

Evaluation of Sexual Violence Cases in Terms of Mental Health Before and After the COVID-19 Pandemic Process

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Abstract: Sexual violence has existed in all ages since the past years and continues to exist as an unsolvable problem. Local and global factors, such as the COVID-19 pandemic process, may also cause sexual violence to continue. Although many studies on sexual violence have been conducted in the national and international literature, it appears that there is not enough focus on the evaluation of sexual violence cases in terms of mental health before and after the COVID-19 pandemic. In this study, based on the mental health perspective, it was aimed to prevent sexual violence by evaluating the restrictions of the pandemic process with the cases exposed to sexual violence. The data of individuals who were exposed to sexual violence whom applied to Aydın Adnan Menderes University Faculty of Medicine Department of Forensic Medicine between 11.03.2019-10.03.2020 and 11.03.2020-10.03.2021 were examined retrospectively. Data regarding the gender, age, educational level of the individuals who were exposed to sexual violence between these two dates, anal and vaginal findings that may be related to sexual violence, the time it took them to apply to the polyclinic after the incident, and the degree of closeness of those who were exposed to sexual violence to the perpetrator of sexual violence were evaluated. According to the relevant literature review and review, the data collected from the research were evaluated using basic descriptive statistics with the SPSS 22.0 program. The total number of cases who applied to the outpatient clinic between 11.03.2019 and 10.03.2020 was 81, the average age was 24.65, 12 cases were male and 69 cases were female. Between 11.03.2020 and 10.03.2021, the number of applications was 46, the average age was 24.21, 8 cases were male and 38 cases were female. Vaginal findings compatible with sexual violence were found in 61 cases and anal findings in 18 cases. 44 of the women stated that they were partners with the perpetrator of sexual violence; 9 of the men stated that they did not know the perpetrator of sexual violence. The education level of 54 of the cases was determined to be high school. When evaluated one year before and one year after 11.03.2020, when the first COVID-19 case was detected in Turkey, it was determined that there was a decrease in the number of cases applied between 11.03.2020-10.03.2021 compared to 11.03.2019-10.03.2020. We think that it is important to take the mental health perspective as a basis in solving the problem. Therefore, it is thought that the current study will contribute to filling the gap in this field and guide new studies, based on the mental health perspective.

Keywords: Sexual Violence, COVID-19, Mental Health, Violence

1. Introduction

Sexual violence is defined by the World Health Organization as "any sexual act, attempt to obtain a sexual act, unwelcome sexual comments or advances, or acts intended to manipulate a person's sexuality through coercion or otherwise, by any person" [1]. In a different definition, it is defined as any sexual intercourse with a woman or a man by force and without consent [2]. When the explanations and definitions regarding sexual violence are evaluated in general, it can be seen that it includes all actions without the consent of the person. For this reason, the phenomenon of sexual violence can be considered an important problem that negatively affects all humanity [3].

The issue of sexual violence can be considered an important problem in terms of its increasing prevalence in society and its devastating consequences. It is a universal problem that can be experienced in every society and at every level of development, regardless of any culture, religion or race [4]. Sexual violence is a trauma that can cause a decrease in an individual's quality of life, deterioration of mental well-being, exclusion, social isolation and suicide [5]. While some victims may overcome the effects and consequences of this trauma in a shorter time, others may continue it for a lifetime [6].

It has also been observed that there has been an increase in studies on sexual violence in recent years [7-11]. The impact and permanence of sexual violence on the individual may vary depending on the type, duration and frequency of the attack [6]. It is considered the most difficult type of trauma to treat because it is usually inflicted on the individual by people close to him or her and leaves long-term effects on the person's life [12].

Coronavirus (COVID-19), which is from the same family as SARS-CoV (Severe Acute Respiratory Syndrome) and MERS-CoV (Middle East Respiratory Syndrome) viruses, emerged in China's Wuhan Province

in December 2019 and quickly got out of control and spread all over the world, becoming a global epidemic has arrived [13]. The first patients reported to have pneumonia in China on December 31, 2019 were first notified to the World Health Organization on this date. After China, the first cases were seen in countries such as Thailand and the United States, respectively. The first COVID-19 case in Turkey was detected on March 11, 2020 [14].

With the COVID-19 pandemic, many new situations that can cause stress have been added to our lives, such as social distance rules, quarantine practices, curfew, mask use, economic problems, continuing education remotely and the changing business environment [15]. There have been many differences in the lifestyles of individuals and society affected economically, psychologically and physically by these social changes caused by the COVID-19 pandemic [16]. These differences affected all individuals of the society in different ways and changed the normal flow of life individually and socially as a result of the measures taken [17,18]. Thus, people's tolerance levels decreased and their stress levels increased [19]. With increasing stress, consequences have emerged that can negatively affect people's social, economic, political and spiritual lives, as well as their physical health [20].

Closing individuals' workplaces, decreasing social communication, having to be together all the time, anxiety, anxiety and fear brought about by the unknown of the disease may lead to an increase in sexual violence cases [21,22]. Although studies have found findings that sexual violence has increased in the COVID-19 pandemic [23] it has been determined that these studies were conducted only during the COVID-19 pandemic period [24-27]. Sexual violence incidents during the COVID-19 pandemic, which affected the whole world, were examined in a certain period, but it was understood that sexual violence incidents before and after the pandemic were not focused on comparatively. Based on this idea, the study aimed to evaluate sexual violence cases with the COVID-19 pandemic. In order to make an evaluation for this purpose, cases that claimed to have been exposed to sexual violence or were allegedly exposed to sexual violence in the period 1 year before and 1 year after the pandemic were examined. It is planned to examine sexual violence with the COVID-19 pandemic and evaluate it in terms of mental health in order to strengthen the mental health of the society, organize awareness programs for the risk factors of sexual violence and evaluate the results, and plan appropriate psychoeducation programs for individuals.

2. Methodology

2.1. Type of Research

This study was designed to evaluate sexual violence with the COVID-19 pandemic based on a mental health perspective. The research is cross-sectional and descriptive.

2.2. Place, Time and Sample Where the Research Has Been Conducted

The population of the research is individuals who applied to Aydın Adnan Menderes University Faculty of Medicine Forensic Medicine Polyclinic between 11.03.2019-10.03.2020 and 11.03.2020-10.03.2021; The sample consisted of individuals who were exposed to sexual violence and applied to the polyclinic between these dates.

2.3. Data Collection Form and Collecting of Dataes

The data of the study was obtained retrospectively from the files of individuals who were exposed to sexual violence who applied to Aydın Adnan Menderes University Faculty of Medicine Forensic Medicine Polyclinic between 11.03.2019-10.03.2020 and 11.03.2020-10.03.2021. The data collection form, consisting of two parts, was prepared by the researchers based on the literature.

2.3.1. Data Containing Sociodemographic Characteristics of Individuals Exposed to Sexual Violence:

☒ Gender, age and education level of individuals exposed to sexual violence

2.3.2. Data on Sexual Violence:

☒ Anal and vaginal findings that may be associated with sexual violence in individuals

☒ Data on the degree of closeness of those exposed to sexual violence to the perpetrator of sexual violence

☒ Data on the time it takes for cases to apply to the outpatient clinic after sexual violence

☒ In the period before the COVID-19 pandemic period (11.03.2019-10.03.2020) and one year after the pandemic (11.03.2020-10.03.2021), sexual violence cases were evaluated according to gender, marital status and the degree of closeness of the victim and the perpetrator of sexual violence.

2.4. Ethical Dimension of Research

Ethics committee permission (Decision No: E-53043469-050.04.04-338736, Decision Date: 06.04.2023) was obtained from Aydın Adnan Menderes University Faculty of Medicine Ethics Committee to conduct the research. During the research process, the principles of research and publication ethics were followed, and the Helsinki Declaration of Human Rights was adhered to, as the use of human subjects requires the protection of individual rights.

2.5. Evaluation of Data

The data were transferred to the researchers' personal computer and evaluated using basic descriptive statistics (number and percentage) in the SPSS 22.0 program.

3. Findings

3.1. Sociodemographic Data of Individuals Exposed to Sexual Violence

Of the total 155 cases participating in the study, 23 were men and 132 were women. The average age of male cases is 19.78, the lowest age is 2 and the highest age is 49. The average age of women was 24.47, the lowest age was 3 and the highest was 87. It was determined that the average age of the total cases was 23.77, the lowest age was 2 and the highest age was 87.

3.2. Anal and Vaginal Findings Regarding Individuals Exposed to Sexual Violence

While vaginal findings compatible with sexual violence were detected in 61 of the cases exposed to sexual violence, no vaginal findings compatible with sexual violence were detected in 71 cases. While anal findings compatible with sexual abuse were found in 18 cases, no anal findings were found in 137 cases compatible with sexual abuse.

3.3. Data on the Degree of Closeness of Those Subjected to Sexual Violence to the Perpetrator of Sexual Violence

It was determined that 44 female cases who were subjected to sexual abuse were partners with the perpetrator of sexual violence, and one of the male cases was found to be a partner with the perpetrator of sexual abuse. Of the total men participating in the study, 39.1% did not know the attacker, and 17.4% knew the attacker (his friend); It was determined that 33.3% of the total female cases were partners with the attacker, 21.2% were relatives with the attacker, 15.9% were neighbors with the attacker, and 7.6% did not know the attacker.

3.4. Data on the Degree of Closeness of Those Exposed to Sexual Violence to the Perpetrator of Sexual Violence by Age Groups

In our study, it was found that 3 of the 11 cases who were exposed to sexual violence between the ages of 0-10 were relatives of the attacker and 2 of them were neighbors of the attacker. When examined in detail, 4 of these 11 cases were male and information about the degree of closeness of 2 of the male cases with the attacker was not available; It was observed that 2 of the 7 female cases were relatives of the attacker and the other 2 were neighbors.

It was determined that 62 of the 72 cases who were exposed to sexual violence between the ages of 11-20 were women and 10 were men. Of this total of 72 people, 17 were partners with the attacker and all were women; 17 of the cases were related to the attacker and all of them were women; 8 of the 10 cases who met the attacker over the internet were women; It was determined that 6 of the 11 cases were men and 5 were women, and these people did not know the attacker.

We found that 35 of the 40 cases who were exposed to sexual violence between the ages of 21-30 were women. Of these 40 cases, 14 were women and partners with the attacker; 6 cases were related to the woman and the attacker; 7 out of 10 cases who were friends with the attacker were women; 4 cases who met the attacker over the internet were women; It was found that 2 of the other 4 cases did not know the woman and the attacker.

It was found that there were a total of 16 cases between the ages of 31-40 who were exposed to sexual violence and 13 of them were women. Of these 16 cases, 8 of the 9 people who were abused by their partners were women and one was a man; 4 out of 5 cases who were abused by their neighbors were women; It was determined that 1 male patient did not know the attacker.

It was found that 7 of the 8 cases who were exposed to sexual violence between the ages of 41-50 were women and 3 of these 7 cases were sexually abused by their partners.

It was determined that there were a total of 4 cases between the ages of 51-60 who were exposed to sexual violence and all of them were women. It was found that 2 of these 4 cases were sexually abused by their partner, 1 by their neighbor, and 1 by their relative.

It was determined that there were a total of 4 cases over the age of 61 who were exposed to sexual

violence, all of them were women, and 2 of these 4 cases were sexually abused by a person they did not know.

3.5. Data on the Time It Takes for Cases to Refer to Examination

It was determined that the number of people who applied for examination within the first 24 hours after exposure to sexual violence was 38. Of these 38 people, 30 are women and 8 are men. It was also found that 7 of them were illiterate and 4 of these 7 people were between the ages of 0-10. It was determined that 5 of the cases were primary school graduates, 10 were secondary school graduates, 10 were high school graduates, 4 were higher education graduates and 2 of them received special education.

The number of people applying for examination within 24-48 hours after exposure to sexual violence was found to be 6. 4 of them are women, 2 are men, 2 are primary school graduates, 2 are secondary school graduates and 2 are illiterate. Again, it was determined that 1 of these 6 people was between the ages of 31-40 and the other 5 people were between the ages of 41-50.

It was determined that the number of people who applied for examination within 48-72 hours after exposure to sexual violence was 7, and all of these 7 cases were women.

The number of people who applied for examination between 3-10 days after exposure to sexual violence was 21, and it was found that 4 of them were men and 17 were women.

The number of people who applied for examination more than 10 days after exposure to sexual violence is 83. 74 of them are women and 9 are men. When the age ranges were examined, it was determined that 6 of them were between the ages of 0-10, 47 of them were between the ages of 11-20, 15 of them were between the ages of 21-30, and 2 of them were 61 years old and over.

3.6. Data on the Educational Status of the Cases and the Degree of Closeness to the Perpetrator of Sexual Violence

The number of people exposed to sexual violence by their partners is 45. The average age of these 45 people is 26.95. It was also determined that 11 of them were primary school graduates, 14 of them were secondary school graduates, 16 of them were high school graduates, 2 of them were higher education graduates and 2 of them were illiterate.

The total number of cases exposed to sexual violence by relatives is 29 and the average age is 19.72. It was determined that 5 of these 29 people were primary school graduates, 5 secondary school graduates, 15 high school graduates, 2 higher education graduates and 2 of them were illiterate.

The number of cases who were exposed to sexual violence by their friends was 18 and their average age was found to be 20.88. Of these 18 people, 2 are primary school graduates, 3 are secondary school graduates, 9 are high school graduates, 3 are higher education graduates and 1 is illiterate.

The number of cases exposed to sexual violence by their neighbors is 23 and the average age is 26.13. 5 of these 23 people are illiterate. Of the cases who were exposed to sexual violence by their neighbors, 10 were primary school graduates, 4 were secondary school graduates, 2 were high school graduates and 2 received special education.

The number of cases who were subjected to sexual violence by someone they met online is 14 and their average age is 18.79. It was determined that 1 of these 14 people was a primary school graduate, 5 was a secondary school graduate and 8 was a high school graduate.

The number of cases who were subjected to sexual violence by a stranger is 19 and the average age is 25.53. It was determined that 2 of these 19 people were illiterate, 3 were primary school graduates, 8 were secondary school graduates, 4 were high school graduates and 1 was a higher education graduate.

It was determined that a total of 7 cases who were exposed to sexual violence did not have information about the perpetrator of sexual violence. It was determined that 3 of these 7 people were illiterate and 1 case received special education (Table 1).

Table 1: Data on the Educational Status of the Cases and the Degree of Closeness to the Perpetrator of Sexual Violence

Educational Status	Partner	Relative	Friend	Neighbour	İnternet	Unrecognized	No information	Total
Illiterate	2	2	1	5	0	2	3	15
Primary School	11	5	2	10	1	3	1	33
Middle School	14	5	3	4	5	8	2	41
High School	16	15	9	2	8	4	0	54
High Education	2	2	3	0	0	1	0	8
Special Education	0	0	0	2	0	1	1	4
Toplam	45	29	18	23	14	19	7	155

3.7. Sexual Violence Cases in the Period Between the COVID-19 Pandemic Period (11.03.2019-10.03.2020) and One Year After the Pandemic (11.03.2020-10.03.2021)

When the period one year before and one year after 11.03.2020, when the first COVID-19 case was detected in Turkey, is evaluated; It was found that there was a decrease in the number of cases admitted between 11.03.2020-10.03.2021 compared to the number of cases applied between 11.03.2019-10.03.2020. Between 11.03.2019 and 10.03.2020, the number of married cases was 24, the number of single cases was 57; Between 11.03.2020 and 10.03.2021, the number of married cases was 9 and the number of single cases was 37 (Table 2).

Table 2: Evaluation of Gender and Marital Status of the Cases during the COVID-19 Pandemic Period and One Year after the Pandemic

	11.03.2019-10.03.2020	11.03.2020-10.03.2021
Female	69	38
Male	12	8
Married	24	9
Single	57	37
Total	81	46

When the acquaintance status of the cases is evaluated in the period one year before and one year after 11.03.2020, when the first COVID-19 case was detected in Turkey; Between 11.03.2019 and 10.03.2020, 23 cases were committed by a partner, 19 by a relative, 9 by a friend, 12 by a neighbor, 5 by someone they met online, and 12 by a stranger; It was determined that 18 cases who applied between 11.03.2020 and 10.03.2021 were exposed to sexual violence by a partner, 5 by a relative, 6 by a friend, 5 by a neighbor, 4 by someone they met online, and 5 by a stranger (Table 3).

Table 3: Evaluation of the Cases' Meeting Situation with the Perpetrator of Sexual Violence between the COVID-19 Pandemic Period and One Year After the Pandemic

Perpetrator of Sexual Violence	11.03.2019-10.03.2020	11.03.2020-10.03.2021
Partner	23	18
Relative	19	5
Friend	9	6
Neighbour	12	5
Internet	5	4
Unrecognized	12	5
No information	1	3

4. Discussion

The COVID-19 epidemic, which emerged in Wuhan, China, on December 31, 2019, was declared a global epidemic by the World Health Organization on March 11, 2020, after the virus spread throughout the world [28].

4.1. Examination of Findings Regarding Gender, Age and Educational Status of Individuals Exposed to Sexual Violence

Individuals can be exposed to violence in all age groups. In a study, it was found that the average age of sexual violence cases was 13.29 ± 3.15 and 84.6% (n=55) were women [29]. In a different study, the average age of the included cases was found to be 36.7 ± 11.3 [30]. Of the total 155 cases participating in this study, 23 were men and 132 were women. The average age of male cases is 19.78, the lowest age is 2 and the highest age is 49. The average age of women was 24.47, the lowest age was 3 and the highest age was 87. It was determined that the average age of the total cases was 23.77, the lowest age was 2 and the highest age was 87. Unlike the literature, it was found that the age of sexual violence was relatively lower in male cases. The fact that the sample of the study consisted of cases who applied to Aydın Adnan Menderes University Faculty of Medicine Forensic Medicine Polyclinic between 11.03.2019-10.03.2020 and 11.03.2020-10.03.2021 can be considered as the reason for this situation.

In a study, it was stated that women's educational status caused a change in the prevalence of physical and economic violence they were exposed to by their partners, but did not make a difference in the prevalence of emotional and sexual violence [31]. However, it has also been stated that men with low education levels are more likely to be violent towards their partners [32]. It is stated that women with higher education levels have a

lower rate of exposure to sexual violence [30,33]. Additionally, some studies have found that as the education level of the partners of individuals exposed to violence increases, their exposure to sexual violence decreases [34,35].

It is stated that individuals with high education levels and socioeconomic levels try to protect themselves by seeking more rights after exposure to violence [36]. In the study, 2 of the subjects who were exposed to sexual violence by their partners, 2 of the subjects who were subjected to sexual violence by relatives, 3 of the subjects who were subjected to sexual violence by a friend, and 1 of the subjects who were subjected to sexual violence by a stranger were higher education graduates. This may be due to the fact that the level of education may be a factor that reduces the risk of exposure to sexual violence, as well as the fact that individuals with a higher level of education are more protected from sexual violence because they can make more independent decisions by strengthening their social status in society.

4.2. Examination of Findings Regarding the Degree of Closeness of Cases Exposed to Sexual Violence with the Perpetrator of Sexual Violence

Studies show that those who inflict sexual violence on cases are mostly their own partners [29,37-40] and acquaintances [41].

The fear that the cases will be stigmatized by society and/or the media, and the belief that they will not receive support from the family, social environment and relevant institutions may cause them not to report the sexual violence they experience [42]. In this study, it was found that 23 cases in the pre-COVID-19 period (11.03.2019-10.03.2020) and 18 cases in the post-COVID-19 period (11.03.2020-10.03.2021) were exposed to sexual violence by their partners. Although there is no significant difference in the number of sexual violence cases in the pre- and post-pandemic period according to our sample size, this situation is due to the fact that the person who commits sexual violence against his partner sees this violence as a natural right, the person who is subjected to sexual violence does not apply to judicial institutions because they are ashamed of the society they live in, and they do not believe they will be believed. This concern may stem from the idea that violence should remain between two parties, especially with social isolation and quarantine practices, depending on the value judgments of the society, and the desire of the individual exposed to sexual violence to continue their relationship.

4.3. Examination of Anal and Vaginal Findings in Individuals Exposed to Sexual Violence

In a study that evaluated cases subjected to sexual violence over the age of 18, decided by the High Criminal Court, it was stated that traumatic findings were detected in the general body examination of 76.19% of the cases exposed to sexual violence [42].

Of the 155 cases included in the study, vaginal findings compatible with sexual violence were found in 61 and anal findings in 18. This situation can be considered as the thought that violence should be kept between the two parties within the scope of pandemic measures, and the cases apply to judicial institutions late or do not apply to the institutions due to the feeling of shame. Considering our sample size, studies with high sample numbers are needed in this field.

4.4. Sexual Violence Cases in the Period Between the COVID-19 Pandemic Period (11.03.2019-10.03.2020) and One Year After the Pandemic (11.03.2020-10.03.2021)

In Australia, after the isolation practices came into force due to the pandemic, it was reported that there was a 40% decrease in crime rates in general, while there was a 5% increase in domestic sexual violence rates [43].

In this study, when the data one year before and one year after 11.03.2020, when the first COVID-19 case was detected in Turkey, were evaluated, it was found that there was a decrease in the number of cases admitted between 11.03.2020-10.03.2021 compared to 11.03.2019-10.03.2020. It was determined that the total number of cases who applied to the outpatient clinic between 11.03.2019 and 10.03.2020 was 81, their average age was 24.65, 12 cases were male and 69 cases were female. It was determined that the total number of applications between 11.03.2020-10.03.2021 was 46, the average age was 24.21, 8 men and 38 women. Between 11.03.2019 and 10.03.2020, the number of married cases was 24, the number of single cases was 57; Between 11.03.2020 and 10.03.2021, the number of married cases was found to be 9 and the number of single cases was 37. Isolation measures implemented during the COVID-19 period; The fact that the cases had to spend a long time with the perpetrator of sexual violence at home, the thought that the help the cases expected from their family and friends would be prevented due to the measures, and the increase in the cases' roles and responsibilities at home may have made it difficult for them to access help-seeking mechanisms after being exposed to sexual violence.

5. Conclusion and Recommendations

The COVID-19 pandemic has had devastating effects on the habitual lives and support systems of individuals all over the world and in our country in a short time [44]. We can say that the quarantine measures and social support systems implemented during the pandemic are factors that delay the recognition of sexual violence that may occur due to the decrease in communication inside or outside the home [45]. It is stated in the literature that sexual violence can cause more serious health problems than other types of violence [46]. However, when the literature is examined, it is seen that a type of violence that causes such serious physical, mental and sociological problems is neglected and is not included in many studies [47]. In order to determine the factors that may have an impact or create an obstacle in preventing sexual violence, the findings obtained from individuals who were exposed to sexual violence who applied to Aydın Adnan Menderes University Faculty of Medicine Forensic Medicine Polyclinic between 11.03.2019-10.03.2020 and 11.03.2020-10.03.2021 were evaluated. It is believed that taking the following measures will help solve the problem.

- ❏ Current studies in the literature show that sexual violence causes more serious health problems than other types of violence [46]. Health professionals should organize awareness training for the public regarding the prevention of sexual violence and the risk factors of sexual violence,
- ❏ There may be cases who experienced sexual violence and did not apply to any official institution. Informing the public about the importance of early reporting of the issue to official channels, especially about the role of uncovering the cases that remain silent and keep it a secret due to sexual violence by their relatives, in preventing the loss of anal and vaginal findings,
- ❏ Health professionals should work multidisciplinary with schools, families and non-governmental organizations and the media serving individuals exposed to sexual violence, to increase the effectiveness of the services provided, to make campaigns to draw attention to the issue when necessary, and to contribute to the announcement of legal regulations,
- ❏ In the study, it was found that sexual violence was relatively less in cases with high education levels. Supporting economic and social policies to increase the education levels of men and women in order to reduce and/or prevent sexual violence,
- ❏ It has been determined that post-traumatic stress disorder (PTSD) symptoms are more common in individuals exposed to sexual violence than in individuals exposed to other types of violence [48,49]. For this reason, health professionals should be able to observe individuals in the environment they live in, make early diagnosis, prepare monitoring and intervention programs, and even plan qualitative studies.
- ❏ Quarantine decisions taken to stop the spread of COVID-19 may result in changes in the usual social order, economic income losses, loss of status, panic and anxiety, etc. It has brought about many situations [50]. Therefore, providing positive coping and stress management skills during pandemic processes,
- ❏ Health professionals, especially those in contact with the public, should be aware of their roles and responsibilities in protecting individuals, considering that mental problems such as helplessness, fear and thoughts of the unknown may reduce reports of sexual violence,
- ❏ Since the study included a group of children who were exposed to sexual abuse, we think that developing child protection services and providing face-to-face or online psychosocial and mental health services, especially during pandemic periods, will be beneficial in solving the problem.

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