

Original article**Analysis of the Patients Presenting to our Emergency
Department due to Sexual Assault**Kavalci C¹, Sayhan MB², Akdur G², Sayhan E³

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¹Baskent University Faculty of Medicine, Emergency Department, Ankara, Turkey²Trakya University Faculty of Medicine, Emergency Department, Edirne, Turkey³Trakya University Faculty of Medicine, Department of Public Health, Edirne, Turkey**Abstract**

Objective: In this article, epidemiologic features of the patients suffered from sexual abuse referred to our emergency department were evaluated. We aimed to evaluate diagnosed as sexual abuse and to enhance the importance of this subject.

Materials and Methods: The study was designed retrospectively by examining the files of the patients who were admitted to our department suffered from sexual abuse between 2005 – 2010. The data were collected from official hospital police sheets and department of forensic medicine archive. Features such as age, gender, admission time, complaint, physical examination findings of the patients and distribution of persons engaged in sexual abuse were recorded. Results were expressed as mean \pm standard deviation or as number (percentage). All statistical analyses were done using the program SPSS 15.00 for Windows.

Results: Twenty cases were included into the study. Of the cases; 80 % were female (n=16). Mean age was 16.15 ± 7.56 years. When patients were classified according to complaint; 6 (30 %) were buggery, 5 (25 %) harassment by hand and 9 (45 %) were violate.

Conclusions: Sexual assault is a major social and public health problem. Sexual assault has an increasing significance in the world and Turkey in the recent years. Although both men and women can be sexually assaulted, women are at greatest risk. Also under eighteen age people are exposed to sexual assault.

Key words: Nurse, violence, hospital, working period

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Introduction:

In recent years, sexual assault cases are increasing and sexual abuse in children has been climbing to top ranks. Currently, offences involving sexual assault draw the greatest attention from legal, medical, police, criminological aspects. Acting to disrupt a person's physical integrity to satisfy one's sexual desires is judged as part of sex offences (1,2). The offender or the victim of the sex offence may be male or female. Sexual assault may come from the opposite or the same sex as the victim (3,4).

Sex offences show variability during childhood, adolescence, and adulthood (5). Sex offences appear as sexual abuse in childhood while they are in the form of sexual assault in adolescence and adulthood. Sexual assault is defined as disrupting one's physical integrity with sexual acts. Sexual abuse of a child, on the other hand, is defined as using a child for satisfaction of an adult's sexual needs (6-8).

In this article, epidemiologic features of the patients suffered from sexual abuse referred to our emergency department were evaluated. We aimed to evaluate the diagnosis of sexual abuse and to enhance the importance of this subject.

Materials and Methods: The study was performed retrospectively by examining medical records of the patients admitted to our department, who were subjected to sexual assault between 2005 – 2010. The data were collected from official hospital police records and archives of the department of forensic medicine. Features such as age, gender, admission time, complaint, findings of physical examination, and distribution of persons engaged in sexual abuse were recorded. All statistical analyses were done using SPSS 15.00 for Windows software package. Descriptive data were expressed as mean \pm standard deviation or as number (percentage). Chi Square test was used to analyze categorical variables. A p value below 0.05 was considered statistically significant.

Results: Twenty cases were included in the study. Eighty percent (n=16) were female and 20% (n=4) were male. Mean age was 16.15 ± 7.56 years (range 1–35 years). Most of the cases belonged to the age group of 1-18 years (70 %). The distribution of the patients according to sex and age groups are given on Table-1.

The most common type of sexual assault was sexual offence via vaginal route (n=9, 45 %). The distribution of the patients according to the type of sexual assault is given on Table-2.

In our study the offenders of sexual

assault were acquaintances in 9 (45 %) incidents, and strangers in 11 (55%) events. There was no statistically significant difference between both sexes in whether the offender was an acquaintance or not ($p>0.05$).

Table 1: The distribution of the patients according to age groups

		Age groups		P value
		Child	Adult	
Sex (n)	Male	2	2	$p>0.05$
	Female	12	4	
Total		14	6	

Table 2: The distribution of the patients according to the type of sexual assault

Type of Sexual Assault	n	%
Vaginal	9	45,0
Buggery	6	30,0
Harassment	5	25,0
Total	20	100,0

Discussion

The rate of sexual assaults has been currently on the rise and the demographic features and characteristics of the findings show variability depending on the country and region. Nationwide studies in

United States have shown that 1/6 of women and 1/33 of men are subjected to sexual assault, the most commonly sexually assaulted ones belong to the age group of 16-19, and the ratio of being raped is 2.1/1000 in women and

0.1/1000 in men (9-11). Studies conducted in Turkey have suggested that women are subjected to sexual assault much more commonly than men and the victims center around the age range of 11-18 (4-7,12). eighty percent of our cases were women and 70% were below the age of 18. These data were consistent with literature. While being subjected to sexual assault in young ages was higher among boys, the opposite was true for the girls. This finding was naturally attributed to physical development of a growing male with a parallel increase in strength as well as elimination of the seduction factor. We think that the reasons of increased assault rate with increasing age in girls are marriage promise and presence of consent.

The offenders in sexual assaults are usually males that are acquaintance of the victims. The rate of knowing the offender personally ranges between 24.3-67% (5-7,13-24). In our study 45% of the offenders were strangers and 55% were acquaintances. Factors such as trusting the acquaintances, not expecting such a behavior from acquaintances, and marriage promise may have eased sexual assault.

Girne et al, in a study on bank employees, reported a rate of 14.6% for groping and 0% for rape (25). Tutanç et al reported that the most common form of sexual assault was via the vaginal route (26). We similarly found that the most common route for sexual assaults was the vaginal route. We think that vaginal route is more common since the offenders abuse women more commonly to satisfy their sexual desires.

Conclusions: Sexual assault is a major social and public health problem of children and women. Actual sexual assault rate is more than reported. Adolescents are more commonly subjected to sexual assault.

Limitations:

The main limitation of this study was its retrospective nature.

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References

1. Polat O. Klinik Adli Tıp. 2nd ed. Ankara: Seçkin Yayıncılık; 2006:199-210.
2. Oral G, Soysal Z, Çakalır C. Saldırganlık ve şiddet. Adli Tıp. Cilt III, İstanbul: İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Yayınları; 1999:1403-15.
3. Chu LC, Tung WK. The clinical outcome of 137 rape victims in Hong Kong. Hong Kong Med J. 2005; 11: 391-96.
4. Dirlik M, Özkök MS, Katkıcı U. Aydın'da cinsel suç ve suçluların profili. Adli Tıp Bülteni 2002; 7: 97-104.
5. Karanfil R, Toprak S, Arslan MM. Anal yoldan cinsel saldırı iddiası bulunan olguların değerlendirilmesi. Adli Tıp Bülteni 2008; 13: 19-24.
6. Çekin N, Hilal A, Bilgin N, Alper B, Gülmen MK, Savran B, Sarıca D. Adana'da ağır ceza mahkemesine yansıyan cinsel suçların incelenmesi. Adli Tıp Bülteni 1998; 3: 81-85.
7. Arslan M, Kar H, Akcan R, Çekin N. Analysis of sexual crimes prosecuted in Hatay criminal justice court. Adli Bilimler Dergisi 2008; 7: 35-9.
8. Grossin C, Sibille I, Grandmaison GL, Brion F, Durigon M. Analysis of 418 cases of sexual assault. Forensic Science International 2003; 131: 125-30.
9. Alempijevic D, Savic S, Pavlekic S, Jecmenica D. Severity of injuries among sexual assault victims. J Forensic Leg Med 2007; 14: 266-69.
10. MacDonald R. Time to talk about rape. BMJ 2000; 321: 1034-35.
11. Saint-Martin P, Bouyssy M, O'Byrne P. Analysis of 756 cases of sexual assault in Tours (France): medico-legal findings and judicial outcomes. Med Sci Law 2007; 47: 315-24.
12. Karbeyaz K, Gündüz T, Akkaya H, Yasemin Balcı Y. Sexual harassment cases tried in the court in Eskisehir. Adli Tıp Derg 2012; 26: 75-85. doi: 10.5505/adlitip.2012.95967
13. Ramirez M, Paik A, Sanchagrin K, Heimer K. Violent peers, network centrality, and intimate partner violence perpetration by young men. J Adolesc Health. 2012; 51: 503-9. doi: 10.1016/j.jadohealth.2012.02.016
14. Karanfil R, Zeren C. Analysis of sexual crimes handled and concluded by Kahramanmaraş high criminal court. Adli Tıp Dergisi 2012; 26: 1-7
15. Jänisch S, Meyer H, Germerott T. Analysis of clinical forensic examination reports on sexual assault: Int J Legal Med, 2010; 124: 227-235.

16. Ackerman DR, Sugar NF, Fine DN. Sexual assault victims: factors associated with follow-up care. *Am J Obstet Gynecol* 2006; 194: 1653-59.
17. Riggs N, Houry D, Long G. Analysis of 1076 Cases of Sexual Assault. *Annals of Emergency Medicine* 2000; 35: 358-62.
18. Jones JS, Rossman L, Wynn BN. Comparative Analysis of Adult Versus Adolescent Sexual Assault: Epidemiology and Patterns of Anogenital Injury. *Acad Emerg Med* 2003; 10: 872-77.
19. Beyaztaş FY, Yenicesu Gİ, Bütün C. Sivas ağır ceza mahkemelerinde karara bağlanan 18 yaş üstü mağdurlara yönelik cinsel saldırı olgularını değerlendirilmesi. *Türkiye Klinikleri J Foren Med* 2009; 6: 53-59.
20. Pınarbaşı RTD, Özkök MS, Katkıcı U. Aydın'da Erkeklerde Cinsel İstismar, *Adli Tıp Bülteni* 2003; 8: 41-47.
21. Lövestad S, Krantz G. Men's and women's exposure and perpetration of partner violence: an epidemiological study from Sweden. *BMC Public Health* 2012, 12: 945 doi:10.1186/1471-2458-12-945
22. Verena Schönbuchera, Thomas Maierb, Leonhard Heldc, Meichun Mohler-Kuoc, Ulrich Schnyderd, Markus A. Landolte Prevalence of child sexual abuse in Switzerland: a systematic review. *Swiss Med Wkly.* 2011; 140: w13123. doi:10.4414/smw.2011.13123
23. Gharaibeh M, Hoeman, S, Kellogg N, Menard, S. Violence in the family members of children and adolescents evaluated for sexual abuse. *Child Abuse & Neglect*, 2003; 27: 1367–1376.
24. Rauscher, K. J. Workplace violence against adolescent workers in the US. *American Journal of Industrial Medicine*, 2008; 51: 539–544.
25. Gerni GM. İşyerinde cinsel taciz: Erzurum ilinde bankacılık sektörü üzerine bir uygulama. *Ankara Üniversitesi Siyasal Bilgiler Fakültesi Dergisi*, 2001; 56: 20–46
26. Tutanç M, Arıca V, Arıca SG, Zeren C, Yeşiloğlu F, Arslan MM, Arı M. Analysis of children cases were claimed exposed to sexual violence. *Journal of Clinical and Analytical Medicine*. DOI: 10.4328/JCAM.1165