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Case Report

Sexual abuse in health care: A case report

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Abstract

Patients under anesthesia are in a state of immense vulnerability. Although rare, such situations create an environment that may lead to abuse. A notification was made to the relevant judicial units by employees working in a private hospital. The notification reported that an anesthesiologist working in the same hospital put the patients under semi-anesthesia after cesarean section surgery back to sleep with active ingredient propofol in the recovery room and then abused them by having anal and oral intercourse. Technical investigation was conducted by the forensic units. Sexual abuse was recorded by hidden cameras placed in the recovery room. Active ingredient propofol and an injector were found at the crime scene, and biological samples were acquired. In conclusion, studies on abuse in health care (AHC) should be increased. We believe that the use of digital measures to prevent abuse, such as placing closed-circuit TV systems in hospitals, will be a deterrent.

Keywords: Abuse, health care, sexual

INTRODUCTION

Abuse during the delivery of health care services is a recent and complex issue [1]. Various studies on abuse in health care (AHC) have reported the prevalence of this phenomenon as 24% in Denmark, 25% in Finland, 28% in Iceland, 13% in Norway, and 20% in Sweden [2]. AHC can be categorized as neglect, verbal abuse, physical abuse, and sexual abuse [3]. Sexual abuse of patients by physicians is a rare yet persistent problem that can lead to considerable psychological and emotional harm [4]. Very few victims of abuse report [5]. Sexual abuse appears to be quite common in gynecology and obstetrics [6]. Sexual assault; It is essentially defined as a crime of violence committed on the body of another person, causing fear, helplessness and physical pain [7]. This is rare to see in healthcare. There is no published report on this subject in Türkiye. In the present study, the patient who was exposed to sexual abuse by the anesthesiologist has been evaluated and the measures that can be taken in these situations have been discussed.

CASE REPORT

The incident took place in a private health institution in a city center in Eastern Türkiye. This private health institution is located in a low socioeconomic suburb of the city. A notification was made to the prosecutor's office by the employees working in the private hospital (Job descriptions of the individuals are not known since the witness is protected under confidentiality, but the statements reveal that the informants are health personnel). Witness statements detailed that the patients in the recovery room were put to sleep by the anesthesiologist on duty with active ingredient propofol. The door was locked from the inside, and anal intercourse was performed in the room. The patients who should normally be lying on their backs were on their sides or in an inverted position, and their bottoms were extending out of the stretcher. When the informants examined the anal area of one of the patients, they saw ejaculate on the area. The patients in the recovery room were put under general anesthesia, they saw ejaculate residues on the front of the doctor's apron and on the

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floor. The informants stated that they made the notification after severe conscientious discomfort, and there were other employees who had witnessed the incident too. After the notification was made, necessary actions were taken by the prosecutor's office for physical surveillance via camera, search, and collection of biological samples. The footage obtained from hidden cameras placed in the recovery room was examined. The prosecutor's report stated that the perpetrator attempted to anally assault the female patient who came out of the surgery and was waiting in the recovery room. The law enforcement officers, who were waiting at that time, took action to arrest the person. The forensic specialist performed an anal examination and took swab samples for DNA analysis on the night of the incident with the order of the prosecutor's office. Material evidence of anal assault was obtained, and the DNA of the perpetrator was found in the swab samples taken from the anal region of the victim. Active ingredient propofol was found in the chemical analysis of the injector in the recovery room, and Lidocaine was detected in the recovery room. Furthermore, 2113 pornographic videos were identified on the hard disk seized from the perpetrator's office. The person was arrested by the judicial authorities.

DISCUSSION

AHC is defined as any act that is perceived as harassment or abuse by the patient while receiving health care [8]. In a study conducted in five Northern European countries, the rate of AHC during the reception of gynecological health services has been reported to be between 13% and 28% [6]. In another study, the prevalence of maltreatment during lifelong health care has been documented as 14% [9]. The maltreatment in question can be any kind of abuse, but it is mostly neglect and verbal violence [10]. Guidelines are being carried out to prevent abuse in health services. These are mostly developed with information obtained from patients and their relatives [11]. Studies show that incidents involving sexual abuse are rare. It has been stated that awareness on the sexual abuse of a female patient by a male physician is twice as high among female health care professionals as among their male counterparts [12]. In the present study, the informants who reported the incident were other health workers employed in the same hospital. Health workers stated that they suspected sexual abuse many times before the incident in question, but could not gather the courage to file an official notification. Studies show that inhumane behavior is possible as long as tolerance or ignorance plays a role or remains acceptable [13]. Ethical guidelines drafted for the prevention of AHC are insufficient in practice [14]. In cases where the perpetrator is a physician, it is very difficult for health workers at a lower hierarchical level to initiate notification procedures. The risk of losing their job if the name of the hospital is mentioned and the lack of legal assurances in this regard lead to the hesitation to report such incidents. Patients recovering from surgery being sexually abused by a physician is a highly serious allegation. Judicial units cannot initiate investigations, including arrests, based on witness statements alone. In the present case, the prosecution made attempts to obtain concrete evidence, and strong evidence was obtained after the investigation.

CONCLUSION

In conclusion, studies on AHC should be increased. We believe that digital measures to prevent abuse, such as placing closed-circuit TV systems in hospitals, will be a deterrent. Legal guarantees should be made that health workers who make such notifications will not lose their jobs, and in-service trainings to encourage such notifications should be planned and implemented.

Conflict of interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
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Informed Consent
Informed consent was taken from the patient.

REFERENCES

1. Swahnberg K, Thapar-Björkert S, Berterö C. Nullified: Women's perceptions of being abused in health care. J Psychosom Obstet Gynaecol. 2007;28:161-7.
2. Swahnberg K, Schei B, Hilden M, et al. Patient abused by health professionals: A Nordic study on prevalence and associated factors in gynecological patients. Acta Obstet Gynecol Scand. 2007;86:349-56.
3. D'Olivera AFPL, Diniz SG, Schraiber LB. Violence againstwomen in health-care institutions: an emerging problem. Lancet. 2002;359:1681-5.
4. DuBois JM, Walsh HA, Chibnall JT, et al. Sexual violation of patients by physicians: a mixed-methods, exploratory analysis of 101 cases. Sex Abuse. 2019;31:503-23.
5. DuBois JM, Anderson EA, Chibnall JT, et al. Preventing egregious ethical violations in medical practice: evidence-informed recommendations from a multidisciplinary working group. J Med Regul. 2018;104:23-31.
6. Swahnberg K, Scheı B, Hılden M, et al. Patients' experiences of abuse in health care: a Nordic study onprevalence and associated factors in gynecological patients. Acta Obstetricia et Gynecologica. 2007;86:349-56.
7. K Gulsah. Sexual Assault Crime. Journal of Istanbul Uni Law Fac. 2013;71:815-54.
8. Swahnberg K, Zbıkowskı A,Wıjma B. Ethical lapses: staff's perception of abuse in health care. J Psychosom Obstet Gynaecol.2010;31:123-129.
9. Swahnberg K, Wijma B, Schei B, Hilden M, Irminger K, Wingren GB. Are sociodemographic and regional and sample factors associated with prevalence of abuse? Acta Obstet Gynecol Scand 2004;83:276-288.
10. Mclntosh T, Walsh H, Parsons M, et al. Responding to Sexual Abuse in Health Care: Development of a Guide for Patients. J Patient Cent Res Rev. 2022;18:117-21.
11. DuBois JM, Anderson EE, Chibnall JT, et al. Serious ethical violations in medicine: a statistical and ethical analysis of 280 cases in the United States from 2008–2016. Am J Bioeth. 2019;19:16-34.
12. Lamont JA, Woodward C. Patient-physician sexual involvement: A Canadian survey of obstetrician-gynecologists. Can Med Assoc J. 1994;150:1433-40.
13. Bandura, A. Moral disengagement in the perpetration of inhumanities. Pers Soc Psychol. Rev. 1999;3:193-209.
14. Zbikowski A, Bruggemann AJ, Wijma B, et al. Ethical guidelines and the prevention of abuse in healthcare. Eur. J. Obstet. Gynecol. Reprod. Biol. 2012;165:18-28.