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ORIGINAL RESEARCH


The importance of curettage in cases of sexual violence

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Abstract

Sexual assault is among the gravest crime against the physical and moral integrity of an individual. When sexual assault results in pregnancy it causes further psychological and social damage. This study aims to examine the reasons for delayed reporting in cases of sexual assault that result in pregnancy, and the importance of abortion in such cases. Seven cases referred by the judicial authorities to Inonu University’s Turgut Özal Medical Center for uterine evacuation are included in the study. The cases were examined in terms of age, whether the parents were still alive, place of residence, assaulter characteristics, mental levels of victims, psychiatric examination results, and gestational week upon referral to the hospital. The mean age of the cases was 17.42±2.76 years. Six of the cases were referred from Malatya and one was referred from a neighboring province. Four of the cases were past their 10th gestational week. Abortions were performed in six of the cases. One of the women, in the 19th week of pregnancy, decided not to have the abortion upon consultation with her family. The women in the cases were, on average, 76 days pregnant upon referral to the center. Their medical histories indicated that five of the cases hid their pregnancy because they were concerned about their family’s reaction. None of the cases knew that they were able to end the pregnancy until week 20. Pregnancy is one of the unwanted and preventable consequences of sexual assault. The family’s attitude toward the victim plays an important role in earlier detection of the cases. In addition to legislation concerning ending pregnancies, victims and families should be informed about this topic to prevent further trauma for the victim and the to be born child.

Keywords: Sexual violence, curettage, pregnancy, mental health.

Introduction

Sexual violence is defined as any sexual act or attempt to obtain a sexual act by violence or coercion, or acts directed against a person’s sexuality [1]. According to the World Health Organization’s 2005 data, 25% of women may become victims of sexual assault during their lifetime [2]. It is reported that one in every five women in the U.S. is sexually assaulted before the age of 21 [3].

Sexual assaults are among the gravest crimes against the physical and moral integrity of an individual [4]. Pregnancy is one of the unwanted and preventable consequences of sexual assault [5]. These cases are usually detected in advanced pregnancy due to delays in receiving medical assistance, the victim’s education level and mental state, and fear of the reaction from the family or society [6,7]. Article 99 of the Turkish Penal Code allows for the ending of pregnancies if the woman become pregnant as a result of a sexual assault in which she was the victim, provided that the pregnancy period does not exceed 20 weeks, the consent of the woman is obtained for the abortion, and the abortion is performed by specialist physicians in a hospital.

This study aims to examine the reasons why victims delay reporting in cases of sexual assault that result in pregnancy, and the importance of abortion (uterine evacuation) in such cases.

Material and Methods

Seven cases referred by the judicial authorities to Inonu University’s Turgut Özal Medical Center for uterine evacuation were included in the study. All of the cases resulted in pregnancy due to sexual assault. Information about the cases was obtained from examination forms prepared by Obstetrics and Gynecology, Adult and Children’s Psychiatry, and Forensic Clinics. Cases were examined in terms of age, whether the parents were still alive, their place of residence, assaulter characteristics, the mental levels of victims, psychiatric examination results, and gestational week upon referral to the hospital.

Results

The mean age of the cases was 17.42±2.76 years. Six of the cases were referred from the province of Malatya and one was referred from Adıyaman province. Four of the cases were past their 10th gestational week. Abortion was performed in two cases and uterine evacuation was performed in four cases. One of the women, in the 19th week of pregnancy, decided not to have a uterine evacuation...
upon consultation with her family. Cases whose pregnancies were ended were, on average, 76 days pregnant upon referral to the center. Their medical histories showed that five of the cases said they hid their pregnancy because they were concerned about their family’s reaction.

Table 1 reports case characteristics.

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Parents presence</th>
<th>Mentality level</th>
<th>Psychiatric examination findings</th>
<th>Gestational week</th>
<th>Relationship with the assaulter</th>
<th>Place of action</th>
<th>Cause of pregnancy hiding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>Mother and father present</td>
<td>Normal</td>
<td>Depression symptoms</td>
<td>19 week</td>
<td>Foreign</td>
<td>Assaulter’s brother house</td>
<td>Fear of family</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>Mother and father present</td>
<td>Normal</td>
<td>Depression symptoms</td>
<td>7 week</td>
<td>Foreign</td>
<td>In vehicle</td>
<td>Fear of family</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>Mother present</td>
<td>Normal</td>
<td>Clinical level psychopathology wasn’t detected</td>
<td>9 week</td>
<td>Foreign</td>
<td>Assaulter’s house</td>
<td>Fear of family</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>Mother and father present</td>
<td>Normal</td>
<td>Depression symptoms</td>
<td>16 week</td>
<td>Foreign</td>
<td>Empty house</td>
<td>Fear of family</td>
</tr>
<tr>
<td>5</td>
<td>19</td>
<td>Mother and father present</td>
<td>Normal</td>
<td>Depression symptoms</td>
<td>12 week</td>
<td>Foreign</td>
<td>Assaulter’s friend house</td>
<td>Fear of family</td>
</tr>
<tr>
<td>6</td>
<td>19</td>
<td>Mother and father present</td>
<td>Normal</td>
<td>Clinical level psychopathology wasn’t detected</td>
<td>6 week</td>
<td>Foreign</td>
<td>Building entry</td>
<td>No hiding</td>
</tr>
<tr>
<td>7</td>
<td>22</td>
<td>Mother and father present</td>
<td>Mildly MR</td>
<td>Clinical level psychopathology wasn’t detected</td>
<td>14 week</td>
<td>Unknown*</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Discussion

In Turkey, as in the rest of the world, only a small percentage of sexual assaults are ever reported. Victims do not report to the judicial authorities out of fear of social reaction or that their word will not be accepted [8].

Studies on victims of sexual assault show that a majority are under the age of 20. In their study of 94 cases, Karin et al. found that the mean age of victims was 15.0 years. Celile et al. found that the mean age of the 418 cases they examined was 15.9 years [9,10]. In the present study, the mean age of the cases was 17.4. This shows that adolescent age is a risk factor for sexual assaults.

After the sexual assault, detection of pregnancy can be delayed for reasons such as the victim’s social environment, fear of social and family pressure, education level and mental level. Detection of pregnancy at an advanced stage results in further damage to the victim and, in some cases, victims of sexual assault have to give birth against their will. Studies show that victims of sexual assault usually seek medical assistance at advanced pregnancy because they are concerned about the reaction of their family and social environment [5]. In the present study, four of the cases sought medical assistance after the 10th gestational week. Five of the cases said they hid their pregnancy because they were concerned about their family’s reaction.

Studies show that psychiatric symptoms are developed after sexual assault in a significant number of cases [11]. Symptoms of depression were identified in four of the cases in the present study. Reasons such as delays in seeking medical assistance, in some cases making it impossible to perform an abortion or uterine evacuation, prevent victims from receiving proper medical treatment, leading to more severe mental problems. Referring victims to health institutions within the first 72 hours after a sexual assault is crucial for identifying findings that can be used in the judicial process, as well as for emergency contraception. Intellectual disability of the victim is an important risk factor in sexual assault cases because it makes the victim more vulnerable. Intellectual disability was identified in only one of the cases (IQ: 65) in the present study. We are of the opinion that rates of reporting are lower in cases of sexual assault against victims with an intellectual disability.

In conclusion, the attitude of the family toward the victim is crucial for the early identification of these cases. To prevent further trauma to the victim and the to be born child, victims and families should be better informed about pregnancies that may result from sexual assault.

References


