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LONG TERM HEALTH NEEDS IN SEXUAL TRAUMA

Sexual violence against women: a multidisciplinary integrated care model

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Ades and colleagues say that women who have experienced sexual violence require multidisciplinary, trauma informed care tackling their medical and psychological needs, either short or long term.¹ Our sexual and domestic violence service, founded in 1996, adopts an integrated multidisciplinary approach, with a team composed of gynaecologists, psychologists, social workers, forensic practitioners, sexologists, lawyers, and paediatricians when needed.2

Meticulous examination, interpretation, and documentation of genital and extragenital lesions, and correct evidence collection—such as DNA swabs, sperm slides, and blood and urine samples to test for drug facilitated rape—are also fundamental, as they might affect legal proceedings. These practices require high levels of specialisation, as well as effective collaboration between all the professionals involved.

Physical examination and evidence collection should be conducted in full respect of women's dignity, which is an important component of their perception of justice.³ A lack of sensitivity during these procedures might intensify psychological trauma by re-exposing women to objectification, in the sense of feeling treated like a body of evidence rather than a person of worth.

Based on our experience, collecting data for the judicial system is as important as clinical assistance; we have found that appropriate and professional management of forensic evidence and, at times, even condemnation of the perpetrator, can significantly improve women's psychological outcomes and quality of life.

Securing justice for women who have experienced sexual violence is a complex process that should not be exclusively aimed at convicting the perpetrators. Providing patient centred care, characterised by sensitivity, empathy, and attention, is a fundamental component of restoring justice.

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Full response at: https://www.bmj.com/content/367/bmj.l5825/rr.

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