%) at or under 18 and 97 (36%) were over 18 (Figure 1). It was established that 9.6% of the victims were male (n=26) and 90.4% were female and all accused were male. Of the victims 90.4% were single (n=244), and of the accused 73.3% (n=198) were single. 68.5% of victims and accused (n=185) lived in the city center, 67.8% of the victims (n=183 and 67% of the accused (n=181) were graduates of primary school. In 34 cases, (12.6%) of the accused were strangers and in 236 (87.4%) it was someone familiar, and 29 cases (10.7%) were evaluated in the framework of incest.

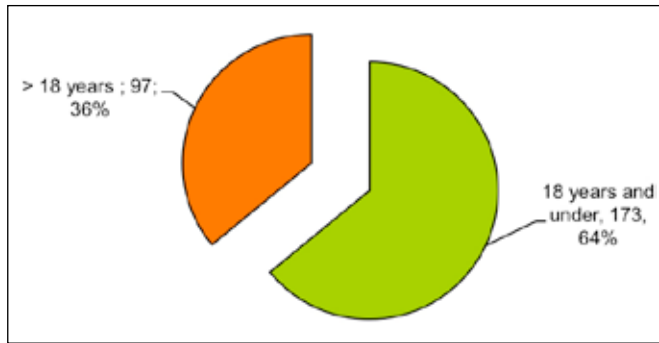


Figure 1. The distribution of patients according to age groups

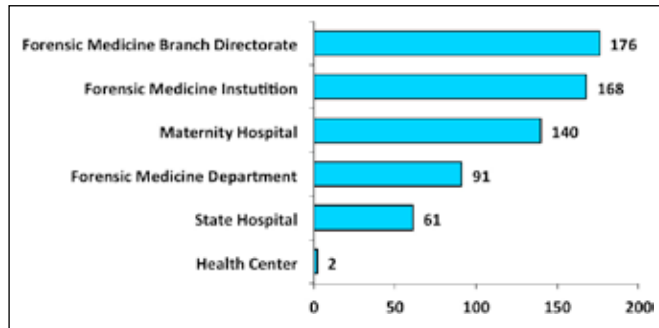


Figure 2. Distribution of the Institutions issuing reports

When time elapsing between the date of the crime and referral to court was evaluated, it was determined that only 45 cases (16.7%) were referred on the first day. 8 cases referred (3.0%) more than one year after the event.

In 19 cases, a report was issued by (7.0%) one, in 136 (50.4%) by two, in 113 (41.9%) by three and in 2 (0.7%) by four different institutions. The distribution of the Institutions is shown in Figure 2. In 176 cases (65.2%), a report was issued by the Forensic Medicine branch directorate and in 2 (0.7%) by primary health centers, while in 168 cases, it was issued by the Forensic Medicine Institution. The combinations of institutions issuing reports is presented in Table 1.

Of 2 cases reported by the health center, there were vaginal penetration findings in 1 and anal penetration findings in the other. Of 61 reports issued by state hospitals, 20 had anal penetration and vaginal penetration and in 23 physical findings were established. Physical or psychological health was impaired in 6 patients while it was not impaired in 9 patients. Of 139 patients evaluated in the Obstetrics hospital, vaginal penetration was established in 122. As to 176 cases evaluated by the Forensic Medicine Branch Directorate, physical and psychological health was impaired in 87 and was not impaired in 82 and vaginal and anal penetration findings were established in 49 and 16 respectively. Of 92 cases evaluated by the Forensic Medicine Department of the Faculty of Medicine, physical and psychological health was impaired in 74 and 12 had findings of vaginal penetration and 8 of anal penetration. Of 168 cases evaluated by the Forensic

Table 1. Combination of institutions issuing report

Institutiopns issuing reports	n	%
For. Med. Branch Dir.	18	6,7
Obstr. Hos..	1	0,4
Obstr.. Hos.+ State.Hos.	9	3,3
Obstr. Hos.+ For.. Med. Branch Dir.	38	14,1
Obstr. Hos.+ For. Med. Department	11	4,1
State Hos... + For. Med. Br. Dir. T.	18	6,7
State Hos. + For. Med. Department	2	0,7
State Hos. + For. Med. Institution	1	0,4
For. Med. Br. Dir..+For. Med. Department	4	1,5
For. Med. Br. Dir. + For. Med. Institute	29	10,7
For. med. Department .+ For. Med. Institution	24	8,9
Health center.+For. Med. Br. Dir. .+ For: med. Institution	1	0,4
Obs. Hos.. + State Hos.+ For: med: Br. Dir.	1	0,4
Obs. Hos.. + State Hos.. + For: med. Institution	6	2,2
Obs. Hos.+ For: Med. Br. Dir.. + For: Med. Ins.	44	16,2
Obs.Hos.+ For: Med. Department+For. Med. Ins.	30	11,1
State Hos.. + For. Med: Br. Dir. + For: Med. Ins.	13	4,8
State Hos.. + For. Med. Department +For. Med. Ins.	10	3,7
For. Med. Br. Dir. +For: Med: Department + For.Med. Inst.	8	3,0
Health center. +For. Med. Br. Dir. + For. Med. Department + For. Med. Ins.	1	0,4
State Hos. . + For: Med. Br. Dir. + For. Med. Department + For. Med. Ins.	1	0,4
Overall	270	100,0

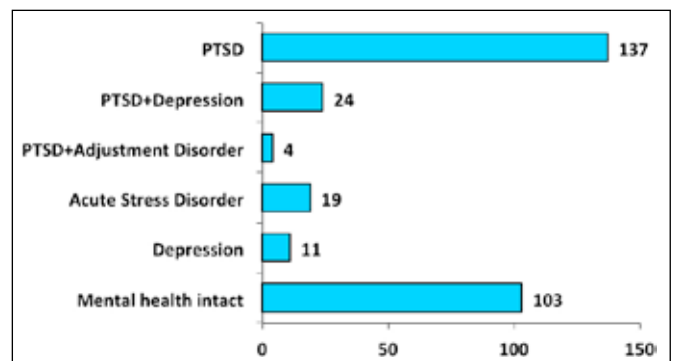


Figure 3. Results of psychological evaluation by local Institutions

Medicine Institution, 9 were reported to have impairment of physical or psychological health (Figure 3).

In reports issued by local Institutions, it was established that psychological evaluation was made by psychiatry consultants in various hospitals and presented as examination case notes and this information was included in the reports prepared by Forensic Medicine consultants, but psychiatry consultants did not sign the final report. In the 6th expertise branch of the Presidency of Forensic Medicine Institution, reports were signed by both psychiatry and forensic Medicine consultants.

Table 2. The distribution of impairment in psychological health according to sex, age, marital status, age difference, relation between victim and accused and penetration status.

Impairment in psychological health	Absent		Present		Overall		P value
Cinsiyet	n	%	n	%	n	%	
Male	12	46,2	14	53,8	26	100,0	P>0.05 $\chi^2 = 0,781$ df=1
Female	91	37,3	153	62,7	244	100,0	
Overall	103	38,1	167	61,9	270	100,0	
Age group							
< 12	14	30,4	32	69,6	46	100,0	P<0,05 $\chi^2 = 7,856$ df=2
13-18	60	46,9	68	53,1	128	100,0	
>19	29	30,2	67	69,8	96	100,0	
Overall	103	38,1	167	61,9	270	100,0	
Marital status							
Single	94	38,5	150	61,5	244	100,0	P>0,05 $\chi^2 = 0,152$ df=1
Married, widow or divorced,	9	34,6	17	65,4	26	100,0	
Overall	103	38,1	167	61,9	270	100,0	
Age difference							
Accused in younger than victim	8	38,1	13	61,9	21	100,0	P<0.05 $\chi^2 = 14,672$ df=4
Accused is 0-5 years older , 0-5	41	51,9	38	48,1	79	100,0	
Accused is , 6-10 years older	30	39,5	46	60,5	76	100,0	
Accused is 11-20 years older	18	31,0	40	69,0	58	100,0	
Accused 20 years of-r more older	6	16,7	30	83,3	36	100,0	
Overall	103	38,1	167	61,9	270	100,0	
The relation between accused-victim							
Intra family (incest)	4	13,8	25	86,2	29	100,0	P<0,001 $\chi^2 = 44,143$ df=5
Relative	6	31,6	13	68,4	19	100,0	
Spouse, engaged	12	50,0	12	50,0	24	100,0	
Boy friend, lover	55	64,0	31	36,0	86	100,0	
Acquaintance,neighbor, friend,	17	21,8	61	78,2	78	100,0	
Stranger	9	26,5	25	73,5	34	100,0	
Overall	103	38,1	167	61,9	270	100,0	
Penetration							
No	28	36,8	48	63,2	76	100,0	P>0,05 $\chi^2 = 0,283$ df=1
Yes	75	38,7	119	61,3	194	100,0	
Overall	103	38,1	167	61,9	270	100,0	
Education status of the victim							
Illiterate/primary school	77	39,5	118	60,5	195	72,2	P>0,05 $\chi^2 = 0,533$ df=1
High school/University	26	34,7	49	65,3	75	27,8	
Overall	103	38,1	167	61,9	270	100,0	

Overall, although 114 cases were 15 years or younger while 59 were between the ages of 15-28, only 52 cases were examined by child psychiatrists.

In local institutions, 30 cases were reported to be unable to defend themselves psychologically and physically. In 23 cases, mild-moderate and in 4 cases moderate-severe mental retardation, in 1 case psychosis and in 2 cases Alzheimer's disease were detected. Of these cases, 29 were sent to the Forensic Medicine Institution and were issued reports confirming the above diagnoses while 1 case was not referred to the Forensic Medicine Institution.

It was established that local Institutions issued reports of impairment of psychological health in 167 cases. These disorders are presented in Figure 3. In 137 cases, post traumatic stress disorder was found and 24 cases had comorbid depression, 4 had comorbid adjustment disorder 19 cases had acute stress

disorder, and 11 suffered from depression. In all of these cases, psychological examinations were carried out by psychiatry consultants.

Of 137 cases diagnosed with post traumatic stress disorder by local Institutions, 45 were diagnosed (32.9%) within 1-3 months, 70 (51.1%) between 3-6 months and 22 in (16%) longer than 6 months (Figure 4).

The relationship between the status of impairment of psychological health evaluated by local institutions and sex, age, marital status, age difference, relationship between victim and accused and penetration status are shown in Table 2. No significant relationship was found between impairment of psychological health and sex, marital status, penetration and education status of the victim (P>0.05). A significant relationship was found between impairment of psychological health and age group (P<0.05), age difference of the

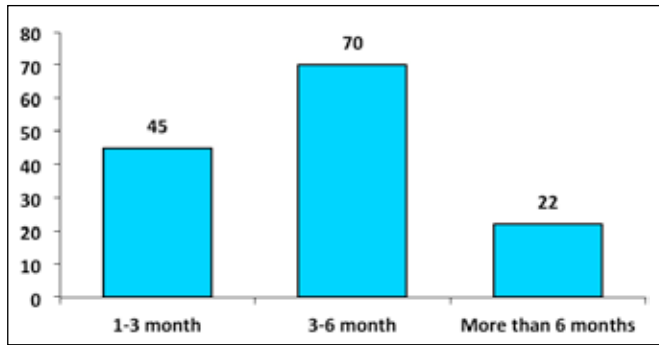


Figure 4. Duration of diagnosis of PTSD by local organizations

victim and accused ($P < 0.05$) and relationship between the victim and accused ($P < 0.001$). It was determined that in the age group of 13-18 years and in cases with an age difference of 0-5 years between the victim and accused, psychological health was impaired less. When the accused was the lover of the victim, psychological health was disturbed in fewer cases.

It was established that the reports of 168 cases were sent by local Institutions to the Presidency of Forensic Medicine Institution (167 reported to have impaired psychological health, 1 not so). According to the Forensic Medicine Institution, of 168 cases, judgment of impairment of psychological health, was confirmed in only 9 cases and in the remaining 159 it was considered intact. Therefore, between local institutions and the Forensic Medicine Institution, the consistency in the evaluation of cases was present only at a rate of 6% (of 168 cases, only 10). In addition, 108 of the cases (64.7%) that were referred to the Forensic Medicine Institution could be examined only after at least 6 months had elapsed.

The reports issued by local Institutions and the Forensic Medicine Institution on psychological health in sexual crime cases are compared in Table 3. Significant difference was found between local institutions and Forensic Medicine Institute in terms of the evaluation of psychological health. ($P < 0.001$). Of the cases sent to Forensic Medicine Institution for evaluation, only 5.4% ($n=9$) received a report of impaired psychological health.

As to 9 cases reported to have impaired psychological health according to Forensic Medicine Institution, it was established that 7 were subjected to sexual assault in 2008, 1 in 2005 and 1 in 2007. Of these 9 cases, 7 were diagnosed with post traumatic stress disorder, 1 with major depression and 1 with PTSD comorbid with major depression. All of these cases were female and there was vaginal penetration in 8 cases and anal penetration along with vaginal penetration in 1 case. In 4 cases, they were assaulted by a stranger, in 2 cases by someone familiar (neighbour, friend, etc.) and in 3 cases by a family member (incest)

Table 3. Comparison between reports issued by local institutions and Forensic Medicine Institution on psychological health in sexual crimes

Institution issuing report	Psychological health		overall N
	Impaired	Not impaired	
Forensic medicine Institution	9	159	168
Forensic medicine Department	74	17	91
Forensic m. Branch directorate	87	82	169
State hospital	6	9	15
$\chi^2 = 158,369$			df=3
			P<0,001

In 136 cases (50.4%) legal prosecution processes were finished while in 134 (49.6%) they were ongoing. Courts reached a verdict in 215 days at the shortest and in 1290 days at the latest. Of 136 cases, 72 (52.9%) were acquitted and 16 were (12%) sentenced to prison for over 10 years. Of the acquitted 72 cases, the reason for acquittal was lack of evidence in 38 (52.8%), the victim's dropping the case in 20 (27.8%) and in 14 (19.4%) determination of age again resulting in annulment of the case.

DISCUSSION

New Turkish Penal Law (no. 5237) which was put into effect on June 1, 2005 brought many changes. One of the most important changes was that disturbance in psychological health of the victim is a factor that may increase the punishment (Gündüz 2008). In case physical or psychological health of the adult victim is impaired after sexual assault, a prison sentence not less than 10 years (Turkish penal Law 102/5) and if the victim is a child, a prison sentence not less than 15 years (Turkish penal Law 103/6) will be given as punishment (Yalvaç 2005).

Local authorities in Eskişehir decided that in 167 cases (61.9%) psychological health was impaired. In 137 cases (82.0% 137/167) "post traumatic stress disorder" was detected and in 24 cases (14.4%), depression occurred as a comorbid disorder and in 4 cases (2.4%) was comorbid while 19 cases were diagnosed with (11.4%) "acute stress disorder", and 11 cases with (6.6%) only depression. In all of these cases, examination of psychological health status was made by psychiatry consultants. In 167 cases with officially reported impairment in psychological health, no statistically significant relation was found between impairment in psychological health and sex, marital status, penetration and education status of the victim ($P > 0.05$). Therefore, it was recognized that victims who had prior sexual experience were as badly influenced as those who did not have any sexual experience. In addition, males were affected at the same degree as females, married cases as much as singles, and cases with high education level as much as those with low education level. This supports the idea that, especially in cases where no findings can be obtained with genital and physical examination, psychological evaluation is very important. Statistically significant

correlations were found between impairment in psychological health and age group ($P<0.05$), age difference between accused and victim, ($P<0.05$) and closeness of the relationship between accused and victim ($P<0.001$). It was established that psychological health was impaired less in the 13-18 year old age group, when the age difference between the accused and victim was 0-5 years and when the one who assaulted the victim was her lover. After assaults by the relatives, psychological disorders occurred more commonly. In a study carried out in the USA, it was reported that in victims who are assaulted sexually by their relatives, psychological disorders occur more commonly (Evans et al 2005). This is attributed to the fact that victims and accused had to see each other after the event and the event influenced the family. In the present study, most victims are mostly between the ages of 13–18 years, and the age difference between the accused and the victim is 0-5 years and the accused is the lover of the victim in some cases. Especially in this age group, some of the sexual crimes involved kidnapping girls etc (Dirlik et al 2002, Riggs et al 2000).

It was established that courts referred to the opinion of the Forensic Medicine Institution in all cases for whom a report stating 'impairment of psychological health' was issued by local Institutions. When the decisions of the Court of Appeal on sexual crimes were investigated, it was seen that the verdicts of the court were reached without consulting the Forensic Medicine Institution on whether 'psychological health is impaired' are annulled (Gündüz et al 2008). It was established that 168 cases were referred to the Forensic Medicine Institution, in 167 of whom impairment of psychological health was found. The Forensic Medicine Institution evaluated these 168 cases that were referred and came to the judgement of impairment of psychological health in 9 while in 159, psychological health was not found to be impaired. Therefore, it was found that local Institutions and the Forensic Medicine Institution agreed only in 10 of 168 cases evaluated for psychological health (in 9 impairment of health was found and 1 it was not found). Significant differences were found between local Institutions and the Forensic Medicine Institute in terms of the evaluation of psychological health ($P<0.001$). Of 9 cases who were considered to have impaired psychological health by the Forensic Medicine Institution, 7 were subjected to sexual assault in 2008, 1 in 2006 and 1 in 2005. Of these 9 cases, 7 were diagnosed with post traumatic stress disorder, 1 with major depression and 1 with PTSD comorbid with major depression. All of these cases were women, with vaginal penetration in 8 cases and both anal and vaginal penetration in 1 case. Recently, there are more reports issued by the Forensic Health Institution confirming impairment of psychological health, corresponding to the increase in debates on the issue.

In the 179/3 article of German Penal law, it is stated that in case there is a serious threat to the health of the victim due to sexual assault, or it causes physical or emotional disturbance, a prison

sentence varying between 6 months and 10 years will be the punishment. Similarly, in Finnish Penal Law, in the 20/2 article, it is stated that in cases when assault causes severe physical and psychological disturbance, a prison sentence of at least 2 to at most 10 years will be the punishment. There are similar laws in many countries. However, it is known that there are not different institutions dealing with the subject in those countries and a common language is used by different institutions.

According to DSM-IV criteria, the diagnosis of post traumatic stress disorder is made at least one month after trauma (Köroğlu 2005). However, physicians and members of law are of the opinion that after sexual assaults, examination of psychological status should be made by forensic medicine and psychiatry consultants with 2-3 month intervals by following psychological health for at least 6 months and diagnosis should be made then (Şirin et al 2006, Karbeyaz et al 2009). However, there is no agreement on this issue both between the physicians themselves and between members of law and physicians. In the present study, of 137 cases diagnosed with 'posttraumatic stress disorder', 45 were diagnosed (32.9%) in 1-3 months, 70 (51.1%) in 3-6 months and 22 (16%) in longer than 6 months. It was also established that all of the 9 cases for which the Forensic Medicine Institution issued a report of impairment of psychological health, the diagnosis was made after six months. Of the 22 cases who were stated to have impaired psychological health by local institutions after six months, the diagnosis was confirmed by the Forensic Medicine Institution at 9 months. It was established that local institutions and The Forensic Medicine Institute differed on the time required for diagnosis as well.

Diagnostic value of physical examination findings, which are important in detection of sexual abuse, are limited in sexual assault, since they can not usually be found (Mc Gregor et al 2002, Carlstedt et al 2001, Teerapong et al 2009). Different sexual behaviors, which may not give rise to a traumatic finding, may take place (Tyler 1984, Schatzow et al 1989). In a study in the USA evaluating 348 victims of sexual crime, it was established that no physical findings were detected in 98% of the cases (Holmes et al 1998). In view of the late referral by an important proportion of victims, difficulties in finding biological evidence, and lack of penetration in some events or victim's not being virgins at the time of the event, evaluation of psychological health may sometimes be the only or the most important evidence (Karbeyaz et al 2009).

It is estimated that throughout whole world, only 5% of sexual assault events are reported to officials (Polat ve ark. 1997). It is known that the reason why the victims do not refer to law may be social pressure they will undergo when the event becomes public as well as the complex process they pass through. Anal examination of the victim is carried out by the surgeon, hymen examination by the obstetrics consultant, and psychological state examination by the psychiatrist.

Undergoing these examinations repeatedly in the physical presence of police will inevitably lead the victim to experience the trauma repeatedly and more severely (Karbeyaz et al 2009). In cases when courts can not reach a verdict according to the report issued by the aforementioned consultants, the victim is referred to the Forensic Medicine Institution for examination, causing logistical and financial problems for the relatives of the victim. In a study on the subject, it was reported that a mean of six months passed between the first referral of the same case and its being referred to the Forensic Medicine Institution. Moreover, it took two additional months for the Institution to issue a report on the cases (Barutçu et al 1999). Medical examination including detection and evaluation of the findings should be completed in the shortest time possible (Balci 2008, Cantürk et al 2006). In the present study, it was established that the same cases were repeatedly examined in different institutions by physicians from different branches. In 19 cases (7%) a report was issued by one in 136 (50.4%) by two in 113 (41.9%) by three and 2 (0.7) by four different institutions. It was also determined that in 62.2% of the cases (n=168/270), the Forensic Medicine Institution was consulted. In 12 of 19 cases in which a decision was made with only one report, the report was issued by the Forensic Medicine Department of the Faculty of Medicine and by branch directorate of the Forensic Medicine Institution and impairment of psychological health was found in none of these cases. It was stated that victims of sexual crime were examined mostly in obstetrics and maternity hospitals and state hospitals. Mistakes and deficiencies in reports issued by institutions, which offer intensive health services, problems in preservation of documents, loss of findings and faulty evaluations may bring about problems in prosecution process and misleading assessment (Dokgöz et al. 2001).

Although 114 of the cases was at or under 15 years old, and 59 were between the ages of 15-18, only 52 cases were examined by child psychiatry consultant. This is due to an inadequate number of child psychiatry consultants in our country.

Ever since June 1st 2005, when the new Turkish Penal Law was put into force, one of the most challenging problems for members of law and experts was reaching an agreement on the concept of 'impairment in psychological health'. On this subject, many different opinions have been expressed by physicians and members of Law (Şirin et al 2007, Aydın 2009). However, on this issue, there is no consensus between physicians themselves and between physicians and members of Law. Thus, as seen in the present study, the stage of trial lasts too long in sexual crime cases, which enhances the trauma experienced by the victims. It is obvious that there is no agreement between local institutions and the Forensic Medicine Institution. On the other hand, Court of Appeal annuls the verdicts given without consulting the Forensic Medicine Institution. This leads to both excessive work load for the

Forensic Medicine Institution and sending victims and relatives to İstanbul takes its toll financially and psychologically.

Therefore, priority should be given to the clarification of disorders referred to by the concept of 'impairment in psychological and physical health' mentioned in 102/ and 103/6 articles of Turkish Penal Law. A new regulation should be developed in consultation with psychiatry and child psychiatry specialists in addition to forensic medicine specialists. A guide should be prepared on which psychiatric disorders can be evaluated in the framework of impairment of psychological health. Previous guides and studies prepared by involved units should also be utilized.

Although victims are usually under the age of 18, there are not enough child psychiatry consultants. The number of child psychiatry consultants should be increased and an environment should be prepared for multidisciplinary studies and psychological evaluation should be made by child psychiatry consultants.

Parallel evaluation should be made in collaboration by the Forensic Medicine Institution and other relevant health institutions on the concept of 'impairment of psychological health'. New units should be established in the peripheral places where forensic medicine, psychiatry and child psychiatry consultants can work together, making it possible to listen to and examine the victim only once and to take biological samples and evaluate them when necessary. This will enable us to evaluate victims locally and to conduct legal services on time and to decrease work load of the Forensic Medicine Institution. The reports of these units should be taken into consideration by Court of Appeal as well. If these units are made the first place of referral for the victim and statements taken there to provide the necessary documents for prosecution, repeated traumatization of the victim will be prevented. It is known that members of law and Forensic Health Institution are working together on the issue and exert effort to solve these events at their location. Physicians in the universities, who are experts on this issue, should develop sexual crime examination units in collaboration with others. In these units, experts will be able to give more time to victims of sexual crime and prepare more qualified reports. Thus, consultants in the Obstetrics Hospitals and State Hospitals will not have to make examinations for sexual crimes and prepare reports, in the midst of an intensive work tempo. In the present study, 96% of the victims were evaluated by the Forensic Medicine consultant. Since almost all cases who do not initially undergo examination by forensic medicine consultants eventually do so, in order to shorten legal process and to prevent repeated examinations, first examinations of all victims of sexual crime should be made in the presence of the Forensic Medicine consultants.

Too long legal processes have an adverse effect on disclosure of the events by the victims. Therefore, institutions in authority should review the legal procedure regarding the issue and eliminate the factors causing the legal process to be prolonged.

In legal process, physicians issuing reports on 'physical or psychological health' are presenting evidence to the courts. According to laws, leading to "the impairment of physical or psychological health" requires severe punishment. Therefore, cross examination systems based upon listening to the accused, victim and witnesses by the prosecutor and lawyer directly together with the judge should be used in such cases. In this manner, it may be easier for the judge to realize the degree of the disturbance caused by the crime and to reach a verdict.

In developing and closed societies such as Turkey, it is more difficult for the victims of sexual assault to return to their normal lives. Social units should also support treatment and rehabilitation processes as well as examination of the victims.

Implementation of all recommendations above are not only deserved by our people but also are required by the agreements signed by Turkey i.e. European Council agreements for prevention of intradomestic violence directed to women and struggle against it and for protection of children from sexual exploitation and abuse.

REFERENCES

- Aydın M. (2009) Ceza hukukunda cinsel istismara bağlı olarak beden ve ruh sağlığının bozulması kavramı. *Terazi Hukuk Dergisi* 40:71-82
- Balcı Y. (2008) Cinsel Suçlar. Herkes için adli tıp cep kitabı. İç: Balcı Y, editör. Eskişehir Osmangazi Üniversitesi Yayınları Eskişehir s.30-43
- Barutçu N, Yavuz MF, Çetin G. (1999) Cinsel saldırı sonrası mağdurun karşılaştığı sorunlar. *Adli Tıp Bülteni* 4:41-53.
- Burgess AW, Fawcett J, Hazewood RR. (1995) Victim care services and the comprehensive sexual assessment tool. In: Hazelwood RH, Burgess AW, editors. *Rape Investigation Second Pres.* Boca Raton: CRC Press p. 263-73.
- Cantürk G, Nergis N. (2006) Cinsel saldırı mağdurlarının muayene prosedürü. *Türkiye Klinikleri Acil Tıp Dergisi* 2: 49-55
- Carlstedt A, Forsman A, Soderstrom H. (2001) Sexual child abuse in a defined Swedish area 1993-97. A population-based survey. *Arch Sex Behav* 30:483-93.
- Dirlik M, Özkök MS, Katkıcı U, et al. (2002) Aydın'da cinsel suç ve suçluların profili. *Adli Tıp Bülteni* 7:97-104.
- Danielson CK, Holmes MM (2004) Adolescent sexual assault: an update of the literature. *Curr Opin Obstet Gynecol* 16:383-8.
- Davidson JRT, Smith RD. (1990) Traumatic experience in psychiatric outpatients. *Journal of Traumatic Stress* 3: 459-76.
- Dokgöz H, Yanık A, Günaydin U, et al. (2001) Cinsel saldırı iddiası ile gelen 18 yaş üstü olguların muayene süreci ve sonuçlarının değerlendirilmesi. *Adli Tıp Dergisi* 15:12-16.
- Evans E, Hawton K, Rodham K. (2005) Suicidal phenomena and abuse in adolescents: a review of epidemiological studies. *Child Abuse Negl* 29:45-58.
- Glover K, Olsson M, Gameroff MJ, et al. (2010) Assault and mental disorders: a cross-sectional study of urban adult primary care patients. *Psychiatr Serv* 61:1018-23.
- Gökdoğan MR. (2008) Cinsel saldırı konusunda çalışan adli hemşireye (SANE) duyulan gereksinim. *Adli Tıp Bülteni* 13:69-77.
- Gölge ZB. (2005) Cinsel travma sonrası oluşan ruhsal sorunlar. *Nöropsikiyatri Arşivi* 42:19-28.
- Gündüz R, Gültaş V. (2008) Yargıtay kararları. İç: Gündüz R, Gültaş V., editör. 5237 sayılı Türk Ceza Kanununda cinsel suçlar. Bilge Yayınevi. İzmir p.87-237.
- Green AH. (1996) Child sexual abuse. In: Lewis M, ed. *Child and Adolescent Psychiatry*. Baltimore: Williams and Wilkins p.1041-48.
- Gündüz R, Gültaş V. (2008) Cinsel dokunulmazlığa karşı suçlar. İç: Gündüz R, Gültaş V; editör. 5237 sayılı Türk Ceza Kanununda Cinsel suçlar kitabı. Bilge Yayınevi. İzmir p.9-80.
- Holmes MM, Resnick HS, Frampton D. (1998) Follow-up of sexual assault victims. *Am J Obstet Gynecol* 179:336-42.
- Karakaya I, Coşkun A, Ağaoğlu B, et al. (2006) Cinsel istismara maruz kaldığı bildirilen olguların ruhsal değerlendirme sonuçları. *Adli Tıp Bülteni* 11:53-8.
- Karbeyaz K, Gündüz T, Balcı Y, Akkay H. (2009) Yeni Türk Ceza Kanunu sonrası değerlendirilen cinsel suç olguları; Eskişehir deneyimi. *Türkiye Klinikleri J Foren Med* 6:1-8
- Köroğlu E. (2005) Anksiyete bozuklukları. İç: Köroğlu E, editör. *Amerikan psikiyatri Birliği DSM-IV-TR Tanı Ölçütleri Başvuru Kitabı*. Hekimler Birliği Yayınları Ankara p.191-211.
- Luce H, Schrage S, Gilchrist V. (2010) Sexual assault of women. *Am Fam Physician* 15;81:489-95.
- Mc Gregor MJ, Du Mont J, Myhr TL. (2002) Sexual assault forensic medical examination: is evidence to successful prosecution? *Ann Emerg Med* 39:639-47.
- Moscarello R. (1990) Psychological management of victims of sexual assault. *Canadian Journal of Psychiatry* 35:25-30.
- Polat O, İnanıcı MA, Aksoy ME. (1997) Cinsel Suçlar. İç: Polat O, İnanıcı MA, Aksoy ME editör. *Adli Tıp Ders Kitabı*. Nobel Tıp Kitapevleri. p. 340-60.
- Resnick H. (1993) Prevalence of civilian trauma and post-traumatic stress disorder in representative national sample of women. *Journal Consulting and Clinical Psychology* 61:984-99.
- Rew L, Taylor-Seehafer M, Fitzgerald ML. (2001) Sexual abuse, alcohol and other drug use and suicidal behaviors in homeless adolescent. *Issues Compr Pediatr Nurs* 24:225-40.
- Riggs N, Houry D, Long G, et al. (2000) Analysis of 1076 cases of sexual assault. *Ann Emerg Med* 35:358-62.
- Schatzow E, Herman JL. (1989) Breaking secrecy. Adult survivors' disclosure to their families. *Psychiatry Clin Nort Am* 12:337-349.
- Stockdale MS, Logan TK, Weston R. (2009) Sexual Harassment and Posttraumatic Stress Disorder: Damages Beyond Prior Abuse. *Law Hum Behav* 33:405-18
- Şirin O, Cevheroğlu H, Mahmutoglu F, et al. (2006) TCK'nun 102/5. Maddesinde tanımlanan "beden veya ruh sağlığının bozulması"(özel oturma). İç: Ağrıtmış H editör. 13. Ulusal Adli Tıp Günleri Paneller ve Poster Sunumları. Adli Tıp Kurumu Yayınları Antalya p. 141-61.
- Şirin O, Demirel B, Ergezer Y, et al. (2007) Cinsel saldırı suçlarında beden ve ruh sağlığının bozulması kavramı. İç: Ağrıtmış H, editör. (Panel I) 14. Ulusal Adli Tıp Günleri Paneller ve Poster Sunumları. Adli Tıp Kurumu Yayınları Antalya p.21-37.
- Teerapong S, Lumbiganon P, Limpongsanurak S, et al. (2009) Physical health consequences of sexual assault victims. *J Med Assoc Thai* 92:885-90.
- Tyler AH. (1984) Abuse in the investigation and treatment of familial child sexual abuse. *Child Abuse Negl* 8:47-53.
- World Health Organization (WHO) 2003 Guidelines for medico-legal care for victims of sexual violence, Geneva.
- Yalvaç G. (2005) Türk Ceza Kanunu Yalvaç G. Türk Ceza Kanunu. İç: Yalvaç G. Türk Ceza Kanunu Yalvaç G; editör. Karşılaştırmalı-Gerekçeli TCK, CMK, CGTİK ve İlgili kanunlar ile Yönetmelikler. Ankara: Adalet Yayınevi p.218-24.

