

## Original Article

**A 4-year retrospective evaluation of assault cases presenting to the emergency department****Firat Ozden, Huseyin Kafadar, Neslihan Erin, Ugur Demir***Harran University, Faculty of Medicine, Department of Forensic Medicine, Şanlıurfa, Türkiye*

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**Abstract**

**Aim:** Any event resulting from external factors that may lead to the deterioration of an individual's physical and mental health or death is considered a forensic case. Assault is one of the most common forensic cases presenting to emergency departments. In our study, we aimed to examine the presentation frequency of cases admitted to the hospital after assault according to age, gender, season, and time of day, and to share these findings with the literature.

**Materials and Methods:** In this study, the records of 858 patients who presented to Şanlıurfa Harran University Hospital due to assault between 01.01.2021 and 31.12.2024 were retrospectively analyzed. The data was obtained from the Hospital Information Management System (Fonet) based on International Classification of Diseases-10 (ICD-10) codes. Data were analyzed using SPSS 22.0 and Microsoft Excel 2013 programs.

**Results:** The mean age of the 858 cases included in our study was  $31.45 \pm 14.90$  years; 689 (80.30%) of the cases were male and 169 (19.70%) were female. The most frequent age range for cases presenting to the emergency department was 18-34 years, accounting for 47.09% (n = 404); while the least frequent group was the 65 years and older age range, accounting for 9.32% (n = 80). When assault cases were examined by season and time of day, it was determined that the highest number of presentations occurred in the summer with 238 cases (27.74%), and the lowest in the winter with 182 cases (21.21%). The distribution of assault cases by time of day showed that the most frequent presentation time was between 12:00-17:59, with 344 cases (40.09%).

**Conclusions:** Assault is one of the most common causes of presentation to emergency departments following trauma. In this study, it was determined that cases presenting to the emergency department due to assault were predominantly young and middle-aged males, with the 18-34 age group identified as being at the highest risk. Assault cases showed a seasonal increase, peaking in the summer months, and were concentrated in the 12:00-17:59 time interval during the day. These findings highlight the importance of considering risk groups and time frames in the management of assault cases presenting to the emergency department. It was concluded that emergency departments should be prepared for an increase in the number of forensic assault cases, particularly during the summer months and at specific times of the day.

**Keywords:** Assault; trauma; forensic medicine

**INTRODUCTION**

Emergency departments are among the units within hospitals that most frequently encounter forensic cases, providing uninterrupted 24-hour healthcare to prevent life-threatening situations and treat urgent health problems [1]. Any event that develops due to external factors that disrupt the physical and mental integrity of an individual and can result in death is defined as a forensic

event [2,3]. Assault, gunshot wounds, injuries from sharp or pointed instruments, poisonings, suicide and suicide attempts, traffic accidents, falls from heights, and all situations that can cause injury or death to individuals as a result of similar external factors are within the scope of forensic events [4,5]. Therefore, physicians working in emergency departments encounter such cases more frequently compared to other clinics [6].

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Healthcare professionals working in emergency departments are expected to identify potential forensic cases early and to conduct the entire evaluation process in accordance with the principles of impartiality and objectivity. In this context, obtaining a detailed and complete history from the patient, carefully evaluating and recording cuts, ecchymosis and other traumatic findings, and preparing the necessary forensic reports in accordance with the procedure are among the basic responsibilities [1,7]. In addition, care should be taken to preserve biological materials that may have evidentiary value during emergency treatment as much as possible, and these materials should be evaluated using appropriate methods after the patient's vital functions have been stabilized [8].

The Turkish Penal Code No. 5237, which came into force on June 1, 2005, includes provisions regarding the assessment of whether an injury is minor enough to be treated with simple medical intervention and, in cases of bone fractures, the impact of the fracture on vital functions when preparing a forensic report [9,10]. Forensic reports are prepared by state hospitals affiliated with the Ministry of Health, university hospitals, and the central and regional organizations of the Forensic Medicine Institute. Thanks to the proper documentation of forensic events, the degree of harm suffered by individuals whose bodily integrity has been damaged can be determined, and legal proceedings can be initiated in accordance with the actions of the perpetrator. Therefore, forensic reports are fundamental documents in the official recording of forensic cases [11].

Assault is one of the most common reasons for admission to emergency departments among forensic cases [2,12]. In assault cases, the most common means of attack are materials that cause blunt trauma, such as fists, kicks, stones, and sticks. The injuries resulting from assault vary depending on the severity of the trauma inflicted. In mild traumas, no externally visible lesions may occur, while depending on the type of instrument used and the severity of the trauma, serious injuries that can be life-threatening or even fatal may develop [13]. The main risk factors influencing the emergence of violence include alcohol consumption, substance abuse, male gender, low socioeconomic status, low education and literacy levels, and mental illnesses. Furthermore, it is reported that interpersonal conflicts are more frequent in societies where traditional values are dominant and the level of adherence to the law is relatively low. Unfortunately, in some cultures, violent and conflict behaviors are still considered a display of power or an indication of maintaining social, cultural, and familial status [14].

In addition, it is important to determine the economic burden of victims of violence-related injuries receiving emergency medical services. This is because injuries caused by violence require additional health services due to physical, psychological and emotional problems that may arise in the long term, in addition to the health services used in the acute period, and bring an additional cost burden to the health system [15].

This study aims to retrospectively evaluate the demographic characteristics of cases presenting to the emergency department of a tertiary hospital due to assault; to reveal regional epidemiological characteristics based on the obtained data; and to share the findings in a way that will contribute to the literature.

## MATERIALS AND METHODS

This study was presented as an oral presentation at the 20th International Forensic Medicine Days, held from September 22–28, 2025, and was subsequently published as an abstract.

This retrospective, descriptive, and cross-sectional study was conducted on cases presenting to the Emergency Department of Şanlıurfa Harran University Hospital with injuries sustained during assault between January 1, 2021, and December 31, 2024. The study population consisted of all assault cases presenting to the emergency department during the specified period. Patients registered with the diagnosis of W50 (Assault, hitting, kicking, twisting, biting, or scratching by another person) according to the International Classification of Diseases-10 (ICD-10) codes were screened via the Hospital Information Management System (Fonet). Repeated presentations for the same case, files with incomplete records, and cases for which the necessary demographic information could not be obtained were excluded from the study. A total of 858 cases meeting the inclusion criteria were included in the study. For each case, age, gender, date of presentation, time of presentation, month of presentation, season, and type of presentation (outpatient/inpatient) were retrospectively evaluated using the hospital automation system and electronic medical records. Age groups were classified as 0–17, 18–34, 35–64, and  $\geq 65$  years. Application times were evaluated in four time slots: night (00:00–05:59), morning (06:00–11:59), afternoon (12:00–17:59), and evening (18:00–23:59). Seasons were classified as spring, summer, autumn, and winter.

### Statistical Analysis

The analysis of the data was performed with SPSS 22.0 for Windows (SPSS Inc., Chicago, IL). Descriptive statistics for categorical variables were given as numbers and percentages, for numerical variables as means, standard deviation, minimum, and maximum. Invariable groups were compared with Chi-Square Tests (Pearson Chi-Square, Fisher's Exact Test), and the statistical alpha significance level was accepted as  $p < 0.05$ .

## RESULTS

The study included 858 cases presenting to the emergency department due to assault, with an average age of  $31.45 \pm 14.90$  years. Of these, 689 (80.3%) were male and 169 (19.7%) were female. The largest age group was 18–34 years ( $n = 404$ , 47.1%), followed by 35–64 years ( $n = 230$ , 26.8%), 0–17 years ( $n = 144$ , 16.8%), and 65 years and older ( $n = 80$ , 9.3%). The majority of cases were treated on an outpatient basis ( $n = 813$ , 94.8%), with only 45 (5.2%) requiring inpatient treatment (Table 1).

**Table 1.** Demographic characteristics and hospitalization status of the patients

| Variable                      | n   | %    |
|-------------------------------|-----|------|
| <b>Sex</b>                    |     |      |
| Male                          | 689 | 80.3 |
| Female                        | 169 | 19.7 |
| <b>Age group (years)</b>      |     |      |
| 0-17                          | 144 | 16.8 |
| 18-34                         | 404 | 47.1 |
| 35-64                         | 230 | 26.8 |
| 65+                           | 80  | 9.3  |
| <b>Hospitalization status</b> |     |      |
| Outpatient                    | 813 | 94.8 |
| Inpatient                     | 45  | 5.2  |

When the distribution of applications by season was evaluated, it was observed that the highest number of applications occurred in summer (n = 238, 27.7%), followed by autumn (n = 231, 26.9%), spring (n = 207, 24.1%), and winter (n = 182, 21.2%). Examining the distribution by month, it was found that the highest number of applications was in April (n = 104, 12.1%), followed by June (n = 87, 10.1%), May (n = 86, 10.0%), August (n = 79, 9.2%), December (n = 73, 8.5%), and November (n = 69, 8.0%). The lowest number of applications occurred in March (n = 48, 5.6%).

When the application times were examined, it was determined that cases most frequently applied during afternoon hours (12:00–17:59) (n = 344, 40.1%). This was followed by evening hours (18:00–23:59) (n = 293, 34.1%), morning hours (06:00–11:59) (n = 142, 16.6%), and night hours (00:00–05:59) (n = 79, 9.2%).

When afternoon and evening hours were considered together, it was observed that 74.2% of applications occurred in these two time periods (Table 2).

**Table 2.** Seasonal distribution and time of presentation of the patients

| Category                    | n   | %    |
|-----------------------------|-----|------|
| <b>Season</b>               |     |      |
| Spring                      | 207 | 24.1 |
| Summer                      | 238 | 27.7 |
| Autumn                      | 231 | 26.9 |
| Winter                      | 182 | 21.2 |
| <b>Time of presentation</b> |     |      |
| Night                       | 79  | 9.2  |
| Morning                     | 142 | 16.6 |
| Afternoon                   | 344 | 40.1 |
| Evening                     | 293 | 34.1 |

When the relationship between gender and age groups was evaluated, it was observed that 45.6% of male cases and 53.3% of female cases were in the 18–34 age group. For men, 26.7% were 35–64 years old, 18.4% were 0–17 years old, and 9.3% were 65 years and older. For women, 27.2% were aged 35–64 years, 10.1% were aged 0–17 years, and 9.5% were aged 65 years and older. No statistically significant relationship was found between gender and age groups ( $\chi^2 = 7.388$ ;  $p = 0.061$ ) (Table 3).

When the relationship between gender and seasons was examined, presentations were most frequent in autumn for male patients (27.6%) and in summer for female patients (30.8%). However, there was no significant difference between genders in terms of seasonal distribution ( $\chi^2 = 1.647$ ;  $p = 0.649$ ) (Table 3).

**Table 3.** Comparison of age group, season, and time of presentation according to sex

| Variable                    | Male, n (%) | Female, n (%) | $\chi^2$ | p     |
|-----------------------------|-------------|---------------|----------|-------|
| <b>Age group (years)</b>    |             |               | 7.388    | 0.061 |
| 0-17                        | 127 (18.4)  | 17 (10.1)     |          |       |
| 18-34                       | 314 (45.6)  | 90 (53.3)     |          |       |
| 35-64                       | 184 (26.7)  | 46 (27.2)     |          |       |
| ≥ 65                        | 64 (9.3)    | 16 (9.5)      |          |       |
| <b>Season</b>               |             |               | 1.647    | 0.649 |
| Spring                      | 169 (24.5)  | 38 (22.5)     |          |       |
| Summer                      | 186 (27.0)  | 52 (30.8)     |          |       |
| Autumn                      | 190 (27.6)  | 41 (24.3)     |          |       |
| Winter                      | 144 (20.9)  | 38 (22.5)     |          |       |
| <b>Time of presentation</b> |             |               | 6.425    | 0.093 |
| Night                       | 62 (9.0)    | 17 (10.1)     |          |       |
| Morning                     | 125 (18.1)  | 17 (10.1)     |          |       |
| Afternoon                   | 271 (39.3)  | 73 (43.2)     |          |       |
| Evening                     | 231 (33.5)  | 62 (36.7)     |          |       |

When evaluated by month, applications were most frequent in April (12.9%), June (10.7%) and August (9.3%) for male cases, while in female cases they were most frequent in May (12.4%), March (9.5%) and November (9.5%). No statistically significant relationship was found between gender and application month ( $\chi^2 = 10.998$ ;  $p = 0.443$ ). Regarding the time of emergency department presentation, among male patients, 39.3% presented in the afternoon, 33.5% in the evening, 18.1% in the morning, and 9.0% at night. Among female patients, 43.2% presented in the afternoon, 36.7% in the evening, 10.1% in the morning, and 10.1% at night. No statistically significant association was found between gender and the time of emergency department presentation ( $\chi^2 = 6.425$ ;  $p = 0.093$ ).

When the age distribution by season was evaluated, it was observed that the highest number of applications occurred in the 18-34 age group in all seasons. 46.9% of applications were in this age group in spring, 46.6% in summer, 47.2% in autumn, and 47.8% in winter. No statistically significant differences were found between seasons and age groups ( $\chi^2 = 1.751$ ;  $p = 0.995$ ). When application times were examined by season, it was observed that applications most frequently occurred at afternoon hours in spring (44.9%), summer (43.7%), and winter (40.7%), while in autumn, applications most frequently occurred in the evening (41.1%). However, no statistically significant relationship was found between seasons and application times ( $\chi^2 = 13.279$ ;  $p = 0.150$ ).

## DISCUSSION

Violence is a significant public health problem that negatively affects an individual's life, physical integrity, and mental health, and is seen in almost every area of life and is showing an increasing trend [16]. In the world, violence is the fourth leading cause of death among people aged 15–44 [17,18]. On the other hand, the frequency of non-fatal interpersonal violence incidents is much higher than that of fatal cases, and a significant proportion of individuals exposed to physical violence seek emergency care for the evaluation and treatment of their injuries [18]. Many studies conducted abroad and in our country have reported that male gender is a significant risk factor for emergency room visits due to exposure to violence and assault [14,19–22]. In our study, 80.3% of the cases presenting to the emergency room due to assault were male, and the male predominance was maintained in all age groups. This result is consistent with the findings of previous studies and supports the fact that assault cases are predominantly seen in men. The underrepresentation of women cases can be explained by socio-cultural dynamics in society. In particular, the tendency to protect family privacy in Turkish society, fear of stigma, economic dependence, and various social reasons can limit women from reporting the violence they experience or seeking help from health institutions. This situation can cause the true frequency of violence against women to not be fully reflected in health records and the extent of the problem to appear lower than it actually is [23]. In addition, it is thought that men are more active than women in the streets, workplaces, and social areas in our region.

When the admission times of the cases were evaluated, it was found that the highest number of admissions occurred at afternoon ( $n = 344$ , 40.1%), followed by evening ( $n = 293$ , 34.1%), morning ( $n = 142$ , 16.6%) and night hours ( $n = 79$ , 9.2%). In the study of forensic cases admitted to the emergency department by Korkmaz et al., the most frequent time of admission to the hospital was between 12:00 and 18:00 [19], in the study by Keleş et al., 33% of forensic cases were admitted between 18:00 and 24:00 [24], and in the study by Demirdöken et al., in the evaluation of cases admitted to the pediatric emergency department, it was reported that the most frequent time of admission was between 12:00 and 18:00 (42.4%) [25]. Our findings are consistent with the studies of Korkmaz and Demirdöken et al., and show that the majority of forensic cases are admitted to health institutions during the day and afternoon hours. In contrast, the concentration of admissions in the evening hours in Keleş and colleagues' study may be due to differences in the case profiles included in the study, regional sociodemographic characteristics, study periods, and patient admission dynamics of emergency departments. The concentration of admissions during afternoon and evening hours can be explained by the fact that exposure to traumatic events is more frequent as a result of individuals' daily life activities, work and school hours, traffic congestion, and increased interpersonal interaction during these time periods.

In our study findings, when the applications were evaluated according to seasons, it was seen that the most applications were made in the summer ( $n = 238$ , 27.7%), and when the distribution by months was examined, it was seen that the applications were most frequently made in April ( $n = 104$ , 12.1%). In the study of Acin et al. in Adıyaman, assault cases were most frequently reported in the summer months with 31.80% [26], in the study of Baykan et al., 29.24% were most frequently admitted to the emergency department in the summer months, and 11.78% were admitted to the emergency department in September [2]. In the study of Levent et al., the most applications were in May (10.5%), June (10.1%) and July (10.1%), respectively, and when examined according to seasons. It was observed that the most frequent application was in the summer ( $n = 1,034$ , 28.5%) [27], and in the study of Yıldırım et al., it was observed that forensic cases were most frequently admitted in the summer months with 29.8%. [28] Consistent with these findings, our results also demonstrated that applications peaked during the summer season. This pattern may be explained by increased outdoor activities, greater social interaction, seasonal population mobility, and prolonged exposure to social environments during the warmer months, all of which may contribute to an increased incidence of interpersonal violence.

When the age distribution was examined in our study, the largest group of cases was the 18–34 age group ( $n = 404$ , 47.1%). This was followed by the 35–64 age group ( $n = 230$ , 26.8%), the 0–17 age group ( $n = 144$ , 16.8%), and the 65 years and older group ( $n = 80$ , 9.3%). In the study of forensic cases presenting

to the emergency department by Küçük et al., those presenting due to assault were most frequently in the 21-30 age range [29], while in the study conducted by İlçe et al. in the city center of Bolu, it was observed that 44.41% of assault cases were most frequently presenting to the emergency department in the 18-34 age range [30]. In the study by Seviner et al. evaluating cases over 18 years of age presenting to the emergency department, 57% of assault cases were in the 18-33 age range [20], while in the study by Türkmen et al., cases presenting due to assault were most frequently in the 20-29 age range with 31.87% [7]. This representation of the young adult age group can be attributed to a greater tendency towards risk-taking behavior and the relatively immaturity of impulse control mechanisms in this age range [31]. The fact that the young adult age group is more active in terms of working life, social activities and interpersonal interaction increases the likelihood of exposure to violent incidents. In addition, the higher rates of impulsive behavior, alcohol use and risk-taking tendencies in this age group can also explain the concentration of assault cases in this age group.

## CONCLUSION

This study revealed the demographic and temporal characteristics of cases presenting to the emergency department of a tertiary university hospital due to assault. The majority of assault cases were male, with the highest risk group being young adults aged 18–34. The concentration of admissions, particularly during the summer season and afternoon hours, indicates a tendency for assault cases to cluster during specific periods. However, no statistically significant relationships were found between gender and age groups, seasons, or admission times. The findings suggest that preventive public health strategies aimed at preventing assault cases should specifically target the young adult male population. Furthermore, personnel planning in emergency departments, forensic reporting processes, and the organization of healthcare services considering the peak times of cases will contribute to more effective patient management and forensic processes. Multicenter and prospective studies would be beneficial to better reveal regional differences and to evaluate risk factors in detail.

### Conflict of Interests

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

### Financial Disclosure

*The authors declare that they have received no financial support for the study.*

### Ethical Approval

*The study was conducted after the approval of the Harran University Non-Interventional Clinical Research Ethics Committee dated 28.04.2026 and numbered 00061.*

### Patient Consent

*Informed consent was not required due to the retrospective nature of the study.*

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