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Title

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Permalink

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Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 0(0)

ISSN

1936-900X

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Publication Date

2026-11-25

DOI

10.5811/westjem.68779

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Forensic Examination After Sexual Assault: Documentation, Capacity, and Medicolegal Context

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Section Editor: N/A
Submission history: Submitted August 27, 2026; Accepted August 31, 2026
Electronically published November 24, 2026
Full text available through open access at http://escholarship.org/uc/uciem_westjem
DOI 10.5811/westjem.68779
Abstract [West J Emerg Med. 2026;XX(X)XXX–XXX.]

Dear Editor:

We read with great interest the study by Walton et al[1] examining factors associated with offering sexual assault forensic examinations in an emergency department without on-site forensic services. The authors address an important equity issue, particularly for patients presenting with acute psychiatric symptoms or possible substance use disorder. Their finding that these patients were less likely to have a forensic examination offered is concerning and deserves further attention.

We believe, however, that an important distinction in the primary outcome may influence interpretation of this finding. Patients for whom an examination was not offered and those for whom there was "no record of the exam being offered" appear to have been classified together. In a retrospective chart review, absence of documentation is not necessarily equivalent to absence of an offer. This distinction may be particularly relevant during complex encounters involving psychosis, intoxication, agitation, or elopement, in which documentation itself may be less complete. Consequently, part of the observed association could potentially reflect differences in documentation rather than differences in clinical care alone.

A related issue concerns decisional capacity. Acute psychiatric symptoms or substance use disorder do not necessarily indicate incapacity to consent to a forensic examination. The authors appropriately note that capacity assessments were not documented in these encounters. Distinguishing patients who retained capacity from those whose examination was deferred pending reassessment or who lacked capacity throughout the relevant period could provide a clearer understanding of why an examination was or was not offered.

The medicolegal framework is another important consideration when interpreting the broader applicability of these findings. The study describes a system in the United States in which the emergency department is expected to offer or facilitate access to a forensic examination. In Türkiye, the legal pathway is structured differently. Under the English translation of the Turkish Penal Code made available by the World Intellectual Property Organization, Article 279 (corresponding to Article 280 in the current Turkish text) imposes a duty on healthcare personnel who become aware of the commission of an offense while performing their duties to notify the authorized bodies. In addition, Article 285 of the same translation (corresponding to Article 287 in the current Turkish text) establishes criminal liability for sending a person for, or performing, a genital examination without a decision of a judge or prosecutor.[2] Thus, in the Turkish setting, access to an evidentiary genital examination involves not only the interaction between the patient and clinician but also a formally regulated medicolegal pathway.

This distinction raises a broader question regarding the outcome used by Walton and colleagues: "Being offered a forensic examination" may be a meaningful measure of clinician-mediated access within the healthcare and legal system studied, but it may not constitute an equivalent measure of access across jurisdictions. Future international or multicenter studies could distinguish among patient request or consent, clinician action, mandatory reporting requirements, judicial or prosecutorial authorization where applicable, referral or transfer, and actual completion of the forensic examination.

Several reporting inconsistencies would also benefit from clarification. The abstract describes the study period as January 2017–December 2019, whereas the methods section reports January 2018–December 2022 and subsequently refers to a three-year study period. Furthermore, the abstract states that "94 patients (87.0%) were offered a forensic exam and 14 (64.8%) accepted transfer." However, Table 1 reports that 70 patients (64.8% of the entire cohort) accepted transfer, while

70 of the 94 patients who were offered transfer did so, corresponding to 74.5%. Clarification of these discrepancies would improve the transparency and interpretability of the reported results.

These considerations do not diminish the importance of the disparity identified by the authors. Rather, more precise documentation of capacity, clinical decision-making, legal pathways, and actual examination completion may help distinguish barriers arising from clinician behavior from those arising elsewhere in the medicolegal process.

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Conflicts of Interest: By the *West*JEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. No author has professional or financial relationships with any companies that are relevant to this study. There are no conflicts of interest or sources of funding to declare.

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REFERENCES

1. Walton K, Diaz M, Hood C, et al. Sexual assault and forensic exam offers in the emergency department: a retrospective study. *West J Emerg Med*. 2026;27(1):78-84.
2. World Intellectual Property Organization (WIPO) Lex. Republic of Türkiye. Turkish Penal Code, Law No. 5237. Official Gazette No. 25611. 2004. Available at: https://www.wipo.int/wipolex/en/legislation/details/15936. Accessed August 27, 2026.