

## CASE REPORT

# Incestuous childhood sexual abuse between siblings resulting in pregnancy without sexual intercourse

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### Abstract

Victims of incest are usually women and children who are mostly girls. The abuse between siblings may remain hidden because of the family's fear of social stigma, though it may result in pregnancy. This article presents a case of incestuous childhood sexual abuse between siblings resulting in pregnancy without intercourse, an event rarely reported in the literature. An 11-year-old girl was brought to the hospital because of a stomachache and was detected pregnancy from examinations. Forensic medicine experts determined that the girl's hymen was still intact and non-elastic in the genital examination. Gynecology and Obstetrics Department confirmed the pregnant compatibility with 14 weeks, 4 days; after ultrasonographic monitoring. She was abused by her 14-year-old brother by rubbing for 1 year and this resulted in pregnancy. During the psychiatric examination, her attitude was negative and symptoms of post-traumatic stress disorder emerged. Medical abortion was applied after psychiatric and gynecological examinations. The girl's brother was confirmed as the biological father after the DNA paternity test was conducted on the fetus. Based on this case, this article aimed to examine the medical, social, and legal problems caused by incestuous childhood sexual abuse and contribute to the literature by emphasizing what forensic medicine and preventive medicine approaches should consider in such cases.

### KEYWORDS

genital examination, incest, pregnancy without sexual intercourse, revictimization, sexual abuse, siblings

### Highlights

- We analyzed a rare incestuous case resulting in pregnancy without penetration.
- Pregnancy was detected in the child admitted to emergency service with a non-specific complaint of a stomachache.
- Pregnancy can occur with vulvar sex and ejaculation even if there is no rupture of the hymen.
- Pregnancy termination was performed with the child and parents' consent for physical and psychological reasons.
- Pregnancy testing is necessary even in cases of sexual abuse without sexual intercourse.

## 1 | INTRODUCTION

The term *incest* comes from the Latin *incestus*, meaning dirty, defiled, and unclean. Incest has many different modern definitions according to culture, religion, and law. In Turkey, sexual relations between relatives traditionally prohibited from marrying in terms of morality, law, and religion are defined as incestuous [1]. According to Mayer, incest consists of sexual contact and a relationship between unmarried family members without any moral or legal restrictions [2]. Gottlieb defines incest as sexual intercourse between family members as prohibited by law or social norms from a social content approach. Meanwhile, Tierney and Corwin state that kindredship is not required for incest, and they also evaluate step-relationships, adoption, those responsible for childcare, seductive conversation, and contact with a person trusted by the family (mother/father, uncle, cousin, aunt, close family friends), exhibitionism and sexually explicit behaviors within the scope of incest. Strauss indicates that he came across the prohibition of incest in his anthropology research on the formation of kinship systems. From this point of view, the prohibition of incest is universal: in other words, it appears as a rule, although its scope varies in every culture [3].

One of the main significant reasons that incest is prohibited is the concern about inbreeding, which has various health hazards because of the expression of recessive alleles, which might cause the development of complex diseases and reduction in longevity [4]. Children born of incestuous mating (father–daughter, brother–sister) are expected to be at higher risk of abnormalities (homocystinuria, congenital ichthyosis, deaf-mutism, retinitis pigmentosa, glycogen storage disease, cystic fibrosis, and progressive cerebellar degeneration) from deleterious recessive genes than random mating [5,6].

The victims of incest are usually women and children who are mostly girls [7,8]. Incest is most frequently reported in father–daughter cases, but incest between siblings is thought to be 3–5 times more common. It is considered that the most crucial factor in keeping abuse between siblings a secret is the fear of the family facing social stigma [9]. Incest abuse usually starts in the form of touching with hands and fondling and may continue to rubbing or even anal–vaginal penetration. Incest, which is mostly hidden, may then be revealed through pregnancy. This presents many medical (physical and mental), legal and ethical problems, especially for female adolescents [10,11].

Pregnancy usually occurs after the encounter of sperm and an ovum in the female internal genital tract after ejaculation in the vagina, followed by the fertilization of the ovum by the sperm after hormonal and biochemical processes take place. Active and fertile sperm can move an average of 1–4 mm per minute in a suitable environment and survive for 1–2 days in the female genital system. Moreover, the research has reported that pregnancy may occur due to the forward movement of sperm in cases, where ejaculation happens in or on the external female genital organs (vulva and/or vaginal entrance and surroundings) [12,13].

This study aimed to examine the medical and legal problems brought along by a case of incestuous childhood sexual abuse

resulting in pregnancy without sexual intercourse, which is rarely reported in the literature, and to emphasize what forensic medicine and preventive medicine approaches should consider in these cases.

## 2 | CASE REPORT

An 11-year-old girl, who was brought to the hospital because of a stomachache, was sent to the forensic medicine department for genital and forensic psychiatric examination with the detection of pregnancy from the examinations and tests upon the judicial process was started. The investigation document examination revealed that the girl of 11 years and 5 months lived in a rural area with her mother, father, and brother. Her parents were about 40 years old, and her mother was a housewife, and her father a worker; her mother also took medication for depression. The investigation document told that the girl had a history of sexual abuse, starting with watching pornographic content with her 14-year-old brother and touching her by hand. This developed into anal and vaginal rubbing with his sexual organ for about 1 year. She explained that her brother did what he saw in the pornographic content after watching it with his friends. He also tried to insert his sexual organ into her genitals and anus, when their mother was not home, or when they were alone after their mother slept. On general examination, forensic experts observed that the secondary sex characteristics of the girl were developed. The girl said that her age of onset of menstruation is 9-year-old. A genital examination found no traumatic change in the girl's external genital structure. The hymen had an annular and non-elastic structure, and the hymenal opening diameter was 1.3 cm. The examination also revealed a tongued protrusion at 10 o'clock and a minimal natural indentation not reaching the vaginal wall between 11 and 12 o'clock in the lithotomy position. Through these findings, forensic medicine experts determined that the girl's hymen was still intact and non-elastic. An anal examination also detected a natural sphincter tone, with no traumatic change in the anal mucosa or surrounding skin tissue either. During her psychiatric examination, the girl avoided eye contact. Her mood was depressive and affectivity sorrowful, and she showed a negative attitude. Flashback, self-incrimination, avoidance, regret, and shame symptoms also emerged at this time. Additionally, a control Beta-HCG test was positive. The patient was then referred to the Gynecology and Obstetrics Department, where the pregnancy was confirmed via fetal heart-beat (+) compatibility with 14 weeks, 4 days; after ultrasonographic monitoring, desistance of pregnancy was deemed necessary to preserve the girl's physical condition and health. The girl was then consulted to the Child and Adolescent Mental Health and Diseases Department. There, child and adolescent psychiatrists reported the child's mental capacity as normal, her attitude was negative during the examination, and symptoms of post-traumatic stress disorder emerged during the consultation. The Gynecology and Obstetrics Department later performed a medical abortion procedure, and the researchers' department gave the necessary information to the judicial authorities and the girl's family. The abortion material and a

sample of the girl's blood were sent to a laboratory for DNA analysis. After a DNA paternity test was conducted on the fetus, the girl's brother was confirmed as the biological father. During the medical process, the girl was taken from the family by the state and placed in an institution belonging to social services. Since the girl and her family live in a different city, we, unfortunately, do not have any information about whether the family stayed intact in the next judicial processes and whether the boy received a criminal record.

### 3 | DISCUSSION

The worldwide prevalence of incest is not clearly understood due to the differences between its definitions [14]. A study of the overall prevalence of incest in Turkey specifically has not been published yet either, though it varies between 4% and 33.4% in studies on sexual crimes in different Turkish provinces [15–18]. The true rate is estimated to be much higher by reason of the large differences in findings related to the prevalence of incestuous sexual abuse in Turkey [19]. Indeed, incest is often hidden by family members due to their fear of social stigma [9,17]. Therefore, the occurrence of incest is mostly found incidentally through traumatic lesions in the genital area during clinical examination, sexually transmitted diseases, and pregnancy [17,20]. The sexual abuse of the girl in this case study by her brother appeared with the determination of pregnancy. As such, incestuous sexual abuse victimization should be a consideration in childhood pregnancy cases.

The literature rarely describes pregnancy cases emerging without penetration [21–23]. Similarly, incestuous sexual abuse resulting in pregnancy, as occurred in the current case, is much less commonly reported [24,25]. This type of sex without penetration is called inter-femoral, intercrural, rubbing, and vulvar sex [22–25]. Fondling and rubbing are the most reported forms of abuse in incest cases between siblings [26]. Abusers often choose this type of relationship to protect the virginity of the child or to prevent pregnancy in older children with the fear of hurting the child [1]. Since the hymen was observed still intact and non-elastic in the genital examination, it was determined that sexual abuse resulting in pregnancy occurred without penetration. As such, swab samples should be taken for DNA analysis during physical examinations in sexual abuse cases, and a pregnancy test should be done even if there is no traumatic change in the body, especially genital areas.

The literature does describe cases of sexual abuse by a younger or elder brother resulting in pregnancy [20,27,28]. In the present case, the victim was subjected to sexual abuse by her 14-year-old brother, who is 2.5 years older than her. The victim described these acts as sexual intercourse that her brother learned from pornographic images that he watched with his friends. In the case analysis, in terms of pedophilia disease, the boy did not meet the diagnostic criteria of pedophilic disorder in DSM-5 depending on the child's age (14 year old) and the age difference between both children (2.5 years) [29]. Adolescence is a period in which youth must adapt to emotional fluctuations created by their physical and

biological changes. Frequently, this period generates behavioral and emotional changes related to sexual productivity, leaving teenagers open to peer influence, unable to evaluate risk and harm, and sensation seeking [30]. Thus, in the present case, the brother may have also behaved impulsively per-peer influence due to his age, when essential cognitive capacity and logical reasoning are not yet mature. Therefore, instead of punishing the brother in the judicial system, the state should protect the child, implement social and psychological support, and rehabilitation measures without excluding him from society.

Intense guilt, shame, and post-traumatic stress disorder symptoms were also observed in the victim's mental examination. Many studies report that women with a history of childhood sexual abuse have a higher rate of sexual revictimization in adulthood than women without a history of sexual abuse [31–33]. In addition, studies on adult women victims of sexual abuse show that women abused in childhood who felt great guilt and shame related to the abuse were more likely to face revictimization than abused women with a low level of internalized shame [34,35]. Remarkably, psychological findings in childhood are significant risk factors for adult sexual revictimization. Social support, along with psychiatric treatment and rehabilitation, should thus be given to children who have endured sexual abuse to prevent revictimization.

Sexuality and reproductive health are substantial issues to emphasize during adolescence. Sexuality remains a taboo topic in Turkey, as in many other countries. Additionally, the country does not offer a structured sexual education program for teenagers. Though sexual education is expected to start within the family, parents themselves often do not have sufficient knowledge on this subject. Indeed, sexuality in the family is still taboo in closed societies in terms of social and cultural topics. As reported in a study conducted with university students in Turkey, the majority of students had never talked about the topics of sexuality and reproductive health with their parents [36]. Also, in the present case, adolescents, who were understood to have not received appropriate sexual education from their families and teachers, turned toward inappropriate sexual behavior given the nature of their age.

The concept of incest does not exist terminologically in Turkish criminal law as it does in many other legal systems. Having a kinship relationship in sexual acts against children and adults without their consent is instead evaluated as aggravated punishment. Another situation that needs to be examined in forensic medicine is the termination of pregnancy. The termination of pregnancies over 10 weeks, even with the consent of the woman, is prohibited except for medical necessity under Turkish criminal law, and penal sanctions are imposed on the persons performing and having the abortion for not obeying the prohibition. This period is extended up to 20 weeks if the woman consents in pregnancy cases that occur as a result of a crime. Furthermore, this period can be extended up to 20 weeks in cases, where there is a risk of serious disability for the child and following generations, whether there is a criminal situation or not. In the case presented in this study, consultations with child psychiatrists and Gynecology and Obstetrics specialists concluded that the

continuation of pregnancy would cause physical and mental problems for the girl, who was only 11 years old. It is also known that the risk of genetic diseases is high in children born of incest. Obstetrics and gynecology clinics applied medical abortion in accordance with the law after the approval of the child and her parents due to these potential risks.

This case shows the complexity of forensic medical evaluation of a child who became pregnant as a result of sibling incest. Sexual abuse victimization and resulting in pregnancy are traumatic situations for the child in terms of physical, psychological, social, and legal aspects. This case report demonstrates the importance of case management with a supportive team consisting of child psychiatry, forensic medicine, Gynecology and Obstetrics specialists, and ensuring the participation of the child in the decision process. In addition, even if there is no evidence of sexual intercourse in genital examination and anamnesis, it draws attention to the necessity of conducting pregnancy research at all times.

#### 4 | CONCLUSION

Although the actual frequency of incestuous sexual abuse between siblings is unknown, researchers believe that these cases are more common than expected because families typically keep them secret. Even though there should be penal sanctions against these and similar cases, the most critical factor in solving the problem is education. Similar cases may occur, especially when children in adolescence do not receive necessary and appropriate sexual education from their families. Regular social education programs for parents or caregivers should be developed to prevent incestuous sexual crime cases. Sexual education should also be included in school curricula for adolescents. In addition, sexual health services can help by establishing family health counseling units in health institutions.

Social support, psychiatric treatment, and rehabilitation for child victims should be provided to counteract the feelings of guilt and shame commonly found in incestuous childhood sexual abuse victims, which can otherwise lead to sexual revictimization. In cases where the perpetrator of sexual abuse is also a child, a detailed psychiatric examination of the accused child should also be done. Although the act of the child is a crime, rehabilitative measures should be taken instead of a punitive approach, taking into account his physical and mental development, and efforts should be made to reintegrate the child into society. For this purpose, social and psychiatric support should be provided to the child and his family, and the child should be given age-appropriate sexual education.

A pregnancy examination must be performed, even if there is no evidence of sexual intercourse in the genital examination and anamnesis in cases of sexual abuse. In cases where pregnancy is detected, medical abortion could be considered an option. The child and his legal caregiver should be informed about the termination of pregnancy, considering the possible physical and mental effects on the victim and the high risks of genetic diseases in children born

from incest. In cases where the pregnant child does not give consent or the pregnancy is more than 20 weeks and there is no medical necessity to terminate the pregnancy; The child should be followed closely, and physical and psychological medical support should be given her during pregnancy. Counseling, health, education, care, and even sheltering measures should be taken within the scope of protective and supportive measures for mother and baby after birth.

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