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Research of Sexual Offences Committed Against Juveniles in Szabolcs-Szatmár-Bereg County

Doctoral (Ph.D.) thesis

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1. Introduction and Objectives

The sexual violent crimes committed against women and children under 18 have spread to a deterrent extent all over the world. The sexual violence against minors is a particularly cruel and frequent way of abuse, which provokes concern not only in the western, but also in the eastern societies. In the last decades the issue has got into the focus of the medical and criminal practice due to frequent occurrence of the sexual violence, its serious health-damaging effect and its consequences affecting the victim's whole life. The tragic events in the last decades make the choice of topic particularly reasonable.

On the basis of the summary of the results of 39 prevalence studies originating from twenty-eight countries the prevalence of punishable sexual offences in childhood is estimated between 10-20% for girls, while between 5-10% in case of boys. In accordance with the metaanalysis of 323 studies processing 9.9 million victims throughout the world the general prevalence is 12.7% (for girls 18%, while in case of boys 7.6%).

At present we do not have summary data on the frequency of sexual offences committed against minors in Hungary, although we can read case studies in several publications. Despite the commonplace assumption most of the sexual offences occur to a multiple, chronic extent, which are moreover caused by a committer within the family. There are no visible, diagnosable injuries in case of most abused children. The sexual violence usually gets into the focus of attention, when it is irreversible, because a personal tragedy has happened. The task of the medical workers getting in touch with child abuse is hard and multiple, since it is not easy to recognise the abuse due to the signs that can often be evaluated difficultly, avoidance of a possibly unsubstantiated serious allegation, the difficulties of resolving in the proven cases, the professional isolation and the judgement of sexual offences treated as a taboo today as well.

Although child abuse includes physical, emotional and sexual offences, as well as negligence of children, we deal with sexual offences committed against children under 18 and minors over 14 with top priority in our work.

Despite that the clinical picture has been known in the scientific literature since 1975, no comprehensive, population-based research has been made in Szabolcs-Szatmár-Bereg County, we also did pioneer work in respect of boys in our country. So far nobody has carried out a population-based research involving both sexes in Hungary. Knowing the exact occurrence of sexual offences and establishing the appropriate medical and legal approach to the violence against children are an essential medical, social and national requirement.

My objectives were the following:

1. Presentation of the definition, the changed legal categories, types, modes of the abuse committed against children under 18, with special regard to sexual violence.
2. Presentation of occurrence, frequency of the sexual offences by means of the data of the selected countries in the world, in comparison with the inland situation.
3. Review of the documentation of patients examined in the last 15 years (boys and girls under 18) in Szabolcs-Szatmár-Bereg Country, selection of those suffering sexual offences, studying the features of the victims and the crime, the consequences and root causes of the abuse.
4. Summary of the medical and multidisciplinary treatment of victims: the possibilities of recognition and therapy.
5. Discussion of the personal, social, medical and legal consequences of the sexual offences in respect of the available literary data.
6. Outline of prevention of the sexual offences, the medical and legal methods, the tasks for the future.

2. Patients and the Method

2.1. The examined patients

In Szabolcs-Szatmár-Bereg County (population: 585,000 persons), the paediatric gynaecological patients are treated in four hospitals: Hospitals in Szabolcs-Szatmár-Bereg Country and University Clinic of Nyíregyháza (in most cases), Hospitals in Szabolcs-Szatmár-Bereg Counties and Hospital of Fehérgyarmat and Medical Bath of University Clinic, Hospitals in Szabolcs-Szatmár-Bereg Country and Hospital of Mátészalka of University Clinic and Upper-Szabolcs Hospital of Kisvárda.

In our dissertation we analysed the data of girls and boys under 18 appearing in the above-mentioned hospitals between 1st January 2000 and 31st December 2015. We did our work by retrospective collection of data. We highlighted the case histories of girls and boys exposed to sexual violent offences, analysed the crime and its circumstances, and we followed the cases until the end of the court proceedings.

2.2. Research Methods

For children's protection and the success of the future legal action the professionally correct and precise diagnostics, precise documentation of the therapy and evidence are essential. In the above-mentioned hospitals, but primarily in Nyíregyháza Jósa András University Clinic the victims were treated in accordance with the standard principles elaborated in details. The protocol includes the circumstances of child abuse, the aim and output of the examination. Recording the

anamnestic features: the victim's age and occupation, the committer's age and occupation, family relation between the minor victim and the committer, frequency of the sexual offence, the type of the sexual act, location of the crime, the date of committing the crime as per the time of day and season, the family or other relation between the victim and the person accompanying him or her to the clinic, the length of time interval between commitment and the examination and the results of the clinic examination. The medical treatment of the cases took place in accordance with the injury as per standard points of view.

Precise recording of the *anamnesis* – due to the possible criminal consequence – is extremely important. We recorded the minor's history presented with his or her own words from word to word, by taking the victim's development level, vocabulary and intellectual capacity corresponding to his or her age into consideration. The story told by the parent or the attendant was also recorded. The story told also has to contain the date, location, circumstances of the crime, the committer's features and the type of the sexual act, the nature of the possible violence.

The *physical examination* contained the complete physical examination of the victim's whole body, judgement of the level of sexual development, searching for signs of the sexual and other abuse, identification of possible injuries, with special regard to the colposcopic picture of the introitus and the hymen. We searched for the traces of physical abuse, the traces of bruises, haematoma, swelling, grazes, tooth traces and traces of strangulation on the victim's whole body surface. They were exactly recorded in writing on the basis of their anatomic location and size, with a photo documentation, if possible. In case of girls *the genitalia were examined* in the following positions. We thoroughly looked at the child supine, in the position of fins, maybe in the mother's lap, supine, in a knee-breast position, and in case of older victims in a lithotome position, by using leg supports. One of the methods of examination carried out supine is the method of separating the labia. Another technique is the method of pulling the labia apart, during which the labia are held with our fingers and are pulled gently laterally and downwards. In our country the internationally generally used knee-breast position is applied only in individual cases. The evidence seen was documented with photos only partially. Exploration of the vagina was carried out only in case of older girls, who had appropriate level of development (> Tanner III. std.). During the gynaecological examination the perineum was surveyed, with special regard to haemorrhages, haematomas, grazes, injuries of the hymen. The area of the hymen and posterior fourchette was examined with a colposcope. In case of boys special attention was paid to the area of penis, scrotum and area of rectum. Furthermore, the examination contained examination of possible pregnancy with an urine test or ultrasound (in case of girls), collection of forensic medical evidence (sperm, saliva, contaminants, clothes, other evidence). The searching for sperm

was carried out in case of girls from four places: vaginal orifice / hymenal ring, vagina fornix, cervical canal and anus. For boys sperm was searched for from the area round the rectum. All these were followed by surgical treatment of the injuries requiring medical care and prophylactic actions (emergency contraception, tetanus anatoxin, antibiotics-prophylaxis of sexually transmitted diseases). The protocol applied in hospitals is summed up in **Table 1.**

Table 1
The protocol for medical care of persons injured in sexual offences in Jósa András University Clinic

Recording the anamnesis: • with the victim's own words (in case of a minor by the attendant's supplement, if substantive anamnesis cannot be gained)
Gynaecological examination: • physical examination carried out from head to foot, the level of sexual development – description of secondary sexual characteristics, possible injuries – surveying the signs of a sexual offence (colposcope – continuation of the hymanel ring)
Taking a secretion sample: • sperm searching – sampling from at least 3 places: vaginal orifice, vagina fornix, rectum, saliva, other evidence • taking a vagina secretion sample. to detect STD, vaginitis panel
Medical care: • surgical: treatment of injuries • with medicine – antibiotics prophylaxis : Sumamed S 1x2 caps. • emergency contraception : ElleOne 1x1, Escapelle 1x1 • sz.e. Tetanus anatoxin
Documentation of evidence: • 3 printed copies
Issue of evidence: • only at official request (police, public prosecutions)
Subscription of a control examination in 2 weeks: • STD detection, psychic support, ultrasound

The date of the medical examination to be carried out may vary in a wide scale, from the immediate and urgent examinations to the scheduled examinations executed at an elective date. The results of the examinations were documented upon first appearance in the consultation by specialists, and then upon each repeated examination. Archiving of the evidence and its issue at an official request were the last step of the medical care.

By using the data obtained from the Police Headquarters of Szabolcs-Szatmár-Bereg Country and Public Prosecutions of Szabolcs-Szatmár-Bereg Country, the results of the legal actions of the crimes were also evaluated. The medical and judicial data (District Court of Nyíregyháza, Nyíregyháza Court and Law) were monitored in parallel and compared.

Applied statistical methods:

Processing and analysis were carried out with statistical methods, by means of SPSS (Statistical Package for Social Science) software. During the analysis the following operations were executed: average, variation, frequency, two-sample t-test, Mann-Whitney test, confidence interval calculation, correlation calculation. Statistically significant difference is spoken about if $P \leq 0.05$.

3. Results

During the 15 years between 2000 and 2015 400 girls under 18 and 26 boys under 18 were treated at the consultations by specialists in four hospitals of Szabolcs-Szatmár-Bereg County due to suffering a sexual offence. In case of girls the ward of gynaecology – and children's gynaecology, while in case of boys the wards of paediatrics and traumatology participated in the treatment. The *victims' main features* were summed up in **Table 2.**

Table 2
The victims' features (n = 426)

Features	Points of view	Boys Number of cases (%)	Girls Number of cases (%)	Cases in total (%)
Age (years)	< 10	12 (46.2)	56 (14.0)	68 (16.0)
	11-14	10 (38.5)	178 (44.5)	188 (44.1)
	> 14	4 (15.4)	166 (41.5)	170 (39.9)
Occupation	Kindergartner	4 (15.4)	22 (5.5)	26 (6.1)
	Student	19 (73.1)	224 (56.0)	243 (57.0)
	Other	3 (11.5)	154 (38.5)	157 (36.9)
Offender	Father	1 (3.8)	12 (3.0)	13 (3.1)
	Stepfather	0	24 (6.0)	24 (5.6)
	Stepbrother	3 (11.5)	2 (0.5)	5 (1.2)
	Cousin	3 (11.5)	2 (0.5)	5 (1.2)
	Grandfather	1 (3.8)	0	1 (0.2)
	Other relative	0	31 (7.8)	31 (7.3)
	Acquaintance	10 (38.5)	189 (47.3)	199 (46.7)
	Stranger	8 (30.8)	140 (35.0)	148 (34.7)
Attendant	Alone	0	43 (10.8)	43 (10.1)
	Mother	9 (34.6)	96 (24.0)	105 (24.6)
	Parents	6 (23.1)	21 (5.3)	27 (6.3)
	Other relative	2 (7.2)	9 (2.3)	11 (2.6)
	Acquaintance	4 (15.4)	18 (4,.)	22 (5.2)
	Paramedic	0	13 (3.3)	13 (3.1)
	Police	5 (19.2)	200 (50.0)	205 (48.1)

In case of boys the majority of the victims (12 = 46.2%) belonged to the age group under ten, while in case of girls the majority (178 = 44.3%) belonged to the age group between 11 and 14. In case of boys 19 (73.1%) were students, three were mentally handicapped or workers. In case of girls the majority were also students (224 = 56.0%), while 22 victims were still kindergartners, and 154 victims worked or were dependants. In case of boys the victim knew the offender in 18 cased, in 10 cases an unknown offender committed the crime. In eight cases (30.8 %) a family member was the offender of the sexual offence: in one case the father and grandfather, in 3 cases, respectively, the stepbrother and cousin. In two hundred and sixty cases the female victims knew the offender: in 71 cases a relative, in 189 cases an acquaintance committed the crime. On one hundred and forty occasions in case of girls we had to face an unknown offender. In case of family violence occurring in high percent (17.75%) the offender was the father (in 12 cases), the stepfather (in 24 cases), the stepbrother and cousin (in 2 cases, respectively). It was an important point of view to also record the persons accompanying the victims to hospital. In case of boys the accompanying person was mostly the mother (in 9 cases, 34.6%), while in case of girls the police (in 200 cases, 50%) and the mother (in 96 cases, 24.0%).

The features of sexual abuse are shown in **Table 3.** The length of the time between *commitment and the clinical examination* was different during the examination of the two sexes, showed a significant difference. In case of boys for the majority of the victims (19 = 73.1%) the professional examination took place only over 72 hours, while in case of girls in 98 cases (24.5%) immediate, adequate, emergency care could be provided, in 150 cases (37.5%) the medical care could be provided within 72 hours ($p = 0.002$). By analysing the *frequency of crimes* it can be established that in case of both sexes in the majority of the cases (in case of boys 69.2%, in case of girls 80%) the sexual offence was a single action. Repeated crimes were experienced in 8 cases for boys (30.8%), while for girls in 80 cases (20.0%). On the basis of the anamnesis presented by the victim and/or the person accompanying him or her the sexual crimes were divided as per the following *in accordance with their type:* in case of boys on 12 occasions (46.2%) anal intercourse, while on 14 occasions (53.8%) fornication took place (a wide spectrum of sexual abuse without intrusion). In case of boys no physical abuse took place among the insulted persons taken into hospital. In case of girls in the majority of girls (in 219 cases, 54.8%) vaginal intrusion took place, while in 164 cases (41.0%) fornication, and in 14 cases (3.5%) anal intrusion took place. For girls in 15 cases (3.75%) all these were also accompanied by a physical injury.

Table 3

Features of sexual offences in respect of the old Criminal Code (n = 426)

	Features	Boys Number of cases (%)	Girls Number of cases (%)	Cases in total (%)	p value
Date of examination	Immediate	2 (7.7)	98 (24.5)	100 (23.5)	
	Within 72 hours	5 (19.2)	150 (37.5)	155 (36.4)	
	Over 72 hours	19 (73.1) *	152 (38.0)	171 (40.1)	*p = 0.002
Type of sexual abuse	Vaginal intrusion	0	219 (54.8)	219 (51.4)	
	Fornication	14 (53.8)	164 (41.0)	178 (41.8)	
	Anal intrusion	12 (46.2) *	14 (3.5)	26 (6.1)	*p < 0.001
	Physical abuse	0	15 (3.75)	15 (3.5)	
Pregnancy test	Negative	-	5 (1.3)		
	Positive	-	12 (3.0)		
	It did not happen.	-	383 (95.8)		
Sperm detection	Positive	1 (3.8)	117 (29.3)	118 (27.7)	
	Negative	25 (96.2) *	283 (70.8)	308 (72.3)	*p = 0.005
Frequency	Single	18 (69.2)	320 (80.0)	338 (79.3)	*p = 0.189
	Multiple	8 (30.8)	80 (20.0)	88 (20.7)	
Location of the crime	Acquaintance's home	2 (7.7)	81 (20.3)	83 (19.5)	
	In a car	0	13 (3.3)	13 (3.1)	
	Children's shelter	4 (15.5)	13 (3.3)	17 (4.0)	
	School	3 (11.5)	21 (5.3)	24 (5.6)	
	Entertainment place	0	34 (8.5)	34 (8.0)	
	Public area	4 (15.4)	57 (14.3)	61 (14.3)	
	Forest, field	3 (11.5)	44 (11.0)	47 (11.0)	
	Victim's home	9 (34.6)	123 (30.8)	132 (31.0)	
	Other	1 (3.8)	14 (3.5)	15 (3.5)	
Date of the crime as per the season	Spring	6 (23.1)	112 (28.1)	118 (27.7)	
	Summer	10 (38.5)	117 (29.3)	127 (29.8)	
	Autumn	5 (19.2)	84 (21.0)	89 (20.9)	
	Winter	5 (19.2)	87 (21.8)	92 (21.6)	
Time of the crime as per the time of day	Morning	5 (19.2)	54 (13.5)	59 (13.8)	
	Afternoon	11 (42.3)	132 (33.0)	143 (33.6)	
	Evening	7 (26.9)	150 (37.5)	157 (36.9)	
	Night	3 (11.5)	64 (16.0)	67 (15.7)	

Location of the crimes: the majority of the crimes in case of both sexes (for boys in 9 cases, 34.6%, for girls in 123 cases 30.8%) happened in the victims' home. A typical location is a children's shelter (for boys in 3 cases, for girls in 13 cases), an entertainment place (for girls on 34 occasions), a public area (for boys in 4 cases, for girls in 57 cases), an acquaintance's home (for boys on 2 occasions, for girls on 81 occasions), a school (for boys in 3 cases, for girls in 21 cases).

With respect to the date of commitment of the single cases it turns out that sexual offences mostly happen in the afternoon and evening. For boys mostly in the afternoon (in 11 cases, 42.3%), while for girls mostly in the evening (in 150 cases, 37.5%). As per the season, they take place mostly in the summer months (for boys in 10 cases, for girls in 117 cases), when children spend their school holiday.

During the victims' physical examination in case of girls a pregnancy test was made only in 4.2%, in 12 cases (3.0%) the test result was positive. The laboratory tests proved the presence of sperms on one occasion in case of boys, while on 117 occasions (29.3%) in case of girls. A physical injury was detected solely in case of girls and on 15 occasions in total (3.7%).

Criminal procedure: during the 15 years' research period the sexual offences were followed by reporting and a judicial criminal procedure in 205 cases (48.1%). The number of offenders convicted in a legally binding way was 41, it is 9.6% of the cases. From the convicts the charge was sexual violence in 22 cases, in four cases unnatural fornication, while in 15 cases unlawful sexual activity with a minor was included in the indictment.

4. Discussion

The researches dealing with sexual offences committed against children took a long way in the last nearly 40 years. The sexual act against children is not "another isolated paediatric clinical picture" as Kempe claimed in 1978. Decrease in frequency of the positive physical evidence found during the examination of the victims suffering from sexual violent offences is prominent. While in the 1980s there was physical evidence in 50% of the cases, in the 1990s only in 20%, at present this rate is below 10%, in our study 3.5%. During the experience gathered during the years and development of the diagnostics suspicious and unsuspicious physical evidence was systemized for abuse. By the effect of the media the issue of paying attention, the sexual offences came into prominence, it also gave a great push to the cases turning out.

4.1. Definition, legal categories, types of abuse committed against minors and the modes of commitment

4.1.1. Chile abuse in the medical literature

Child abuse means that somebody causes an injury, pain, suffering to the child, or does not prevent a crime committed against a child, or does not report it to the authorities. The concept of child abuse was accepted by the medical society after Kempe's article published in 1962. Main types: physical, emotional and sexual abuse and negligence. *Physical* abuse includes injuries, bone fractures, punches, kicks, shaking ("shaking baby"), pulling, dropping, burning, infusion, strangulation, cooling down, poisoning caused by a physical connection affecting the child. *Emotional* abuse is misuse of the child's emotions, which seriously harmfully influences the minor's emotional and psychic development. Provoking a feeling in the child that he or she is not loved, useless, causing permanent sense of fear and anxiety, criticising and emotional extortion, the child's physical or mental misuse. *Negligence* is meant as all failures, which endanger the child's health, prevent the child's physical and mental development. It includes ignorance of the child's emotions, physical needs, negligence of its education. It means refusal of the hygienic conditions, delaying the medical care, omission of immunization, the obligation of school attendance and learning. *Sexual* abuse is a special form of abuse, includes all the acts, which take place for offender's sexual satisfaction without the minor's consent. By approaching the issue from the abused party's side: involving an immature child in development or a minor into an activity of sexual nature without that the child would understand it perfectly and give his or her consent. Further definitions are an unlawful relation, emphasize its forcing, manipulated and exploiting nature, highlight the importance of age difference between the offender and the victim (mostly 4-5 years) as well.

A pre-condition of the victims' treatment and prevention of abuse is knowing the legal forms of sexual abuse and the judicial proceedings. For judgement of the sexual violent acts committed against women and children an essential legal regulation is the law enforcer's practice forming along the norms established by the legislature.

4.1.2. Summary and interpretation of the changes taking place in the Hungarian legal system – categories being valid until 1st July 2013 of the Act of IV/1978 on the Criminal Code, and the Act of C/2012 on the Criminal Code being effective afterwards

The sexual offences can be found under Title II of Chapter XIV entitled as Crimes against Marriage, the Youth and Sexual Morality of the old Criminal Code, in accordance with the matter of facts included in **Table 5.** The legislative facts that can be read in **Table 6** are designated in Chapter XIX entitled as Crimes Against the Freedom of Sexual Life and Sexual Morality of the new Criminal Code. The following matters of facts were regulated in Chapter XX entitled as Crimes Infringing Children's Interests and Against Family (**Table 7**).

Table 5

The matters of facts of sexual offences in accordance with the text of the old Criminal Code effective until 4th September

The matters of facts of sexual offences under Title II of Chapter XIV entitled as crimes against marriage, family, the youth and sexual morality of the old Criminal Code
• Violent intercourse • Violence against pubic • Unnatural perversion • Unnatural violent perversion (it was omitted from the Criminal Code on 4th September 2002) • Seduction • Incest • Misuse of prohibited pornographic records • Facilitation of business-like lust • Dependence • Procurement • Indecent exposure

Table 6

The matters of fact of crimes against freedom of the sexual life and sexual morality in Chapter XIX of the new Criminal Code

The legal matters of facts of the new Criminal Code in Chapter XIX entitled as Crimes against the freedom of sexual life and sexual morality:
• Sexual forcing • Sexual violence • Sexual misuse • Incest • Procurement • Facilitation of prostitution • Dependence • Misuse of child prostitution • Child pornography • Indecent exposure

Table 7
The matters of facts of crimes infringing children's interests and against the family in Chapter XX as per the new Criminal Code

The matters pf facts of the new Criminal Code in Chapter XX entitled as Crimes infringing children's interests and against the family:
• Minor's endangerment • Child work • Prevention of contact-keeping with minors • Changing a minor's placement • Failure to fulfil the maintenance obligation • Violence in a relation • Infringement of the family legal status • Double marriage

It was a significant change in the last period in connection with the legal categories affecting the topic that as of 1st July 2013 the new Criminal Code modified the part of the Act of IV/1978 related to sexual offences in several respects. In the effective provision of law we meet new chapters in relation to the topic, and new matters of facts within the chapters. Chapter XIX of the act places the emphasis onto another thing compared to the previously effective regulation. As it is also shown by the title, not the protection of sexual morality is the primary and the only protected legal object, but also sexual integrity, sexual autonomy, protection of sexual freedom. The former keeps the public interest in mind primarily, while the latter concentrates on the private sphere. It also has to be mentioned in connection with regulation of the effective Criminal Code that some matters of facts discussed in two chapters have a closer connection to different international conventions than the previous ones. The new criminal law exchanges some concepts to new concepts in accordance with the requirement of modernity, harmony with the international terms and comprehensibility of the law. Besides the rules of criminal proceedings the administrative provisions of law of child welfare place a great emphasis on the insulted persons' consideration. In sum, the main point of the legal change is that while the "old' Criminal Code considered the protection of sexual morality, the public interest as primary, the "new" Criminal Code places the emphasis on the individual, sexual integrity, sexual autonomy. Neither of the acts specifies an obligation of reporting, but the rules of private motions needed for launching a procedure and lapse of culpability.

4.1.3. The offender's aim and social consequences

From the point of view of the offender's aim and the consequences affecting the society the sexual abuses may be divided into two groups. Exploitation with commercial and non-

commercial aims is distinguished. The former is meant as child abuse with business aim, connecting with prostitution, child pornography, internet crimes and child trade. The child abuse with non-commercial aims includes violence within the family, sexual misuse within children's institutions.

4.1.4. The type of commitment and the offenders

On the basis of the type of commitment the sexual offence can mean a wide variety of sexual activity, from the form without contact to the act also including intrusion. The forms without contact include exhibitionism, indecent speech, involvement or forcing of children in any fields of pornography. The possibility of contact beyond fondling the genitalia is oral, vaginal, rectal intrusion, as well as application of devices for this purpose. The sexual violence and sexual offence against children have to be distinguished. The offenders of the sexual violence is mostly strangers, it is a single act. It is usually supplemented with physical violence, therefore it results in an injury, the injured person is immediately taken to a physician for providing an aid requested by the family. These cases are followed by a police report, and then a judicial procedure. It is a precisely documented crime that can be statistically followed up. The offenders of sexual offences are persons known, accepted and loved by the child, mostly family members, father or stepfathers. It is usually a multiple act, which rarely results in an injury. The misuses of this type often take on the façade of the child's cooperation. By using the advantage of power, knowledge and situational benefit, the adult misuses the child's confidence and uses the child's need for love to satisfy its unilateral sexual wishes. Arising from its nature the commitment can be proved hard and mostly also kept in secret by the family. The cases of this nature get to a physician late or do not get there at all, so they do not have any legal consequences. Therefore, the exact number of the cases can be estimated hard, and the rate of the events becoming known is far behind the real frequency.

4.2. Presentation of frequency of the sexual offences and their reasons by means of the data of the selected countries of the world, and their comparison with the Hungarian situation

On the basis of the most recent literary data the prevalence of the sexual offences in childhood is between 10-20% for girls, while between 5-10% for boys. In accordance with a similar recent metaanalysis the general prevalence is 12.7% (for girls 12.7%, while in case of boys 7.6%).

With respect to the international statistics the data show an astonishing situation. In the USA being at a leading place in the topic in 2006 the child protection services registered 905,000 child victims. 8.8% of the suffered sexual offences mean 79,640 children in total, which corresponds

to 1.1 ‰. The Canadian frequency shows 13% rate of occurrence. In Germany 21.1% of women have suffered due to a violent sexual crime. A study made in Switzerland found 19% frequency among minors, while it described 20% occurrence in Great-Britain. In Scandinavia they report a little lower, in Norway 17%, in Sweden 13%, while in Spain higher 22% prevalence again. In Hungary we do not have summary data on the frequency of the sexual offences committed against minors, although we can read case studies in several publications. In the Hungarian medical literature the first publication connects to the Antoni's name. The first population-based study of sexual offences committed against minor girls was announced by Csorba in 2005.

Why aren't there data of evidence value? In Hungary these crimes are accepted hard, considered as a taboo topic still nowadays. The health care system is unprepared, the organised procedural form, the physician's obligation to report are missing. The experience of specialists dealing with the topic – teachers, physician, nurses, social workers, police, court – is little. A further reason for the low number of evidence is the diagnostic difficulty of the sexual offences. Since there is no physical abuse in most crimes, it is a recurring and long-lasting guilty relation kept in secret. Besides the minor victims' fear, being kept in fear and little knowledge of anatomy hinders the precise testimony. It is concluded from the foregoing that a significant part of sexual offences remains hidden in our country.

4.3. Review of the documentation of the patients examined in the consultations by specialists in Szabolcs-Szatmár-Bereg County during the period between 2000-2015, studying the features of victims and the crime, the circumstances and root causes of the abuse

In respect of the revealed crimes the other acts against sexual morality and sexual violence have to be distinguished. In vast majority of the cases (for boys 100%, for girls 96.25%) there is no sign of violence, since the persons committing the sexual offence against children were known and loved by the children. For boys in 8 (30.7%), for girls in 71 cases (17.75%) the person charged with a sexual offence was a family member, at that time the crime usually took place at home (for boys in 9, for girls in 123 cases). In case of these types of abuse the first examination is almost always delayed (for boys 73.1%, for girls 38.0%), the child does not give away the loved person, so no forensic evidence can be found in vast majority of the cases. In these cases multiple occurrence of the crime is typical (for boys 30.8%, for girls 20.0%). Since the child reveals the secret only late or does not reveal it at all, the examiner is not able to document the sign of the former trauma due to the length of the time having passed. A further reason for the lack of physical evidence or a low number thereof following the sexual offence is the nature of

the sexual act infringing sexual morality. The crime is mostly not connecting with such a physical contact that causes noticeable injuries. Special attention has to be paid to those cases when a family member and acquaintance is the offender (for boys in 18 cases, for girls 260 cases). During the research period we found such cases on altogether 278 (65.3%) occasions. Most victims were under 10 in case of boys, while most ones were between 11 and 14 in case of girls, while the youngest one hardly reached the age of one and a half year. In many cases the child receives a present, the offender also extorts him or her emotionally. The mothers are themselves afraid of the underprivileged financial situation, all those sufferings, which wait for the family if the head of the family as the main money earner is sent to prison as well. It is the basis of the multiple, continually committed sexual offence remaining in secret. The sexual crimes take place mostly in summer (for both sexes, in 127 cases), when the child enjoys his or her school holiday. The date of commitment is in harmony with it: most crimes happen after school in the afternoon or evening, when the parents still work, or when children's supervision is not resolved during the school holiday.

In contrary to the abuse within a family or committed by a well-known offender, the victims of the sexual offences caused by a stranger offender (for boys 30.8%, for girls 35%, in total 34.7%) usually go to a physician immediately, and forensic evidence can be gained in high percentage. In case of our patients the offenders were strangers in 148 cases (34.7%), from which in 118 cases (27.7%) sperm could be detected on the unction taken from the vagina or rectum. These victims are mostly accompanied by the mother or another family member, an immediate examination can be carried out. Efficient collection of forensic evidence within 72 hours after commitment of the sexual offence leads to a result with higher probability, but since introduction of the DNA technology this time may be extended by days, weeks.

During the last 15 years' period 426 cases on 205 occasions (48.1%) were followed by a police report. Finally, the number of convicts with a legal effect was 41 (9.6%). The criminal proceedings against the offenders took place through years and have taken place also in these days. The low number of the reports and criminal cases and the long decision-making procedure practiced in the Hungarian jurisdiction hinder effective prevention of repetition of the events and occurrence of similar abuses.

4.4. The medical and multidisciplinary units of the victims' treatment: morals from recognition and the therapy

In the anamnesis the sexual act has to be asked about either in a hidden or indirect form. The parents, the kindergarten – school teachers and physicians also have to pay attention to tiny signs

of bad care of children, sexual offences. It is a difficulty in diagnostics that the lack of physical signs does not exclude the possibility of abuse, so the experts have to think of sexual forms of behaviour in any suspicious cases! At the same time the unsubstantiated allegations have to be avoided! The indications may be general or specific, turn up at somatic, emotional and behavioural levels, and in their combination. A specialist has to be attended immediately if the following general behavioural signs are noticed in case of a child (**Table 8**). We also have to know the features the suspicious parental behaviours: non-observance of the physician's, nurse1s advice, the story presented by the parent cannot be reconciled with the injury, the case histories told by the child and the parent are not the same.

Physical signs can also refer to abuse: the parent goes to a physician only later after the injury, the child and parent report the injury differently, the type of the injury cannot be reconciled with the presented story. Non-specific indications of the sexual offences include the general behavioural signs described above, the consequences of the sexual act, e.g. alvine pain, returning painful urination and urinary tract infections, pain and itchiness of the genitalia. The specific signs are clear: injury, inflammation of the genitalia and the anus, pregnancy and sexually transmitted diseases. On the basis of taking the anamnesis and the evidence of the examinations the probability of a sexual offence is summed up in **Table 9**.

Table 8

General indications detectable in case of a child

Changes in the behaviour • inexpressive face, blank look, the lack of eye contact, refusal • fear, anxiety, over-sensitiveness, distress, shyness • distrust, aggressivity, provocative behaviour • remarkable humility, readiness
Family relation, lifestyle • sleeping-, eating disorder • fear of parents, escape from home
Health state, psychosocial problems • regularly ill, without medical explanation • regressive behaviour, bed-wetting • precocious behaviour • sexualized behaviour not fitting to the age • use of alcohol, drugs • depression, sense of shame, attempt of suicide
Relations with children of the same age, school • weak relationships with mates of the same age, classmates, friends, difficulty in making friends • passivity in school and other programmes • concentration and learning difficulty, sudden decrease in performance at school • early arrival at school, late leaving korai

Table 9

Protocol to decide the probability of a sexual offence

No evidence • Normal evidence of examination, no anamnesis referring to a sexual offence, no witness, no behaviour deviations • Non-specific evidence of examination that can be explained with another origin, no testimony related to a sexual offence, no behaviour deviations • The child may be considered as endangered, but there is no positive anamnesis, and there are only non-specific behavioural deviations • The physical evidence of the injury is in harmony with the anamnesis related to the accident, which is clear and believable
Possible abuse • Normal or non-specific evidence of examination, with significant behavioural deviations, mainly sexualized behaviour, but it cannot give anamnesis related to child abuse • Anogenital lesions caused by Condyloma accuminatum or HSV 1 in a child at prepuberty age, without anamnesis related to a sexual offence, otherwise with normal evidence of examination • The child gives a testimony, but it is not detailed enough or is not consistent compared to the child's level • Suspicious evidence of examination without that infringement of sexual morality or a behavioural deviations could be proved
Probable abuse • The child gives a clear, detailed testimony, with or without existence of physical signs • Strongly suspicious evidence of examination, deviations, with or without anamnesis related to a sexual offence, without anamnesis related to a pervasive injury • In case of a victim over the age of two breeding of genital secretion: Chlamydia trachomatis positive • Secretion taken from the genital area: HSV 2 positive • Diagnoses Trichomonas infection
Proven sexual act or sexual contact • In the evidence of examination the sign of intrusion, violence is clear, without anamnesis of an accident • Sperm or prostate secretion on the child's body or in the body orifice • Pregnancy • Neisseria gonorrhoea positive breeding from the genital, anal or pharync secretion • Syphilis gained post-natally • Abuse taking place in the presence of witnesses, or documented with photos or video records • The offender gives a testimony in relation to a sexual offence • HIV infection, after exclusion of other modes of infection

4.5. Individual, Medical and Social Consequences of Social Offences

The significance of sexual offences committed against children under 18 is provided by the extremely wide spectrum of consequences. The consequences damaging the child's physical integrity include *physical injuries* arising from physical violence, which may either lead to the child's death. The consequence of the sexual contact may be the minor victim's *unwanted pregnancy,* which may be followed by illegal abortion. A great reservoir of *sexually transmitted diseases* means a further hazard, which may result in infertility as a late consequence, the risk of endometriosis is also increased. The sexual violence against children often appears in the picture of a *psychosomatic disease,* the *irritable bowel syndrome, the stomach and digestive system disorder* are mainly characteristic of minor victims, while the *premenstrual syndrome, chronic pelvic pain* are characteristic of older victims. The mental consequences of sexual offences include almost all the emotional, psychosomatic, self-destructive and antisocial behaviour disorders. Their main forms of manifestation: *depression, anxiety, post-traumatic stress, intention of suicide, sleeping and eating disorders, chronic exhaustion,* as well as *addiction to alcohol and drugs.* In sum, the health and social effects of the sexual offences are complex, diversified and unpredictable. The victims' health gets in danger, the health expenditures cannot be estimated. In childhood the recovery of the health of women suffering from sexual offences is costlier at a later age than that of those who were not exposed to such a trauma.

4.6. Outline of prevention of sexual offences, medical and legal methods, the tasks of the future

Since a sexual offence may lead to lifelong physical and/or legal consequences, it is not enough to professionally treat the victims. The information, the aid and the possibility of reporting without name have to be made available for the victims and potential victims. Special attention has to be paid to the young belonging to the risk group (drug ambulance, juvenile psychological consultations). Health educational programmes have to be organized both for the children, the parents and teachers. The essential features of sexual offences have to be made familiar for the parents and teachers. The appropriate emotional connection between the family members is the pledge for successful actions. Beyond the parental responsibility the basis of prevention is the information supplying work at school commenced in an appropriate form and at due time. A basic condition for successful action against the sexual offences against minors is the social alliance. The success of prevention of the mute epidemic can be expected only from interdisciplinary, health, educational, police, legal and social alliance. The education serving prevention of sexual violence has to be present at all levels of public education.

4.7. The task of the future

1. The abused child should be *treated* in the designated centre, in accordance with the specified protocol, which I would supplement with the following. By taking the extraordinary importance of the first examination into consideration it should take place by involving a specialist and with photo documentation. During the examination the use of a video-colposcope is beneficial, because it makes the examination more easily bearable for the victim, since it makes the examination and taking secretion visible also for the child. The examining methods have to be supplemented with an examination carried out in a knee-breast position. In this position the front wall of the vagina moves off the rear wall, and the part of the hymen to be examined becomes better visible due to gravity. The anamnesis made with the victim should be taken in a special room, in a way carried out by an interview specialist, and the conversations should be recorded in a video. The abused child should be treated by a multidisciplinary team, the members of which are: a physician, a social worker, a nurse, a worker of the child welfare service, a psychiatrist – psychologist, a police officer, a prosecutor.

2. Legal regulation, child-friendly jurisdiction

The reform of the victims' legal regulation has commenced. In 2011 the European Committee accepted a schedule in order to enforce the children's rights at a Union level, a highlighted part of which is guaranteeing the rights for victims and the accused of child age in the legal system. In Europe year 2012 was the "Year of Child-Friendly Jurisdiction". The principles of the child-friendly jurisdiction are summarized in **Table 10.**

Table 10
Principles of the victim-friendly judicial practice

Ensuring consideration of the child's interest above all
Guaranteeing an equal procedure for all children without discrimination
Making expressing and listening to the child's opinion possible
Protection of the child against abuse, exploitation and violence
Respecting the child's dignity
Ensuring legal guarantees and protection in all procedures
Emphasizing the preventive approach in the criminal procedure related to minors
Restriction of the child's freedom may be applied only in a final case and for the shortest time as possible
The approach of children's rights are to be enforced in all procedures

So the features of the child-friendly jurisdiction, particularly access to jurisdiction are a system proper for the child's age, fast, respecting human dignity, acknowledging and taking the children's rights into consideration, in which the child's right to participate in the procedure, understand the procedure, respect his/her private- and family life and his/her dignity". The Government of Hungary announced the year of Child-Friendly Jurisdiction in 2012. The units of the child-friendly jurisdiction can be read in **Table 11.**

Table 11
The units of the child-friendly judicial practice

The child's legal representation outside the procedure has to be provided
Use of a child-friendly environment and language in the procedure
Proper information to the child
Avoidance of unnecessary delay
Hearing of children through specialists: Child-hearing room
Audiovisual recording of the child's testimony and its multiple use in the future
Avoidance of the child and the offender's personal meeting
Legal guidance to the child and his/her family after the procedure

The child-centred jurisdiction has to accept a role in revealing the latent crimes committed against minors. The next step of the child-centred jurisdiction is the procedural protection of the children suffering from the offence during the conduction of the criminal procedure. In the procedure in the presence of the investigating authorities a provision of law orders the establishment of child-hearing rooms. The aim of establishment of child-hearing rooms is that the investigating authority or the court should execute the hearing of a person not over the age of fourteen in such a room, in which it can be ensured that the procedure should be implemented by consideration of the person at the age of a child, keeping the child's interest in mind above all, by protecting them against the harms arising from the nature of the criminal procedure. Its means are, on the one hand, the environment proper for the needs adopting to their features arising from their age. On the other hand, the child-hearing room has to be equipped with technical devices suitable to make visual- and audio records as well, which serve the aim that the child should be heard only once, if possible, during the whole criminal procedure. By making a record repeated acting of the happenings can be prevented. The experiences in the childhood are decisive for the victims' future life, their confidence in the jurisdiction is grounded at that time, therefore our interest is that the child-friendly jurisdiction should be enforced not only at the level of legislation, but also in practice.

3. We must not forget the *boy victims* either. The 26 cases collected in the investigated 15 years' period mean only the tip of the iceberg.

My Findings

1. In the period between 2000-2015, in Szabolcs-Szatmár-Bereg County – first in our country – I established the frequency of sexual offences committed against children under 18.

2. In my study I was the first to study both sexes in respect of sexual offences.

3. I characterized the sexual offences on the basis of the points of view of the victim, the offender, the crime and medical care.

4. The majority of the girl victims (178) belonged to the age group of 11-14, 56% were students. 46.2% of the boy victims belonged to the age group of 10 or younger, they were also students. The majority of the offenders in both sexes knew the victims, in 30-35% of the cases we face an unknown offender. In case of the boys the person accompanying them into hospital was the mother in 34.6% of the cases, while in case of girls it was the police in 50%. By studying the length of time between commitment and the examination it was different between the two sexes, which showed a significant difference. 73.1% of the boys were treated over 72 hours, while in case of 24.5% of girls immediate, emergency treatment could be provided, in 37.5% treatment within 72 hours could be provided. By analysing the frequency, the abuse was a single act in 69.2% in case of boys, in 80% in case of girls. As per its type for boys in 46.2% anal intercourse, in 53.8% fornication took place, without physical abuse. In case of girls in 54.8% vaginal intrusion, in 41.0% fornication, in 3.5% anal intrusion happened, which was accompanied by a physical injury in 3.75%. By taking the location of the act into consideration, mostly in respect of both sexes, they took place in the victims' home, in respect of its time mostly in the afternoon and evening. In case of girls a pregnancy test was made only in 4.2%, which was positive in 3.0%. For boys the laboratory test proved the presence of sperm on 1 occasion, for girls on 117 occasions. The cases were followed by a report to the police, criminal procedure in 48.0%. The rate of those convicted with a legal effect is 9.6%.

5. I have established that the data of frequency of sexual abuse in relation to juvenile girls in our country is lower, but it does not deviate significantly from the data of 8 countries.

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The articles used as a basis of the thesis:

1. Enyedy A, Tsikouras P, Csorba R. Medical and Legal Aspects of Child Sexual Abuse: A Population-Based Study in a Hungarian County. Int J Environ Res Public Health. 2018;15(4). pii: E701. doi: 10.3390/ijerph15040701.
2. Enyedy A, Csorba R. Sexual Abuse of Female Children. Orv Hetil. 2017; 158(23): 910-917.

Articles connecting to the topic of the thesis:

1. Enyedy Andrea, Marosi Zita: The Secure Bond
   ISBN 978-615-5545-52-8 pp. 107-114. Publisher of Nyíregyháza College 2014.
2. Enyedy Andrea, Csorba Roland: The Research of Sexual Abuse Against the Juvenile in Szabolcs-Szatmár-Bereg Country
   ISBN978-615-80663-9-6 pp. 70-78. Responsible publisher: A Printart-Press Kft. 2018.