

## Uncovering Violence and Sexual Assault against Women in Emergency Services

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In the 21<sup>st</sup> century, various human rights violations are taking place in many parts of the world. According to WHO (World Health Organization), violations of rights, especially against women, are among the most hidden and unexplained violations [1]. Violations of rights against women occur through different methods. As in the rest of the world, many cases are reported by our health institutions and judicial authorities in our country. According to the studies of social science researchers, this is only the tip of the iceberg [2].

As there are many different forms and methods of violence, harassment and sexual assault against women, it is not easy to uncover it. There are many reasons for violence against women. According to a study by İncecik., *et al.* The most common causes in our country are; Biological causes (endocrine metabolism disorders, drug-drug alcohol addiction), psychosocial causes, psychiatric disorders associated with violence, disorders affecting the central nervous system [3]. In this article, our aim is to identify these rights violations in emergency services and to determine the issues that need to be considered in the correct management of the process.

In cases of violence and sexual assaults against women, if a woman wants to complain or if she has a severe physical injury due to the violence she suffered, she generally prefers the emergency services of State hospitals in Turkey [4].

A woman who is subjected to violence can apply to the emergency services in two different ways. In the first, the woman stated that she was subjected to violence and in the second, the woman hesitated to mention this and apply with another complaint and want for the health worker to detect it. In the first form of application, based on the statement of the woman, the claim should be proved by an accurate history taking technique, a qualified physical examination, and then the treatment, rehabilitation and legal process should be managed correctly [5].

In the second form of application, emergency service workers should be more careful and attentive. First of all, the main difficulty is the correct management of the fear and hesitation that the victim can hear from the emergence of this situation [6]. In this approach, convincing the victim is the most important first step. Any application that can be done without the consent of the victim can put both the healthcare worker and the victim in a more difficult situation. The way to prevent this situation is to be able to convince the victim both to the examination and to all the ways to be followed and determined together. For example, performing hymen examination without their consent is a crime of virginity control and the physician performing this examination is considered to have committed a severe criminal offense in the Turkish Penal Code [5]. After this persuasion process is clear, anamnesis, physical examination and other processes can be initiated.

Studies have shown that in cases where violence occurs within the family, healthcare workers avoid reporting it, and it is more sloppy compared to situations where violence occurs outside of the family [7]. Therefore, healthcare professionals should have the same sensitivity to their behavior and attitudes towards domestic violence as the act of violence from outside the family.

Another important factor in the first approach when applying to emergency services with complaints of violence or sexual assault against women is the age of the applicant. If the applicant's age is under 18, the entire algorithm from the first approach to the legal process should be operated differently. The most important point here is the first question to be asked. It is whether the person who made the action directed against the person is from the family. If the answer to this question is yes, it is important to inform the law enforcement agency first of the procedures to be carried out and the procedures to be carried out, and to do the transactions with a third witness with the consent of the person [7]. If a third person from the family can trust by the victim, this person should be included in this process. If the person carrying out the action is not a member of the family, it is absolutely not appropriate to take any action against the child without calling the parent responsible for the family.

As it can be understood from here, in cases of violence, abuse or sexual assault against women, the most critical stage for the emergency service doctors is the first-stage approach. These types of approach will not only cause the victim to overcome this process with the least damage, but also to manage the process more securely without legally compelling the emergency service personnel and to make sensitive decisions more accurately when they feel safe.

There are also important different approaches in physical examination after the first approach. In this process, which starts with a general systemic examination, it should be customized according to the type of action indicated by the victim and the type of physical damage that the action may cause. After the general condition of the victim, fever, blood pressure, pulse and respiratory rates are examined and noted, for example, in a history of physical violence or sexual assault, areas of ecchymosis, swelling, bleeding or deformation should be sought, especially in a physical examination to include possible body parts. One of the most important deficiencies observed at this stage was noted as not inspecting all body parts of the victim [8].

During physical examination, findings such as bleeding, tear, ecchymosis in the inner parts of the labium, anal region due to strain or trauma should be checked, especially during the examination of the sexual and anal region. If a positive finding is detected in these areas, a sample swab must be taken. Observed materials such as sperm sample in the inner part of the vagina or around the anal area, hair and skin residue that may be suspected of not belonging to the patient should be taken as samples. Hymen examination should be done in dorsosacral position under good light. The labiums of the victim are opened laterally and upwards and the entrance of the hymen, vestibule and vagina is exposed. In Hymen examination, it should be determined especially the type of Hymen, whether there is a tear in the Hymen, if there is a tear, whether it is a fresh or an old tear. How many tears there are and the location of these tears, whether the tears have reached the vaginal wall should be determined and noted. It should be paid attention to whether there are signs of strain around the hymen, such as ecchymosis, whether there is a sperm sample or skin residue in the inner area of the vagina. The shape of the hymen and the condition of the tears should be shown on a diagram. The location and direction of the tears should be indicated according to the clock dial [9].

Apart from the specific area examination, signs of strain in the upper extremity, fingernails, and areas where violence is directed should be carefully examined, attention should be paid to details that may help the victim legally in the future. For each examination performed, each examination finding obtained and each sample taken, the patient's consent should be obtained, information should be given and recorded [10].

During the physical examination, it is necessary to take samples with a swab from the traumatic areas of the victim, including the specific areas of possible action. The points to be considered during sampling are as follows:

- It is necessary to make sure that the surrounding area is clean and that the material to be smeared does not touch anywhere else.
- It is necessary to make sure that the material to be smeared is disposable and has not been used before.
- The sample should be taken by trained personnel.
- If there are different materials such as bleeding and sperm or skin residue in the area where the swab will be taken, it is necessary to take a separate sample of each material as much as possible and change the material to be used to take the material each time.
- When taking skin residue from under the nail, placing the victim's hand on a clean cloth and taking the material from under the nail, if possible, cutting the nail and sampling it together with the fabric used for analysis can give more accurate results in DNA studies [11,12].

### Bibliography

1. WHO. "Definition and Typology of Violence" (2015).
2. World Health Organization. Resolution on "Strengthening the Role of the Health System in Addressing Violence, in Particular Against Women and Girls and Against Children" at the 67th World Health Assembly (2021).
3. İncecik Y., et al. "Eş şiddeti ve aile hekimliği". *The Turkish Journal of Family Medicine and Primary Care* 3.1 (2009): 1-7.
4. Serinken M., et al. "Kadına Yönelik Fiziksel Şiddet: Acil Servis Başvurularının Değerlendirilmesi". *Turkish Journal of Emergency Medicine* 7.4 (2007): 163-166.
5. T C Aile ve Sosyal Politikalar Bakanlığı. Kadına yönelik şiddetle mücadele el kitabı (2021).
6. Aydoğdu Hİ., et al. "Aile Hekimliği Uygulamasında Adli Olgu Kavramı". *Klinik Tıp Aile Hekimliği Dergisi* 9.2 (2017): 61-64.
7. Özkara E and Can İÖ. "Kadına yönelik şiddetle ilgili güncel yasal değişiklikler ve adli tıp (2021).
8. Çelik Y., et al. "Adli Raporların Yaşamsal Tehlike Kriteri Açısından Değerlendirilmesi". *Osmangazi Tıp Dergisi* (2021).
9. Ludes B., et al. "Guidelines examination of victims of sexual assault harmonization of forensic and medico-legal examination of persons". *The International Journal of Legal Medicine* 132 (2018): 1671-1674.
10. Sunay MY and Serpil A. "Birinci basamakta adli olgu ve adli rapor düzenleme". *Aile Hekimliği Dergisi* 8.1 (2004): 30-33.
11. Hebda LM., et al. "Collecting and analyzing DNA evidence from fingernails: a comparative study". *Journal of Forensic Sciences* 59.5 (2014):1343-1350.
12. Iuvaro BC., et al. "Male DNA under female fingernails after scratching: transfer and persistence evaluation by RT-PCR analysis and Y-STR typing". *The International Journal of Legal Medicine* 132.6 (2018): 1603-1609.

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